4-25-2024 9:30 AM

Listening to Transgender and Autistic Voices: Reflecting on Affirming Research and Mental Health Practices

Kameron BM Kirbyson, *Western University*

Supervisor: Wayne, Martino, *The University of Western Ontario*
Co-Supervisor: Lenyell, Marguerite, *The University of Western Ontario*
A thesis submitted in partial fulfillment of the requirements for the Master of Arts degree in Education

Recommended Citation

Kirbyson, Kameron BM, "Listening to Transgender and Autistic Voices: Reflecting on Affirming Research and Mental Health Practices" (2024). *Electronic Thesis and Dissertation Repository*. 10054.
https://ir.lib.uwo.ca/etd/10054

Abstract

Those who are both autistic and transgender/gender diverse, an often-overlooked group, face difficulties accessing gender-affirming care and appropriate therapy and have higher rates of mental health complications. This study focused on listening to the voices of people who live with both of these identities through semi-structured interviewing and by centring the writer who is also autistic and transgender. Seven participants shared their experiences and highlighted issues they have come up against while trying to access care. Thematic analysis revealed several themes that were sorted into barriers and strengths. Barriers included autism symptoms, complex medical factors, interactions with institutions, traumatic events, and lack of representation. Strengths that were identified were personal gender expression, connection to community, and openness to experience. This study helped gain a better understanding of the intersection between autism and transgender identity which can be used to increase the efficacy of further research and gender-affirming mental health practices.

Keywords: autism, transgender, gender-affirmative care, psychotherapy, marginalized voices

Summary for Lay Audience

Autistic people are more likely to be transgender, which means having a gender identity that is different than the sex you are assigned at birth. Research is unclear about why this is a common occurrence but due to the stigma around autism and being transgender, many of those who hold both identities are not centred in research about themselves. There are many barriers to accessing the care trans–autistic people need, and there are also increased mental health risks due to mistreatment. The purpose of this paper is not to try and figure out why this connection exists but to understand how it affects the everyday lives of people in this intersection and how this can inform mental health care. Overall, this study conducted in-depth interviews with seven people who were both transgender and autistic and identified many themes they had in common. Some of the barriers identified were managing their autistic symptoms, additional medical needs, issues interacting with health care professionals, traumatic events such as abuse, and lack of representation in media and education. These were all issues that the participants dealt with, and they made accessing care that aided in transitioning their gender much more difficult. However, there was not just a focus on the barriers, this study also discussed the strengths and positive aspects that come out of being autistic and transgender as well. Some strengths include having the freedom to have a creative gender expression, a deep connection to community, and the openness to be themselves and accept others. This study helped gain a better understanding of how autistic and transgender identity interact which can be used to inform training to better prepare therapists to work with transgender and autistic clients.

Acknowledgements

I would like to express my deepest gratitude to my thesis supervisors, Wayne Martino and Marguerite Lengyell. Your unwavering support, invaluable insights, and boundless patience as I sporadically sent my progress have been instrumental throughout this journey. A special shout-out is warranted to my undergraduate supervisor B.J. Rye who started my journey and made me feel welcome in academia as a queer person.

To the participants of this study, I extend my heartfelt appreciation. Your willingness to openly share your experiences, even when you had negative experiences with past research studies, has contributed immensely to this research. I hope I was able to stay true to your experiences and voices.

To my family, who early on fostered my curiosity and accepted me for all my identities, your love, encouragement, and food have sustained me throughout the challenges and doubts. I am profoundly grateful for your belief in me and thank you for always inspiring me to pursue my dreams.

Finally, I extend sincere thanks to Rachel Iserhoff, Natasha Dias, Sydney Gareau, and Erica Seal who are amazing friends who generously offered their time and expertise to refine this thesis. Thank you for the endless parallel working sessions and non-stop encouragement. Your constructive feedback and endless support have undoubtedly enhanced the quality of this work.

This thesis is dedicated to the transgender and autistic individuals whose courage and resilience have paved the way for my existence today.

Table of Contents

Chapter 1: Introduction and Literature Review

Introduction

Transgender identity has long been pathologized and labelled by cisgender researchers and clinicians to understand and push those who deviate from the gender binary into new trivial categories (Johnson, 2019). Autism research mirrors this experience, where the focus seems to be on quantifying disability, and in the most extreme cases, curing a normative deviation in human neurotypes (Leysen et al., 2021). Both communities have been excluded from participating in academic spaces where their existence and importance to society have been debated for decades (Beemyn, 2019; Holmans, 2022) This double exclusion is most felt in the intersection of these identities, those who are both gender diverse and autistic. A convergence of these identities is more abundant than most realise. Due to the lack of representation and understanding and minority stress, this community faces bleak outcomes regarding mental illness, income, and family stability, and access to mental and physical health care is limited (Hall et al., 2020). This thesis aims to address the issue from several sides. First, it aims to reduce the gatekeeping of research participation in the transgender and autistic communities due to difficulty in attaining clinical diagnoses. Second, it aims to format the data collection in a way that is more accessible and expressive for autistic participants through open-ended questions and flexible response time options. Third, it shifts the focus from understanding why this population exists to understanding how holding both of these identities impacts the participants' lives. Fourth, the researcher and writer of this thesis is both autistic, transgender[1], and a mental health care provider, which deepens the understanding of the researched population and creates representation in the academic space. The purpose of this thesis is to better understand the intersectionality of autism and gender diversity and how this affects gender-affirming care from the perspective of autistic individuals. This thesis also seeks to

---

[1] The writer is a transgender man whose pronouns are he/they.

understand: what misconceptions of these identities and systemic barriers are stopping autistic individuals from receiving gender-affirming care and how do we reduce these barriers?

Importance of Language

In recent years, self-publishing content on the internet has granted both the disability and transgender (trans) communities, more space to express how they wish to communicate their experiences (Brownlow et al., 2013; Dame-Griff, 2023). The language we use to discuss a population holds power and can perpetuate violence and misunderstanding if misused by those who hold social capital over marginalized communities. However, it cannot be ignored that language is rapidly changing and what is acceptable today may not be tomorrow. Words once used to discriminate can be reclaimed and used by the community themselves; the word “queer” is a great example of this (Worthen, 2023). This thesis strives to use the most up-to-date language to refer to both the trans and autistic communities but acknowledges that when the language is reflected on in the future it may fall short.

Autism spectrum disorder or ASD is a recognized diagnosis that health professionals are responsible for designating to individuals after a series of assessments. ASD is a conglomeration of many symptoms and presentations, and areas of functioning look different for each person assigned this diagnosis. It is currently characterized by potential challenges with social interaction, communication, sensory issues, and repetitive behaviors (Lockwood et al., 2021). In recent years, there has been a transition from using deficit-focused language to adopting terms such as “autism” or “autism spectrum”. Cooper (2022) explains that:

> While autistic people and family members tended to use identity-first language (‘autistic person’), professionals more often used person-first language (‘person with autism’). Autistic people endorsed the idea that autism was an intrinsic part of who they are and that they did not want language which distanced autism from their identity, which might

> suggest that autism is a negative label from which the individual needs distance. (pp. 3-4)

This thesis will use identity-first language, such as “autistic person”, to refer to its participants as this is what the author prefers themself and it is what is widely accepted by the community.

Other labels like low and high functioning have been offered up in the zeitgeist to help explain the large spectrum that autism encompasses. However, this label is greatly dependent on what area of life you are speaking about as most autistic people have an uneven range of skills. The author of this thesis, for example, can write a thesis but eats like a 10-year-old, no disrespect intended toward 10-year-olds. Secondly, functioning levels often do not demonstrate holistically what that person is experiencing. Are they anxious? Frustrated? Using questions that better ascertain the underlying feelings and motivations of a behaviour will increase the efficacy of treatment and improve the connection between therapist and client. Scaled functioning labels, like high and low functioning, are unhelpful in determining what supports a person may need (Thomas & Boellstorff, 2017). Thirdly, they often underrepresent what someone who is “low functioning” is capable of and hold “high functioning” individuals to allistic (non-autistic person) standards. The participants in this study were not categorized using functioning labels but rather looked at as a whole person and strengths and weaknesses were placed in the context they arose.

‘Spectrum’ is not just a word being used by the autistic community; it is also used when explaining gender identity. Trans identity also has a history of pathologization and illegality. Pyne (2014) explains that just a couple of decades ago terms like deviant gender identity and gender misorientation were still being used, and transsexualism was called a disease. The diagnostic terminology in *The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5) changed from gender identity disorder to gender dysphoria in 2013 with the intention being to shift the pathology to the distress one may feel when experiencing gender dysphoria and away from the gender diversity itself being deviant (American Psychiatric

Association, 2022). Pyne, a transgender researcher, and activist, explains the pitfalls of this shift as well:

> These key shifts have allowed for a social position that is… “finally normal”. Yet the fact that a trans person can now be considered able-minded must also be understood as a means of distancing ourselves from disabled and mentally suspect others. Further, along with this new normal, comes the expectation to assume our places as productive members of society. (2021 p. 346)

Transnormativity is definitely the goal but not at the cost of downplaying the difficulties of the community and clawing back support, especially for those who experience oppression as a result of any other intersectional aspects of their identity.

In more recent years, many terms have been used to explain self-assigned gender identities, especially as people reclaim words like queer and use the increased connectivity of the internet to spread shared identity. Even the word transgender is debated as some who transition “from one gender to another prefer to be referred to as a man or a woman, rather than as transgender” (American Psychological Association, 2023, para. 5). In research, many people have been using the acronym TGNC or Transgender and Gender Non-Conforming to encompass the whole gender spectrum. *Gender diverse* is an umbrella term that is used to describe those whose gender identity and/or expression is considered outside of the constrictive gender binary of man and woman (Rajkovic et al., 2022). Some examples of gender-diverse identities are non-binary and genderqueer. Importantly, neither gender diverse nor transgender individuals need to have a diagnosis of gender dysphoria to be transgender or to quantify their ‘transness’. Even though it is common to access gender affirming care, each participant in my study was able to label their gender for themselves and was not restricted by options. The acronym used in this thesis is A-GD or Autistic and Gender Diverse. However, the terms transgender and trans will also be used as all the participants identified with this label.

Understanding the Intersection

The autistic–transgender community is a larger population than once believed (Kallitsounaki & Williams, 2022; Van Schalkwyk, 2018). Children on the autism spectrum are over four times more likely to be also diagnosed with gender dysphoria (Thrower et al., 2020). However, it is important to understand that having a diagnosis of gender dysphoria does not confirm or deny a transgender identity. Most studies report that 6-26% of their ASD sample also identify as transgender. Wattel et al. (2022) explain that "this is significantly higher than the prevalence of ASC [Autism Spectrum Conditions] in the general population, which has been estimated to be around 1.85%" (p. 2). This data is only from clinical samples and may not encompass all individuals who share both identities (Warrier et al., 2020; Strauss et al., 2021). Many individuals in the community, including the author of this thesis, confirm that they also observe this connection. Many A-GD communities have come together through online groups on platforms such as Facebook and Reddit to discuss their lived experiences (Autistic & Trans, n.d.; LGBT Aspies, 2017). There have also been books published using the stories of this population for the dissemination of their shared experiences and ideas (Sparrow, 2020). The significance of this population is two-fold: (i) the connection between the two identities will expand the understanding of the development and presentation of both identities and (ii) will expand the understanding of how the intersection of these marginalized communities can create adverse health effects (Hall et al., 2020).

As this new connection continues to be studied, there has been a shift from proving there is an intersection to understanding why it is there to begin with (Wattel et al., 2022). This is a normal progression of a new research topic. However, there are many reasons to be concerned about this pursuit. Overgeneralization, further pathologizing of identities, and increasing stigmatization for both communities are implications that need to be considered in the furtherance of this line of research. Recent systematic reviews found several theories that endorsed and concluded that there are probably many factors that are involved in the underlying mechanism of this association (Wattel et al., 2022). Treatment and support for the A-GD population should be highly tailored to each person who needs care. Therefore, it is important to ensure that any theories presented about these communities are not generalizations as both gender and autism are huge spectrums and there are as many iterations and presentations of those identities as there are people (Bouzy et al., 2023). Any loss of nuance could cause misunderstanding and further misconceptions about these communities which fuel the depersonalization and dehumanization already happening (Pyne, 2020).

Focusing too much on the causal relationship between autism and transgender identities may unintentionally pathologize these experiences further. Shapira and Granek (2019) reviewed the foundational work in this field and found “however variant in their diagnostic vocabulary and their frameworks, most of them have been written, still, within mainstream psychiatric discourses that are known to embed cisgenderist and ableist (that value ‘‘healthy’’ body minds) approaches” (p. 499). It is essential that the motivation to find a “why” that explains the correlation between these identities is interrogated. It is not a requirement to fully comprehend a social, cultural, or identity state to justify supporting those who differ from oneself. It is fully comprehendible that populations who have not just been let down by their families, governments, and medical systems but are in active political warfare over their own bodily autonomy and have lost generations to systemic homicide have the right to know what oppressive systems want to do with the information of their origins.

A similar sentiment was seen in the backlash to finding a “gay gene” as many were rightfully nervous that it would lead to a “cure” or in turn, a homophobic eugenicist’s wet dream (Clare et al., 2023). In a not-too-distant world where prenatal ultrasound and genetic testing can determine many things about a child, what would stop a homophobic person from actively selecting to turn off a queer or autistic gene. The same panic seen over the “gay gene” is not happening for trans and autistic people in the public eye due to the infancy of the research but also the general acceptance of both of these communities as othered and wrong. Both transgender and autistic individuals already face public interactions that range from unhelpful, to as previously stated, murderous (Pyne, 2020; Radi, 2019). Fraizer (2023) explains that the connection between autism and trans identity has already been weaponized by conservatives to further pathologize both identities and stir up hate. This reporting can lead to misunderstandings, reinforcing negative stereotypes, and potentially fuels further discrimination in both communities. Therefore, this thesis does not focus on the causation of this intersectionality but instead on what the experience of an individual who occupies this space is.

Existing Barriers

The research regarding the outcomes and experiences of transgender and autistic people cannot be ignored, especially when it comes to mental health. The implications of these co-occurring diagnoses are widespread and require immediate attention. Both suicidality and self-harm behaviours were observed to increase when members of the population held both identities (transgender and autistic) (Strang et al., 2023). The findings show that autistic–trans women are at the highest risk of suicidality (although non-binary individuals were outside the scope of this study). Acute mental illnesses, including depression, anxiety, post-traumatic stress disorder, personality disorder, psychosis, eating disorders, and substance use disorder, are significantly higher in transgender individuals diagnosed with ASD (Strauss et al., 2021). While some believe this is caused by personal internal deficits, Hall et al. (2020) state that external factors such as minority distress, lack of support, systemic ableism, and transphobia are to blame.

When discussing barriers that the A-GD population faces, there is often a focus on personal internal barriers or deficits, meaning ‘this person cannot do this’ (Kourti, 2021). In the medicalized model, the ‘blame’ for deficits and labels are placed on the individual themselves, removing responsibility from practitioners, the health care system, and governing bodies (Kintzinger, 2021). Medicalization is the process in which “abnormal” behaviours and problems are pathologized, categorised, labeled, and treated as medical issues, instead of normal deviations. This is a form of ableism. Instead, the focus needs to be placed on what external structures are affecting this population and how they can be adjusted for positive change. For example, I struggle to read an analog clock (the one with hands); however, instead of me being late and facing social repercussions, my workplace provided me with a digital clock. A shift in thinking is important because even in the most person-centered studies, there is a focus on internal barriers and how personal deficits are the cause of participants' distress as opposed to systemic forces and barriers (Strang et al., 2023).

The transgender community is pushing to de-medicalize and reclaim transgender identity (Pearce, 2018). This starts with changing the language people use to describe themselves as language is a very powerful tool. The 2SLGBTQIA+ and disability communities have a history of making new words to describe their identities and reclaiming words once used against them. Queer, a reappropriated word, appears in many forms to explain one’s gender and sexuality (e.g., genderqueer) as in its simplest form, it means different or non-normative. There is not a consensus but both “autistic–trans” (Pyne, 2021), “neuroqueer” (Egner, 2019), and “gendervague” (Brown, 2016) are cropping up in recent articles to identify and unify those who are both autistic and gender diverse/transgender. The latter two also encompass other neurodiversities such as ADHD and learning disabilities. Recently, Martino and Omercajic (2021) explained the push to declassify and radically change the larger system controlling trans bodies, perhaps the largest of which is the medical system. Although the medical system also pathologizes sexual minorities, Eckhart (2016) explains that “specifically, trans people are unique among queer people in that their identities are (to a greater extent) the product of medicalization’s erasure or silencing of their actual lived experiences – either through omission of their experiences altogether, or through enforcing conformation to the medical script used to restrict access to the hormonal and surgical tools that they desire" (p. 240). There is entrenched cis-centrism and biological essentialism in both the healthcare system and society that are harmful to transgender patients, with potentially deadly outcomes (Ram et al., 2022). Many in the transgender and 2SLGBTQIA+ community at large do not think or feel that they need a diagnostic or restrictive label. Interviews with transgender individuals reflect the following feelings from the community:

> The way I've looked at it, it's not a sickness. It's not. It's not something that needs to be cured. I think the sickness comes from society's reaction towards it, other people's reactions and understanding of it. (Johnson, 2019, p. 523)
>
> I am the sum of my parts, and any and all care I've received has fallen short because it's attempted to treat my parts separately if it considers them at all. (Adams, 2022, p. 153)

Generally, a gender dysphoria diagnosis is seen as something you need to gain access to the lifesaving gender-affirming medical care you need. The issue is that the only way to attain this label is to go through a barrage of healthcare workers who may have their own personal agendas and beliefs about being transgender. However, the community is fighting back against the medical establishment by sharing information about diagnostic criteria, hormone doses, and the best surgical procedures, all once kept behind an elusive medical wall (Green, 2018). The community warns about transphobic doctors and those whose offices are unsafe environments. This tension has created a distrust of the system from both healthcare providers and patients. Historically, there has been violence towards transgender patients which continues through experiences such as misgendering and medical mistreatment (Alpert et al., 2023). Unfortunately, for those who are both transgender and autistic, both identities are heavily moderated and medicalized by power structures within which they have little control.

Being autistic is in some ways like being transgender when it comes to navigating medical structures. To receive any assistance or acceptance, one must go through the process of getting an autism spectrum disorder (ASD) diagnosis from a medical professional. For some, "a diagnosis was a pass to join the autistic community, make friends, and do advocacy work" (Adams, 2022, p 151). For others, the process is very difficult, and they are able to mask their symptoms, which leads to invalidation (Lai & Baron-Cohen, 2015). Many feel as though they do not fit the ASD diagnosis, as the diagnostic criteria were created by and for white cisgender men. This leaves many feeling invalidated and causes them to fall through the social assistance cracks (Eckhert, 2016). The medicalization of autistic people is why they are "frequently de-gendered and de-sexualized in media, popular imagination, and research" (Egner, 2019, pp. 125), which makes it much harder for someone who holds an ASD diagnosis to be taken seriously when they express any gender divergence. Many are told that they are "faking it" or that their transgender identity is a special interest[2], weaponizing their ASD diagnosis against them (Strang et al., 2018). Alternatively, after self-discovery and transitioning, which require huge amounts of insight, social maneuvering, and masking (this refers to the conscious or unconscious camouflaging of and compensating for behaviours and traits deemed to be socially improper), one may be able to "hide" their autistic traits (De Broize et al., 2022). For example, they may be "too good" at eye contact to be eligible for an ASD label from a practitioner due to learned masking and expending extra energy to try and fit in better with their neurotypical peers (Lai & Baron-Cohen, 2015). Some A-GD individuals express not being able to separate their autism and transness, as both inform and affect the other, which may make a straightforward diagnosis from the medical system more complex (Brown, 2016).

---

[2] Special interest is a word used to describe an autistic person's passion. It is a topic they will know a lot about; research and it may also blend into their fashion and activities. Used in the above context however it is used to invalidate their gender identity by saying it is just something they are interested in or following a trend (Glaves & Kolman, 2023).

With the little data already gathered from gender-diverse autistic individuals, it is clear that there are negative experiences that are exacerbated by the medicalization of both autism and the transgender experience (Strang et al., 2018; Strauss et al., 2021). Themes that come up in this research are difficulty communicating thoughts about gender (even to the researchers), infantilization around making such a big “choice”, and issues with executive dysfunction (Strang et al., 2019). Two quotes from gender-diverse autistic individuals explain it well: “I do occasionally worry that thinking that I’m trans is going to be judged through the lens of ‘probably some autistic thing’ against if people see me as autistic” and “it’s difficult for that reason and it’s difficult to plan for all of the sort of details and process of being trans, like getting appropriate treatment, changing documents” (Strang et al., 2018, p. 4048). Self-understanding, emotional intelligence, and interoception (perception of sensations from inside the body) are also necessary to understand and communicate gender dysphoria to a clinician, all internalised processes that an autistic individual may have difficulty communicating. To improve the health and mental care system, we need input from those directly affected by the system.

Receiving a diagnosis of ASD is an involved, costly, and lengthy process that is not open to everyone (Elder et al., 2016). However, in most cases, a diagnosis is necessary to gain access to support or medical intervention as well as social acceptance. In the cases of the studies previously mentioned, most participants are required to have a clinical diagnosis to even participate in the research about themselves (Strang et al., 2018; Strang et al., 2023; Thrower et al., 2020). In the past several years, with the increase in communication and education on trans and autistic topics, many individuals from marginalized communities have been finding answers and support through self-diagnosis (McDonald, 2020). Although believed by many to be a negative trend, if one finds a like-minded community, they can better understand themselves and communicate their needs to others better, which is a step in the right direction (Laube, 2022). This trend shows that the diagnostic process is exclusionary and/or inaccessible. It is evident in research that women, those with disabilities, racialized populations, and 2SLGBTQIA+ individuals are underrepresented in ASD's diagnostic criteria because it was not created with those populations in mind (Gotez & Adams, N., 2022; Harrison et al., 2017; Lockwood Estrin et al., 2021).

There are also barriers when accessing a gender dysphoria diagnosis, which in most cases is necessary to receive medical interventions such as hormones and surgery (Kumar et al., 2022). In a systematic review of over 350 articles, Davy and Toze (2018) found that many transgender individuals do not experience distress or have a strong desire to be rid of their primary sex characteristics as outlined by the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2013). Additionally, many non-binary, genderqueer, agender, etc. individuals are often left out of studies due to the intrinsic lack of categorization their personal labels hold. This has resulted in a lack of guidelines for their care (Strauss et al., 2021). Although many in academia tend to categorize trans identities into cis-gender adjacent categories (e.g., trans-man/ women), gender, as always, remains a spectrum. The forcing of transgender bodies into cisgender systems both in society and the medical system results in erasure and violence (Eckhert, 2016).

The study from Strang et al. (2018), although ground-breaking with its uplifting of A-GD voices, only uplifted those who had already advocated for themselves. In order to participate in the study, the participants had to reach out to the gender clinic involved in the study and hold an ASD diagnosis based on the study's clinical standards. This resulted in a non-representative sample comprising white, middle-class AMAB participants. Therefore, when trying to understand the barriers that the A-GD community is facing, it is important to factor in both the gatekeeping they may experience while trying to access their care, but also how a study is gaining the information. Shapira and Granek (2019) explain in a review of several studies that "the voice of autistic individuals themselves was… presentation of their thoughts and feelings was minimal" (p. 504). It is important to listen to the voices and stories of autistic people who are also trans to understand how they move through the world and not just assess them through the same lens that is oppressing them in the first place.

Finding Strengths

Cis and neuro normativity can be seen in previous research as it focuses on the deficits, issues, and negatives that come with the intersection of these two identities (Strang et al., 2018). As an extension of this thesis, I would be remiss to not include my own reaction and my personal experience as I am a transgender and autistic researcher, so I am steeped in the reported adversity and mental failings of my peers. Additionally, I am a qualifying psychotherapist and have many autistic and transgender clients so I can reflect on being on both sides of the treatment relationship. In previous studies, there were no acknowledgments of strengths or celebrations of diversity, just a vat of suicide rates and my family falling through the cracks due to not being able to access care (Turban, 2023). This created a deep sense of sadness and also anger that ultimately fueled my resulting research. Based on the few existing reflections I could find on the matter and inferencing from papers discussing autism and trans identities separately, there are many strengths the A-GD community may possess.

After interviewing many autistic and transgender individuals, Maroney and Horne (2022) explain that in contrast to the stereotypes surrounding neurodiversity, the participants countered the negative narratives by highlighting numerous positive aspects of being A-GD. They emphasized their distinct perspective, which included heightened empathy and a lack of adherence to gender norms and expectations. This is illustrated best by a quote from a participant:

> Being autistic has made my gender identity issue a lot easier than it otherwise would—I think that my lack of understanding of gender binary is connected to being autistic at least to some degree. (Maroney & Horne, 2022, p 765)

When the need to express a different gender identity and a reduced focus on social norms is combined, it creates an amazing space for innovation in gender expression. Adams (2022) explains that numerous autobiographers within the autistic–trans community discussed perceiving gender roles and gender itself as “inherently arbitrary and meaningless” (p. 153). This conception of gender is not in line with the rigid belief systems often associated with autistic individuals as it seems that the gender binary is not often adhered to by autistic–trans individuals. This blend of creativity and different social and sensory perspectives lends to a highly personalized concept and presentation of gender. Although a lot of studies group all transgender individuals together and remove nuance of gender identity. In smaller studies, there is an overrepresentation of non-binary, genderfluid, and genderless participants in comparison to identities that have a higher adherence to the gender binary such as transman and transwomen (Adams, 2022; Bornstein, 2022; Oswald et al., 2022). This unique freedom of expression is a strength within the transgender–autistic identity.

Another strength that was shown, perhaps not as directly, is deep introspection and the ability to live authentically which is present in the research responses themselves. To reach the point of identifying as transgender, it requires a level of introspection and understanding that many cisgender people do not participate in, merely because they do not have to. When you add on top of this the lived experience of navigating a world that is not compatible with your neurotype, you hold a more complex view of the world. Oswald et al. (2022) explain that a consequence of “this complexity was characterized as having greater openness and empathy toward others’ differences” (p. 765). A-GD individuals must process their identities as a result of existing in a world where they are different and this results in profound knowledge of not just their own personal identities but also the complicated systems that affect everyone. Who better to reflect on the issues of the gender binary than the autistic–trans community who have deconstructed gender from several angles and view it from the outside.

If there is a focus on removing the external barriers, then negative mental health outcomes like self-harm, suicidality, and anxiety will be reduced. Furthermore, it is also important to identify and celebrate the strengths this community has as well. Finally, although it is more resource intensive, it is important to listen to participants' individual voices in research to understand what barriers the A-GD community perceives to accessing gender-affirming care and what the protective factors are that reduce complications.

Chapter 2: Theoretical Framework

The intersection of identity found in the participants themselves means that a blending of frameworks is important to situate this research. Transgender studies and disability studies both inform the direction of the research and study construction found in this thesis. There are important intersections they both share but each holds its own role in shaping their respective fields. The main similarity is they both challenge the normative systems of gender and ability created and sustained by the general public. For example, heteronormativity, cisnormativity, and ableism are all oppressive constructs upheld by cultural norms, legislation, media representation, colonialism, and violence. Transgender and disability studies also acknowledge that intersecting identities and increased marginalization worsen outcomes due to increased stigmatization (Baril, 2015). Racialized communities, for example, are further persecuted and rejected compared to their white counterparts. Jefferson et al., (2013) explain that:

> While trans women of color share experiences of transphobia and cisnormativity with other transgender people, experiences of sexism with other women, and experiences of racism with other people of color, these experiences interact and cannot be separated: trans women of color experience discrimination uniquely as trans women of color (p. 2).

This underscores the intersectional nature of oppression, highlighting how racialized communities face compounding challenges. Transgender and disability studies aim to understand, make visible, and ultimately dismantle the oppressive practices that subjugate the marginalized communities they represent. This thesis is not restricted to these worldviews, but it takes inspiration from their foundations and integrates their frameworks into a toolbox as opposed to reading them as scripture.

Transgender Studies

Transgender studies emerged as a response to the erasure that trans individuals felt from the queer theory framework used in academic discourse (Stryker, 2006). Those involved in its inception wanted to make a platform to increase knowledge about trans lives as well as to start exploring the oppressive systems that other the gender-diverse population. Ram et al. (2022) observed in their review that the othering and pathologization of trans identities is very present in the verbiage used in the medical world. A major focus is the desubjugation of trans voices. Striker (2006) explains that subjugated knowledges are those which:

> Foucault describes as “a whole series of knowledges that have been disqualified as nonconceptual knowledges, as insufficiently elaborated knowledges, naive knowledges, hierarchically inferior knowledges, knowledges that are below the required level of erudition or scientificity,” is precisely the kind of knowledge that transgender people, whether academically trained or not, have of their own embodied experience, and of their relationships to the discourses and institutions that act upon and through them. Such knowledge may be articulated from direct experience, or it may be witnessed and represented by others in an ethical fashion (p. 13).

There have been decades of erasure on many levels within academia, mainstream media, and medicine, and transgender studies hopes to not only reclaim the past knowledge that was lost but also centre those currently living with a trans identity. This thesis chooses to uplift trans voices and celebrate their strengths as opposed to focusing on the barriers they face which is in line with a central trans studies concept.

Disability Studies

Disability studies is an interdisciplinary academic field that focuses on understanding and contextualizing ability within its historical framework with a built-in goal of progressing forward the treatment of those reflected in its research. This discipline was created because of the advocacy of scholars in academic spaces who were disabled so they were able to be a voice for the people excluded from those spaces (Ferguson & Nusbaum, 2012). Currently, it focuses on the difference between impairment (caused by a physical or psychological condition) versus disability (caused by barriers in society not accommodating those with impairments) (Goering, 2015). It is posited that disability itself is more of a social construct than a distinct biological difference. Goering (2015) explains that:

> For many people with disabilities, the *main* disadvantage they experience does not stem directly from their bodies, but rather from their unwelcome reception in the world, in terms of how physical structures, institutional norms, and social attitudes exclude and/or denigrate them. (p. 134)

Focusing on the treatment and cure of disability can be invalidating and it creates a hierarchy where there are those who can save and those who need to be saved. In many cases, like the disability that is focused on in this thesis, there is no cure, and this discourse inherently tells a disabled person that they are wrong and broken.

The Standard Body

The intersection of both transgender and disability studies can be most observed through body politics. This refers to the regulation, categorization, and often medicalization of those in marginalized communities. It encompasses a wide range of topics from tattoos to abortion but asserts that the body is inherently political as it interacts with systems and social hierarchies on a daily basis (Brown & Gershon, 2017). An example of this is in transgender studies where this framework is being used to analyse the narratives of refusing categorization and necropolitics[3] of transgender individuals which is based on the work of Martino and Omercajic (2021). This framework informs the analysis because it says that the formulation of one gender is done within an oppressive binary system that seeks to control transgender bodies. There is a standard body, which is cisgender and able; therefore, both trans and autistic people are "broken" and should strive for this unattainable body. This is where deep-rooted medicalization

---

[3] Necropolitics is defined as the use of political and social power to dictate how some people live and how some must die (Martino &Omercajic, 2021).

and othering intersect. Drawing from the disability studies perspective of disability as a social construct, one cannot help but see parallels in the trans community. Often, the “disabling” part of transness is the interactions with a world that excludes and treats them as different (Baril, 2015). This is not meant to conflate disability and trans identity, however, as being transgender does not equal a disability or impairment. But, there are similarities in the barriers and outcomes of both populations. It is important to understand the similarities, especially for those who occupy both identities, such as those in this study. However, both trans and disability studies are pushing away from the medical model and are most importantly, highlighting that the knowledge these people hold is legitimate and powerful because it is their own and grounded in their own lived and embodied experiences.

Chapter 3: Methods

Introduction

As previously stated, many studies have observed and analysed the transgender–autistic community. However, learning from the community itself is arguably more important when it comes to improving the lives of those in it. Adams (2022), a researcher and activist in the community, agrees, and his interviews with A-GD participants identify key findings and advice for supporting autistic–trans people. He describes his study as “an alternative to conventional and often pathologizing researcher-mediated methods of data collection” by cisgendered neurotypical researchers (p.146). Removing oneself from the data collection process does have its strengths from a post-positivist perspective. However, no research can be truly neutral, even choosing what one will research is influencing the outcomes. This thesis does not ignore the author’s voice, it makes it a strength. When the researcher themselves is part of the community they are researching, there is a comfort level and understanding reached between both the researcher and participant that has not been previously explored. The connection, immediate clarity, and conversational flow that can be achieved by an insider of the community conducting interviews cannot be matched. Patton (2002), for example, argues that in qualitative research “the researcher is the instrument of both data collection and data interpretation and because a qualitative strategy includes having personal contact with and getting closer to the people and situation under study” (p. 50). Indeed, Patton argues that the “perspective the researcher brings to a qualitative study is part of the context of the study” and that “self-awareness then can be an asset in both fieldwork and analysis” (p. 60). Therefore, this thesis explores the stories told by the autistic–transgender community as interpreted and published by an autistic–transgender researcher. The goal is to find connections, empathy, and understanding in their experiences and answer the question: what can we learn from the narrative connections found between transgender autistic individuals’ stories? People who are transgender and autistic already face many barriers, discrimination, and marginalization, and this research intends to make their voices heard in academia with as little interference as possible. It is the researchers hope that being part of the community itself will help negate some of the negative research consequences.

Research Design

Qualitative methodology was the only approach that was suitable for this research to capture the nuance and knowledge shared in the transgender and autistic community. It also serves as a vessel to centre their voices in their own words, which due to a history of erasure is the primary goal of this thesis. Both identities also have a long history of categorization, ableism, and cisnormativity due to the power differential held in some research practices. Trans people often find the most basic forms of quantitative data collection, like a feedback survey, limiting because they must reduce their complex and deeply personal gender identity into 2 or 3 categories that do not reflect their lived experiences. Anderson and Kirkpatrick (2015) explain that “when we are studying people, observing their experiences, and trying to understand their lives, narratives may come closer to representing the context and integrity of those lives than do questionnaires and graphs” (p. 631). Additionally, most qualitative approaches can facilitate a face-to-face interaction which builds trust and understanding between the researcher and the participants, with the hope that this increases comfort, and therefore, incites richer responses from participants (Patton, 2002). Feminist researchers Hesse-Biber and Leavy (2007) explain that when the researcher is able to share aspects of their own identity and story, it creates a reciprocal conversation which can help reduce the power imbalance inherent in the researcher–participant dynamic. This was built into the question outline used by the interviewer as the interviews began with a self-disclosure of identities from the researcher to build a connection by being able to relate to shared stories.

Interviews

The interviews were conducted with each participant over Zoom to reduce unnecessary barriers in attending the interview as those on the autism spectrum can often have difficulties with executive functioning or feel uncomfortable in new environments. Therefore, having them be able to be in their own spaces was intended to ease tensions (Keen et al., 2022). The use of Zoom for the interviews also creates a transcript of the interaction. However, the researcher read through the transcripts to fix errors, or add context.

Interviews were used as the main source of data for this thesis and, therefore, were required to be robust and encompass many aspects of identity from each of the participants. A semi-structured format was chosen early on to fill this need. Ryan (2019) explains in *The Problematics of Assessing Trans Identity in Survey Research: A Modest Proposal for Improving Question Design* that one of the main issues facing research on the transgender population is the restrictive way in which research limits answering so using a semi-structured interviewing format can provide “rich narratives” and denote different interpretations of each question (p.3). Each participant was taken through the same protocol (See Appendix B) but was given space to answer or not answer any of the questions. They were also given the option to have the question restated or be given examples to improve their understanding of what was being asked. Due to the flexible nature of the interviewing process, most interviews exceeded the intended hour, with consent from the participant, and were closer to one and a half hours in length.

Each interview was divided into 4 sections that were explained to the participants at the beginning. These sections were demographic information, autistic identity, transgender identity, and how the two previous identities intertwine. After the participants explained their stories regarding neurodiversity, gender, and whatever else is connected, the researcher then asked questions to both clarify the topics explored and expand on those excluded.

Recruitment

After gaining ethical approval from the University of Western Ontario's research ethics board (see Appendix A), a digital poster with contact information and a basic explanation of the study was sent out to the leaders of queer spaces in London Ontario for them to post on their respective platforms (See Appendix C). Those who initially received the poster included Trans London*, PEFLAG London, Pride Western, the Graduate Pride Commissioner, and the Moderators of the (Canadian) Autistic and Trans Facebook group; however, it was spread to further platforms by community members. If an email was received by the interviewer showing interest, the potential participant would then receive an information sheet which included a much more detailed description of the study, example questions, and a space for them to give consent for participation (see Appendix D). On every level of the recruitment process, the caveat of "no formal diagnosis is required" was included. This was important, as this was the most common question the researcher received because in other studies the community has seen or interacted having a diagnosis was a requirement. As an additional form of recruitment, after their interviews, participants were asked to share the study's poster and information within their own communities.

Participants

Table 1 provides an overview of the demographics of the participants who participated in this study. There were 7 participants interviewed in total as the intent for this master's thesis with limited time was depth in understanding as opposed to generalizability across a large breadth of individuals. All through the study, information post was shared outside of the London, Ontario community on multiple platforms being from this region was necessary to participate, so some who reached out were turned down. This decision was twofold because first, the researcher wanted to reduce the number of applicants, again due to resource constraints. Second, the geographical similarity control prevents outside variables like living in a small town where there is less access to care. London is a metropolitan area with more options for treatment so having participants with vastly different access to treatment would compromise the results.

The participants identified as both transgender and autistic ages ranging from 18–52 years of age. Two of the seven participants had an official autism spectrum disorder diagnosis from a clinician: however, through self-reflection and personal research, the other participants self-diagnosed as autistic.

Table 1

Demographics — Individual Interview Participants (n =7)

Pseudonym	Pronouns	Age	Gender	Autism Diagnosis
Bruce	He/him	30	Transmasc Nonbinary	No (seeking)
Elton	They/them	28	Transmasc Nonbinary	No (seeking)
Grayson	He/him	22	Transmasc Multigender	Yes (2017)
Joe	He/him	52	Man	Yes (2020)
Milo	He/him	33	Transman	No (not seeking)
Steven	He/him	19	Nonbinary Transman	No (seeking)
Tobias	Xe/xir	30	Gender Flux/Fluid	No (seeking)

Several participants were actively searching for a clinician who performs ASD assessments for adults. Every participant had a similar gendered upbringing as each was assigned female at birth (AFAB) and did not identify as a woman. This study was not restricted to AFAB individuals by any means, but there were no transfeminine and/or assigned male at birth individuals who participated (see Discussion and Limitation Section). The participants were in every stage of personal gender transition as some considered themselves done and had received gender-affirming medical care, while others still felt like they were right at the beginning of their gender journeys and were in the process of socially transitioning. This is an aspect of an individual that is deeply personal and unnecessary to quantify into numerical values as there is no correct way to transition. Additional social factors were asked at the beginning of the interview to gain a deeper understanding of how they navigate the world, and this is documented in Table 2.

Table 2

Demographics — Social Factors (n = 7)

Social Factor		n	%
Relationship			
	Partnered	4	57%
	Married/Common Law	2	29%
	Single	1	14%
Ethnicity			
	White	6	86%
	Indo-Caribbean, Black	1	14%
Education			
	High School	5	71%
	Post-Secondary	2	29%
Socio Economic Status			
	Lower	1	14%
	Working	3	43%
	Middle	3	43%
Employment			
	None	2	29%
	Disability/Part time	2	29%
	Full Time	3	43%

Analysis

Each interview was transcribed using a mix of Zoom's built-in caption system and then hand-fixed, due to the use of very specific language that the caption system was unaware of. The interviews were displayed in the software MAXQDA for organization purposes. Then, a mix of Interpretative Phenomenological Analysis and Thematic Analysis were used to understand the data further through multiple readings, coding, and visual mapping. Sticking to the theme of this study itself, which is breaking down systems and conventions, a highly personalized analysis tailored to both the participants and the researcher was used.

Both Interpretative Phenomenological Analysis (IPA) and Thematic Analysis (TA) are inductive processes, meaning that the codes came from reading the data and seeing emerging trends as opposed to having pre-existing codes. However, the two types of analysis fit different roles. IPA is used for smaller sample sizes, with the aim to deeply explore and understand the lived experiences of those in marginalized communities and how they are “contextualised by history, society and dominant cultural forces” (MacLeod, 2019, p 50). It is suggested by Macleod that IPA should be used when interviewing autistic individuals to encourage self-advocacy and an interviewee-led process. IPA also requires reflection and analysis on the positionally of the researcher, unlike in thematic analysis where you are meant to be an outside observer. Therefore, the approach of centering an autistic and transgender researcher is more in line with this method. In fact, Milton (2014) explains that “the involvement of autistic scholars in research and improvements in participatory methods can thus be seen as a requirement if social research in the field of autism is to claim ethical and epistemological integrity” (p 794).

Thematic Analysis lent itself to the coding process of identifying themes in the data and finding meaningful groups of themes (Braun & Clarke, 2006). This approach is more flexible and visual, which involves collapsing themes into each other and has a structure of how one supports and reports data with quotes. In this thesis, quotes were labeled and then sorted into sub-codes and codes. Different structures were explored until one with the best fit was found, both for representing the participants’ voices and for concise reporting.

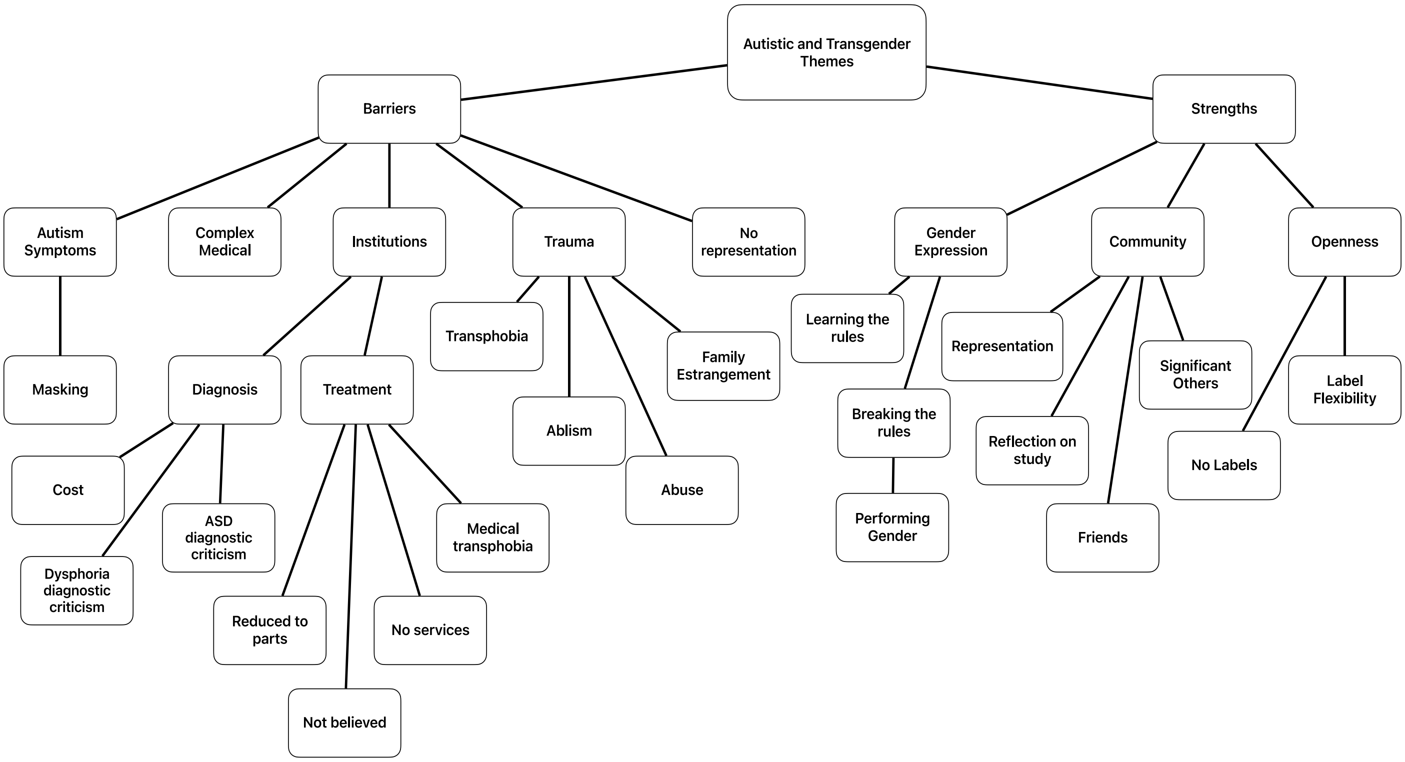
Conclusion

In this chapter, I outlined how the study was conducted using a semi-structured interview style and by centering the voices of the participants. Seven transgender and autistic individuals participated by expressing their lived experiences through interviews. These transcripts were explored in depth and codes were generated to understand themes across participants. Using tailored interviewing, anti-oppressive practices, and transgender theories as frameworks, this thesis interviewed autistic–transgender people as an act of defiance to oppressive systems and with the intention of uplifting their voices in the academic space.

Chapter 4: Results and Analysis

Many themes and subthemes were identified from the interviews. Two main motifs emerged from the participants' life events, personal identification, and narratives: barriers and strengths (see Figure 1). Barriers were mainly external factors that were exemplified by negative interactions with systems and others. Every participant had experienced major barriers in their life causing frustration, times of isolation, and setbacks in their personal journeys. There were also barriers that could be perceived as internal issues, such as autism symptoms and complex medical issues, which are themselves created or exacerbated by the structures that prioritize normality and invalidate female-bodied pain. The themes and resulting codes that fell under strengths are exemplified by finding community and embracing identity. Below is a breakdown of each theme and the corresponding quotes from the participants.

Figure 1. Themes and sub-themes that emerged from the interviews of transgender and autistic participants.



Barriers

The analysis of barriers experienced by the participants resulted in 5 themes and some had subthemes as well. The themes of autism symptoms, medical complications, interactions with institutions, trauma events, and lack of representation emerged from the interviews as barriers and obstacles that the participants had to overcome. See Table 3 below for a breakdown of all the codes used in the analysis, their frequencies, and how many participants are represented in each category. The most discussed subthemes were transphobia, mistreatment by clinicians, and masking of autism symptoms. There were very few themes that were not endorsed by the majority of participants as in general, many of the participants shared similar narratives.

Table 3

Barriers —Themes and Subthemes

Barriers	n of codes (570)	n of participants (7)
1. Autism Symptoms	83	7
1.1 Masking	32	7
2. Complex Medical	17	5
3. Institutions	85	7
3.1 Diagnosis	30	7
3.1.1 ASD Diagnostic Criteria	23	5
3.1.2 GD Diagnostic Criteria	4	2
3.1.3 Cost	3	3
3.2 Treatment	46	6
3.2.1 Medical transphobia	17	3
3.2.2 No Services	13	4
3.2.3 Reduced to parts	10	4
3.2.4 Not Believed	9	5
4. Trauma Events	84	7
4.1 Transphobia	45	6
4.2 Ableism	33	7
4.3 Abuse	10	6
4.4 Family Estrangement	9	4
5. No representation	18	7

1. Autism Symptoms

Each participant, regardless of whether or not they had an ASD diagnosis, was able to identify autistic traits within themselves. Although not all autistic traits are negative (see Strengths, Openness), many traits associated with ASD can complicate communication and functioning when not accommodated for. For example, most experience sensory issues. Joe explains:

> Well, I have, I have a lot of sensory issues. So, I am really prone to auditory overwhelm, visual overwhelm, like physical-sensory overwhelmed. So, I have to manage all of those things on a regular basis.[4]

Each participant had differences where their sensory issues were barriers in their everyday lives and could explain how they dealt with them. At home, many could adapt their environment to what they needed to not feel overwhelmed but often found spaces like school and employment taxing to exist in.

1.1 Masking

The theme that appeared the most under autism symptoms was masking. This is defined as the suppression of autism symptoms to manage social presentation (Miller et al., 2021). It is important to understand that anyone can “mask” in different situations, for example, you present differently at a funeral than you would at a work party. However, the minor adjustments that an allistic person makes to their presentation are not comparable to the extreme restriction autistic individuals often have to learn at a young age for safety and social integration. Steven explains what masking is in his own words:

> I only make eye contact with my girlfriend and my mom without having to force myself. I don't even stim in front of anyone like I, I'll like bounce my leg or something. Maybe like

---

[4] All quotes from participants were kept in their original voice, as to not sanitize their thoughts in any way. This means some quote may have double words, incorrect grammar or pauses, this was intentional.

> sway side to side or like. I don't know, like subtle stims maybe, but like the obviously autistic ones, like the hand flapping I only catch myself doing it when I'm alone. Because I'm just so embarrassed by that that I mask everything and it's like really deeply ingrained in myself.

This quote exemplifies how hard it is to unmask, as masking is learned from a very early age as a way to reduce conflict and blend into neurotypical society. Each participant pointed to masking as the reason they were not able to receive a diagnosis of ASD earlier or at all as others and themselves were not able to recognize symptoms for what they were. A study about masking in adults observed similar themes that really highlight this deep ingraining of masking from a young age, resulting in an all-encompassing loss of self and a loss of deep connection with others because they were not presenting their personhood in full (Miller et al., 2021). Masking both in this study and others is often described as unconscious and participants were often unable in the moment to identify they were masking but felt the consequences of it after the fact. Although masking can be used as a protective measure to reduce barriers, the result of being someone you are not, is a burden. Bruce explains the toll of masking:

> There are steps that I have to go to go through in order to like to receive the results that I'm trying to get at right like it feels like bureaucracy, like it feels like unnecessary busy work that we're just going through the motions to. To like, get a result, or like, achieve your goals? It's not ideal. It's so much work. It's exhausting.

This extreme fatigue is a recognized consequence of masking. It is often linked to a concept called autistic burnout, which is often misdiagnosed as other things like depression. It is explained as a long-term exhaustion, regression in function, and inability to tolerate stimulus that is caused “from chronic stress and a mismatch of expectations and abilities without adequate supports” (Arnold et al., 2023, p.1907). Although many of the barriers outlined in this thesis contribute to autistic burnout, masking often takes up the most energy and many found it difficult to stop. There are often tips found online and through social media that explain how to stop masking, and these are often great resources that are shared by the community (Price, 2022; Spencer, 2021). However, it needs to be acknowledged that the process of masking often pushes others away, takes a lifetime of unlearning, and can reduce social capital because the world does not want people to be different. Most autism resources like ABA therapy promote masking and teach individuals to mask better (McGill & Robinson, 2021). And many some autistic individuals even describe themselves of survivors of ABA therapy touting it as abusive and conversion therapy adjacent (Pyne, 2020). In all, there are very few professional resources for unlearning masking and embracing autistic traits.

In one of the first passes of data exploration in this study, masking was placed both in the barrier and strength categories. It cannot be ignored that if an autistic person has a high ability to mask, they can socially navigate and often gain more resources (Radulski, 2022). However, the costs "including poor mental health, exhaustion, suicidality, identity loss, and minority stress" do not outweigh the positives (Radulski, 2022, p. 124). As a high masking individual, I cannot ignore that masking got me to a position where I could help highlight voices in my community through research and engage in care as a mental health professional, but I have to grapple with the consequences of it on a daily basis. Ultimately, we can celebrate the coping skills that autistic people have been forced to use to assimilate their presentations as a personal strength, but this risks the promotion of neurotypical hegemony (Radulski, 2022).

It is a pervasive issue as each participant was able to identify that they mask daily and indicated that it often results in meltdowns in places they feel safe or mistreatment of those they feel safe around. This need to mask also restricted friends because the participants felt like they were not able to be vulnerable unless the other person was also neurodiverse (see Strengths, Community). Most identified that masking was something they wanted to stop doing but did not know how or did not have the tools and support to do so.

2. Complex Medical Factors

This theme comes as no surprise as in past research both trans and neurodiverse/autistic subjects had higher rates of mental and physical disorders (Smith-Johnson, 2022; Ward et al., 2023; White Hughto et al., 2015). Five of the participants disclosed a co-morbid medical diagnosis that greatly impacts their lives and in turn, causes difficulty accessing gender-affirming care. There was not a specific question regarding this as part of the interview, so it is possible that the remaining participants also have some complicating factors as well. Additionally, this can be a deeply personal and painful topic to discuss so many would choose to not bring it up. Bruce emphasized the complications that come along with physical health conditions:

> I was also recently diagnosed with multiple pulmonary embolisms in both of my lungs, though, which was like a surprise so I haven't been able to bind and the sensation of kind of like just having a free chest, like can't even wear a sports bra type thing, has been like debilitating to the point of where it's preventing me from leaving my home just because I feel so uncomfortable like not being able to have any sort of like chest cover in general.

Many of the participants struggled with chronic pain and other conditions that directly affected their gender transition. These conditions also affected maintaining a job as a couple of participants are unemployed or only work part-time due to health issues. Additionally, some participants had co-morbid mental health diagnoses such as post-traumatic stress disorder, borderline personality disorder, depression, and anxiety, which complicated access to both gender-affirming care and an ASD diagnosis. Grayson outlined this well by saying that:

> The issues that come with how doctors will treat you when you have a diagnosis of certain things. Or if you don't and they think that you're a hypochondriac, which is a common issue for me. Things like that greatly affect my ability to access the care that I need. Versus allistic[5] people who are people who don't have the same complications, they're able to access things a lot easier.

There are documented increases in co-morbid physical health concerns for the autistic and transgender populations, respectively. A recent study in the United States found that "transgender people enter young adulthood with a statistically significant disadvantage in disability relative to both cisgender men and cisgender women… This higher probability of disability among transgender adults holds across each age group" (Smith-Johnson, 2022, pp. 1473-1474). On the other hand, "autistic people are at greater risk of a breadth of chronic physical health conditions, as well as overall disease burden across the lifespan (Ward et al., 2023, p.15). Considering the participants in this study hold both identities, it is unfortunately not statistically surprising that they have elevated rates of co-morbid issues that complicate their care. There is no consensus on why these populations have higher rates of medical issues but early research points to minority stress and restricted medical care due to discrimination because of their transgender identity (White Hughto et al., 2015) and autistic identity (Ward et al., 2023). Additionally, autism, on a physical level, may have connections to complications due to the neurological presentation of the disorder (Ward et al., 2023).

There are not just physical ramifications, however, as explained in Chapter 1, both of these communities also have increased rates of depression, anxiety, and suicidality (Strang et al., 2023). The participants of this study explained they had been given many diagnoses and labels, which could be accurate but also could be mislabelled autism symptoms (Carpita et al.,

---

[5] Someone who is not affected by autism. Often used when to differentiate without othering autistic people as not normal.

2023). Anxiety, depression, and PTSD were common among the participants and for the most part, they were receiving some sort of care, whether pharmaceutical or therapeutical. The main throughline, however, was that these complications made getting access to any kind of care, not just gender-affirming more difficult. Unfortunately, this is the reality for many participants who were denied access to sometimes live-saving treatment because they have complicating factors, often co-morbid disabilities or illnesses, that are outside of their control and it can affect their ability to support themselves.

3. Institutions

In order to access support and care, transgender and autistic individuals often must navigate several institutions and clinicians. This was a repeating theme seen across all the participants and it was so encompassing that there are many subthemes to illuminate the experiences of those involved. The two main issues discussed were receiving a diagnosis and accessing care.

3.1 Diagnosis

Many of the participants identified issues with the diagnostic process for autism spectrum disorder. The most tangible barrier to accessing an ASD diagnosis is the financial and time cost involved in receiving one. Steven explains the main issue well:

> Yeah, I first just like, decided that I wanted an autism assessment when I was 15 and now I am 19, and finally getting one. So, I think that is BS, that really makes me mad. Cause now I have to spend 3000 dollars on it because I am no longer a minor. Really makes me mad.

The participants were very aware of how long and expensive the process can be as an adult. This was the reason for many of them not having been assessed for autism as minors. Taking time off work and spending the equivalent of several months of rent on an autism diagnosis is not feasible for many people.

This, however, is not the only objection participants had about the diagnostic process for ASD. The identified issues included: the diagnostic criteria not representing those assigned female at birth, the testing feeling infantilizing and not scaled for age, a lack of nuance within the diagnostic criteria, and issues with overlapping or related co-morbidities. As someone who has gone through the process and has the most experience with the criteria, Joe sums up his feelings:

> What you are being taught is wrong, like just period. It's wrong, I mean… all of the diagnostics criteria, all of the like standardized approaches, and so on. And so forth, like this stuff is all coming from the same source. It's coming out of patriarchy; it's coming out of capitalism. It's coming out of white western cisgendered male, allistic culture, that it is all coming from there, and it is where you're dealing with people who are not those things.

The issues with the ASD diagnosis process that the participants were able to identify were based on their own personal experiences or experiences they have heard about in the community. These issues have been observed in research too. Participants of other studies report that the assessment instruments used felt one size fits all and did not take into consideration their lived experiences which left them feeling invalidated (De Broize et al., 2022). As Joe points out above, the historical background and formation of the ASD criteria and diagnostic process are rooted in observations and research exclusively on men, much like other medical processes. Current research is finding that differences in sex affect autism symptoms and AFAB individuals may camouflage autistic traits, which is another way to describe masking (Lai et al., 2017). Women are more able to and perhaps better socialized to hide their more abnormal symptoms and traits. The complicating factor of gender diversity is often pointed out in research as a limitation but not explored. Therefore, it is unknown if, for example, a transman would present with autism traits closer to their biological sex or their gender identity.

The consensus was that the diagnostic criteria have not caught up with our modern understanding of the diversity of the autism spectrum. The language used around diagnosis was also discussed. Many participants wanted to focus on the spectrum part and remove the word ‘disorder” entirely. For example:

> I think it is a natural variation in neurology. (Joe)
>
> I don’t think it’s really a disorder…I just think it’s otherly ordered. (Bruce)
>
> Autism spectrum disorder is less comfortable because it feels a little bit, it feels very medicalized in a way that I don't quite like. (Grayson)

These statements encapsulate the participants’ sentiments well. On the other hand, Milo expressed that maybe he does not want a diagnosis because “I would want to do it just for this internalized ableism where I need a diagnosis in order to be considered an authentic autistic person.” Overall, it was a topic all of the participants had thought about because as of right now a diagnosis is essential to receive support.

3.2 Treatment

A theme that was very present was how the participants were treated by those in the mental health and medical field. Their experiences ranged from blatant transphobia to a lack of education from medical professionals. Interactions with clinicians that are blatantly unsupportive creates distrust of the system itself. Grayson expressed that his transition was sabotaged by his psychiatrist and described accessing healthcare as “hell’. Other participants expressed having to jump through unnecessary hoops and having their healthcare gatekept. Elton explains his experience in the following quote: “I've had a ridiculous number of referrals to a bunch of doctors who've all been declined because I don't have a gender disparity diagnosis because my doctor wouldn't give me one”.

Generally, many participants were not believed when they expressed their desire to transition because they were autistic. This finding is seen in the study by Cooper et al. (2020). Participants explained that getting a referral was impossible, and they “had to appear as neurotypical as possible”. On the flip side, the participants were also seen as too self-aware and functioning as a trans person to receive an autism diagnosis. All the participants expressed knowing themselves very well and this was seen as a negative. Tobias, Joe, and Steven all had interactions with therapists where they were told they were too self-aware for therapy. This is a strength and should not be a barrier to care. Tobias explains it well:

> The most important thing is to like understand the like I think the people who are neurodivergent or like trans like they a lot of them have already done the research… when you go to meet therapists and you tell them that in their first reaction is to question it I think that like builds up the doubt that they already feel in themselves and it makes it like even harder.

Participants expressed wanting to be supported and believed because, by the time they made it to a doctor or therapist, they had already thought a lot about their identity. Gillespie-Lynch et al. (2017), argue that autistic people are the experts in their own experiences and found in their research that their participants were highly aware of public discourse and very self-aware. Due to having to navigate a neurotypical system, it can lead to an overdevelopment of understanding, “with many autistic adults expressing considerable insights about their own and other minds” (p. 10).

As a practising psychotherapist (qualifying), I can attest to how autistic clients present in therapy. Many are very insightful and use the time to externally process what they have been feeling. Compared to neurotypical clients they may even require less intervention and input but instead a safe space to explore their feelings and behaviours. Often, they come to conclusions and increase perspective-taking while they are talking through things not previously explored or thought about. To a non-informed clinician, it may be confusing why this person needs or wants to participate in talk therapy, but they are in fact gaining what they need out of it. It is important to not restrict therapeutic intervention to neurotypical standards.

Common feedback that participants expressed is that no one is specializing in intersectionality, so often a clinician will only interact with one of their identities. Many of the participants expressed that their autistic and trans identities are inextricably linked as well as other identities, so separating and treating one aspect is not helpful. Each person is a complex make-up of experiences and not just their gender. Steven explains this as

> That while it's important to note and to try and understand it doesn't define me. And it doesn't define anyone who uses these labels or identifies this way because some of us will think that these labels define us and I don't think a therapist or counselor should ever really challenge that unless the client is open to it, but I do think that. Helping somebody find out who they are outside of these things is always something that should be a goal.

An issue that was defined is that this holistic care is few and far between. Participants identified that there are few clinicians who have enough education about trans care, autism care is too expensive, and supports for autism only exist within school systems. Some of the issues identified in a study about autistic adults' experiences with accessing support were a lack of supports for "autistic adults without co-occurring ID" (intellectual disability), incorrect assumptions being made about those labeled high functioning, and "long waiting lists and lack of funding for support or treatment" (Camm-Crosbie et al., 2019, p.1438). Although there seems to be a lack of support for autism in general, those who pass as neurotypical and have less obvious symptoms are slipping through the cracks. This is worrying because previous studies have found that newly diagnosed ‘higher functioning’ autistic adults have high rates of suicidal ideation and mental health needs (Cassidy et al., 2014).

The other factor further complicating care for the participants of this study is obviously their transgender identities. Many participants explained they found some community-created spaces and supports online or through friend groups, but very few supports were made by the city or institutions. Bruce outlines this in his interaction with a local library:

> Supports are non-existent. Last year there was a trans Information group being held at the Public Library in sort of a forum thing, and so I attended, anticipating that this was going to be a source of information, for where to access supports in the community… And this information session is like a case in point of like I thought we were gonna learn about supports. You're telling us upfront that there are none and that you're pushing it back on the community for it to be their responsibility.

There is a documented lack of trans care options in the participants’ location “with one-third of trans Ontarians reporting a past-year unmet health need” (Giblon & Bauer, 2017, p. 6). Both the lack of education of care professionals and “high frequencies of harassment and discriminatory practices experienced by trans individuals in health care settings” were identified as barriers (Ibid., p.7). Additionally, cost and lack of insurance coverage were directly linked to worsened outcomes, with the added complication that many trans people experience discrimination in the workplace and on average make less than their cisgender peers (Kcomt, 2019). These results just address the medical intervention and do not include the other supports a trans person may need like therapy, legal assistance, access to gender-affirming clothes, and tools such as chest binders. There is a general lack of treatment options for both autistic and transgender people, and definitely for the combination of the two presentations. The trans and autistic communities should be involved in shaping their treatment and care; however, the onus should not be on them to fix a broken system that already reduces their social capital and actively subjugates them.

4. Traumatic Events

Each participant explained in detail the mistreatment and trauma they endured often just for being trans and/or autistic. These experiences shaped each person and how they interact with others and systems at large to this day. The events could be broken down into several categories including transphobia, ableism, abuse, and family estrangement.

4.1 Transphobia and 4.2 Ableism

On a daily basis, participants experience microaggressions, blatant personal attacks, and the passive but just as harmful effects of living in a cisnormative and ablest society. Bruce sums it up well by saying "there's still just so much transphobia out there, and like misunderstanding and negative stereotypes. The most recent Ontario *Trans Pulse* Survey backs up their experiences by finding that "96% had heard that trans people were not normal" and "73% had been made fun of for being trans" (Bauer & Scheim, 2015, p. 3). For some of the older participants, it was often physical aggression as well: "I was in the time that I was growing up like you were still getting boot stomped like coming home from the bar…It was not safe to be out in public and be identified as gay or identified as trans" (Joe). Even though physically violent transphobia has lessened in the area in which the participants reside, many explained how scary it is to see things happening in other countries and in the media. Recently, transphobia has shifted online and become more prevalent. It would be negligent to not disclose that during the finalization of this thesis, the most recent tragedy affecting the trans community is the death of Nex Benedict[6] a 16-year-old transgender Native American. Much like the research involved in

---

[6] At the time of writing not all the information has been gathered by the police, but many believe his death is connected to a fight where he was attacked by three classmates in a bathroom.

the writing of this paper, it is difficult to engage in online spaces without observing members of the trans community struggling or worse.

As a result of this bombardment of transphobia, many have adapted their outward identities as a protective factor. Elton explains that “society perceives me as a woman... I mean, it sucks, but I mean usually if I'm out in public, I'm with my kids and safety is most important.” The other participants who had children agreed that for the protection of their children, they adopted more “palatable” gender identities. This theme of outwardly changing their gender identity to reduce aggression from others was ever present in the participants’ responses:

> It’s not worth my time. It’s not worth facing. Potential judgment. Because I’m dealing with a lot of people like in the public who I don’t know. It’s just, it’s easier to swallow being misgendered than to constantly have to defend my gender and my experience and my identity. (Bruce)

Although often touted as a safe country, Canada still has its issues. There has been a recent uptake in transphobia in the media in part due to events such as the US 2016 election, new Conservative policies, hateful comedians, etc. (Bellemare et al., 2021). The repercussions of experiencing even small amounts of transphobia are extremely detrimental to mental health. Often many younger trans people do not believe they will grow old, as they witness the murder of their peers and high rates of suicide (Bauer & Scheim, 2015). With the intersection of autism as well, there is an even greater risk to mental health when experiencing transphobia due to some autistic individual’s difficulty processing emotions and rejection sensitivity (Strang et al., 2023). Due to perceived vulnerability A-GD people are more likely to be targets in the first place which also increases the risk of mental health complications. However, transphobia is not the only adversity the participants dealt with in this study.

With regard to ableism, similar experiences of discrimination were also communicated by the participants. A frequent pattern within the data was the minimisation of internal experiences and external barriers from caregivers and clinicians. Differences from their peers were not given a name or diagnosis and so "weirdness" was internalized as a character flaw. Milo explains that as a child he "had a lot of shame about being different" and it was not addressed until he was much older. Many had to face these feelings of being "weird" or "different" as adults when they were trying to get a diagnosis that fit them:

> Like voice in my head, saying, 'Well, no, you can't be autistic,' because people who are articulate can't be autistic. People who are, you know, have high degree of empathy, can't be autistic. People who are really intelligent can't be autistic. Oh, the thrills of internalized ableism. (Joe)

There is an unexhaustive list of ways that ableism interacts with autism including: "judging certain interests as childish or immature", "expecting autistic people to have savant or special abilities", teaching and celebrating masking behaviours", and "the assumption that eye contact when communicating is necessary or superior" (Hartman et al., 2023, pp. 46- 47). There is often an infantilization of autistic people that results in them not being taken seriously, being talked over, and their rights being reduced. Several participants could identify easily how they were different from family members or the general public because others had been pointing it out for years. Due to the natural instinct to want to fit in to reduce prejudice, many of the participants explained how they masked to hide who they were for the majority of their lives (see masking section above to understand the negative repercussions).

Many participants explained that their differences, both socially and gender wise, caused other people to treat them poorly so they mask and change their behaviour to adapt to different environments. Steven explains this as "it makes people uncomfortable when I act the way that I want to, honestly. And you don't want to make people uncomfortable.” For many, it became a mix of masking both their gender and autistic traits to reduce outward negativity, but masking comes at the expense of authenticity and extreme amounts of energy. An unfortunate but great summation of this theme comes from Grayson:

> Things are a lot more complicated for us than they are for ‘normal' people. Whether that's knowing what you're experiencing, what causes this pain, so on so forth. It doesn’t help that other people don't take us seriously. Regarding either identity neurodivergent or trans, people won't take them seriously. And that leads to a lot of really complicated trauma over things that you wouldn't expect a neurotypical versus person to be traumatized by.

4.3 Abuse and 4.4 Family Estrangement

An upsetting pattern outlined by the participants was the abuse they faced from their own families and significant others. More than half disclosed stories of being disowned or estranged from their families. Joe in a matter-of-fact way reports “I'm estranged from my mother.” Other participants still had contact with their families, but many of their families were unsupportive at best which can be seen in Grayson’s story:

> My biological father has always adamantly refused to believe that I could be disabled in any way, shape, or form to this day despite having a legal diagnosis. He thinks that it is fake and accuses my mom of having bribed the doctor.

Participants report having to mask around their family and not being able to share all their identities with their family out of fear of being rejected. One watched a sibling be mistreated due to an autism diagnosis and subsequently learned to hide their autistic traits.

The abuse they experienced from their families led to personal confusion about their identities. Milo asks, “what's a manifestation of my autism and what's a manifestation of trauma?” and this confusion causes others to gaslight them about their autism symptoms as a result. For some, it was hard to form an identity and discover oneself when in these abusive and toxic relationships. Bruce described only being able to be true to himself after getting out of a relationship where his partner was telling him he was “going to hell for being queer.” The pattern of trauma in the participants’ lives only further complicates their relationships with themselves, others, and institutions like the medical system.

There is an awful pattern of abuse for both the trans and autistic communities. Stats Canada (2022) reports that trans people are twice more likely than their cisgender peers to be sexually or physically assaulted and experience unwanted harassment both in person and online. Similarly, a study conducted on the violence encountered by autistic adults revealed that 75.4% of participants reported incidents of sexual harassment, with nearly 60% reporting experiences of sexual violence, much more than their allistic peers (Gibbs & Pellicano, 2023). These of course are extremely harmful but often perpetrated by strangers, a big issue the participants of this study identified was the abuse or estrangement from their families which caused a lot of pain.

5. Lack of Representation

A barrier that every participant directly or inadvertently touched on was the lack of representation of either community, let alone representation of the intersection of the two identities. Representation was described by the participants as seeing themselves in media and in education. This type of representation is important because it impacts “both society's conception of how trans people should be and behave, and also the trans community's own identity, self-image and self-esteem” (Villegas Simón et al., 2024, p. 23). This impact was felt most by the older participants in the study as they hit their teenage years and early twenties during a different era where there was less acceptance of queer identities and even more outdated autism diagnostic criteria. As Joe explains, their life could have had a different trajectory if they lived in a different era where being who they were was more accepted and widespread:

> So, it's kind of an interesting thing for me, my late diagnosis is more a result of lack of representation than anything else… It was early eighties before autism was even added into the DSM. And at that point, it was only like cis white boys. So, I don't think yeah, there's no way I would have been diagnosed.

A popular theme throughout the interviews was manifestations of autism being mislabelled as manifestations of other disorders and these manifestations were just written off as the participant being quirky or weird. The media the participants saw growing up contained stereotypical representations of autism within its characters, for example, the portrayals of Ray Babbitt (Rain Man) and Sheldon Cooper (Big Bang Theory) were referenced as particularly influential in the interviews. However, it should be a given that not all autistic people are white straight cisgender men who are burdens and/or saviors (Jones et al., 2023). Stereotypes associated with autism were perpetuated by the media's portrayal of these characters and affected how the participants' autism was perceived. However, it is not just representation in the media. One participant explained that being compared to their non-verbal autistic brother caused them to be overlooked and misdiagnosed. This is most likely related to the difference in presentation observed across genders as well as the lack of representation (see issues in the diagnosis section above). Most participants agreed that understanding their own identity earlier would have greatly impacted their lives. Steven explains that:

> To see that like in my childhood if there was any sort of knowledge that I was autistic. I would have gotten the help that I needed, and I'd be a lot more educated right now than I

> turned out to be. It’s just some sort of validation that I would want to have is like, oh, I like this because I have autism not, I’m like this because I’m me.

It is clear in research that early detection often yields better outcomes, both in terms of mental health and support building (Okoye et al., 2023). Although, one participant pointed out they would have grown up with potential stigma due to the lack of understanding and aid offered. For understanding oneself and self-acceptance, the earlier the better seems to reduce the complex trauma of masking and unhealthy neurotypical standards.

When it comes to the participants’ transgender identity, their understanding of their own identity was not much better. Participants explained that there was minimal or no education on transgender topics in school. Joe explains that he thought that trans people *“*were kind of like urban legend type thing*”.* In the media, trans topics were often conflated with fetishism and drag queens, which was not representative of how the participants experienced their gender identities. Even modern representation tends to reinforce cispassing[7] narratives with characters detaching themselves “from everything that identifies them with their gender as assigned at birth” (Villegas Simón et al., 2024, p. 32). The cisnormativity found in media is not surprising as most of queer media is still made predominately in cis and heterosexual spaces. Cisnormativity is defined by Berger and Ansara (2024) as:

> is the presumption that most people do, or should, conform to the norms about gender assignment in their society. It may manifest as the assumption that everyone by default chooses to accept the gender that their parents or societal authorities have assigned to

---

[7] When a transgender person passes or is unidentifiable as a trans person because they uphold cisgender norms of their gender presentation. However, decisions to pass can be related to safety reasons or personal expression. It is not inherently bad, but this standard is harmful for those who cannot or do not wish to ‘pass’ as a cisgender person.

> them, or the assumption that all cultures by default have a gender binary that is similar to or based on U.S. or Western European cultural norms. (p. 122)

Representation is not just impacting trans people directly though, queer representation, in general, has been found to increase acceptance by up to 45% (Kaur, 2023). Many participants did not see representations of themselves anywhere, even in queer-dominated spaces but knew they were different. For example, Tobias explained:

> But like I definitely knew growing up that I felt different and in retrospect, I don't know if that was the transness or like autism, but I knew that like I was different, I felt different from the women slash girls that I grew up with.

Often in places like Pride where there should be major representation, other voices such as autistic ones are not highlighted. In fact, Pride with all its lights, colours, close quarters, and blasting music can be an inaccessible space for autistic–trans people (Martino & Coombs, 2023). Due to this, autistic–trans people can feel like outsiders in their own communities.

Strengths

The analysis of strengths possessed by the participants resulted in 3 themes which had some subthemes as well. Gender expression, community, and openness emerged from the interviews as protective and growth factors that the participants wanted to share and celebrate. (See Table 4 below for a breakdown of all codes found in the analysis, their frequencies, and how many participants are represented in each category). The most discussed themes include breaking the rules of gender, support from significant others, positive representation, and the rejection of labels. There were very few themes that were not endorsed by the majority of participants. In general, many of the participants shared similar experiences when it came to positive influences and strengths they possess.

Table 4

Strengths —Themes and subthemes.

Strengths	n of codes (210)	n of participants (7)
1. Gender Expression	78	7
1.1 Learning the Rules	25	5
1.2 Breaking the Rules	53	7
1.2.1 Performing Gender	30	6
2. Community	84	7
2.1 Significant Others	36	6
2.2 Friends	17	7
2.3 Representation	27	6
2.4 Study Reflection	8	4
3. Openness	48	7
3.1 No labels	16	4
3.2 Label Flexibility	6	4

1. Gender Expression

An important strength that all the participants recognized at the intersection of their identities was the expression of their gender. Gender expression in this study refers to how they outwardly present their gender through clothes, mannerisms, and interests. This strength was demonstrated in the gender creativity and flexibility of most participants. There was a trend of participants deeply observing and learning the societal and cultural rules of gender norms and then disregarding them which created the ability to adapt, live authentically, and care less about what others think. This was reflective of their refusal of cisgenderism which Lennon and Mistler (2014) refer to as “the cultural and systemic ideology that denies, denigrates, or pathologizes self-identified gender identities that do not align with assigned gender at birth as well as resulting behavior, expression, and community (p. 63).

1.1 Learning the Rules

The only way to step outside of the gender binary is to understand what it is, and many participants explained that from an early age, they had to learn the rules to be able to fit in. Bruce explains what it was like to try and fit in:

> So, like I put a lot of energy into like trying to present as female in high school like to present as female in high school like to the best of my abilities, so that, like I would be accepted by everybody else, and it was really like mentally just like so detrimental I don't think I understood at the time why it just really like wasn't me.

Although the act of trying to fit in was a barrier at the time, it turned into the ability to be super flexible with gender. This in-depth understanding of the gender binary was the foundation for breaking gender rules and self-understanding for many participants.

There was a consistent trend of participants going through a hyper-feminine phase to try and align with their assigned sex at birth, a trend that is well known in the trans community if you were to read forums like Empty Closets or Reddit and engage with online communities. It has been documented for transwomen as well, who engage in more masculine activities and even choose more masculine presenting jobs (Swenson et al., 2022; Panter, 2017). This exploring of the extreme was part of the learning of the gender system that led to them discovering their actual gender identities. A lot of cisgender people do not have to interrogate their gender identities; they often do not even think about the ways they express their gender (Fredenburg, 2021; Rowello, 2021). Bruce explains the difference first for cis people and then for trans people:

> This is the way things are, and accepting that at face value which, like, isn't necessarily a bad thing. But it is a whole lot more work to have to first deconstruct the system, to understand it, and then learn it, and then act accordingly.

Many participants also attributed the rigidity of adhering to gender conventions and learning the rules of gender to autism:

> It was definitely my autism kicking in and being like, these are the steps I need to take, or I've been told to take, even in the sense of like, I felt like I was so rigid in people when I was first coming out so rigid and people transitioning. (Tobias)

So even in the process of transitioning, most participants were following proscribed steps in how to be trans “correctly” and this led them from a hyper-femme phase to a hyper-masculine phase. Milo explains this well in his quote:

> For some people including myself it was like ‘oh this is how I have to be a man’, and I think the rigidity that I felt in that scenario came from my brain and being autistic… we're raised in you know the gender, you know, we're the gender norm.

It makes sense that the rigidity of adhering to femininity would transfer to masculine presentations if that was how you have been taught through media to be a trans person or a man in general. Another compelling factor of presenting as masculine as possible includes protection: “Trans men understand that being perceived as cis protects them from transphobic violence, and being perceived as hegemonically masculine protects them from homophobic violence” (Kinmore, 2022, p. 29). It is most common for transmen to compensate early in their transition, before lessoning performative masculinity as they become more comfortable in their gender presentations.

1.2 Breaking the rules

Learning and adhering to the rules of gender is not where the story ends as most of the participants have gotten to a place where they do not care about social norms surrounding gender expression. “For me, it's in one thing because I think the being forced into the boxes is what ultimately made me realize the boxes didn't fit” (Milo). The main way gender was described was as a performance and in this sense is understood as performative (Butter, 1988). Butler, for example, understands the formation of gender identity as “the stylized repetition of acts through time” which means that the “possibilities of gender transformation are to be found in the arbitrary relation between such acts, in the possibility of a different sort of repeating, in the breaking or subversive repetition of that style” (p. 520). This helps to inform an understanding of how for many participants gender no longer matters in that they can perform their gender and dress any way they desire, even if that performance defies traditional gender roles. Bruce explains why this is a strength:

> My perception of gender is that it's all just a performance. To be honest, and I don't think that's a bad thing. I think that within that like that allows for a lot of freedom of expression, and that can be very liberating.

All participants have gotten to a place where they recognize, on a fundamental level, that gender is a social construct governed by certain norms and that they can embrace alternative and more gender expansive norms (Butler, 1988). The concept of gender being an all-mighty category controlling presentation is destroyed and instead gender is used as a tool to express and experiment with their own self-understandings of their identity (Human Rights Campaign & Gender Spectrum, 2014). This enlightening insight was identified as coming from the autistic part of their identity for a lot of participants. Joe explains the intersection:

> We have a tendency to recognize and deconstruct patterns, especially patterns that are nonsensical, which gender binaries are completely nonsensical…I will follow these rules. And I want to follow these rules. The gender binary falls in the category of like what the fuck it, that's not a thing. It's like, that doesn't make sense.

The participants explained that for them, autism creates a difference in how they view the world and by extension, the gender binary. In fact, a couple of participants pointed out that perhaps autistic people are more likely to be non-binary or agender compared to having a transgender identity that falls into a traditional man or woman category:

> I feel like there's one thing that comes to my mind that is like trans and I feel like the non-binary people are like way more autistic than people who like transition completely. (Elton)

Steven even observes this lack of gender in his autistic but cis-identifying peers: "regardless of whether it's a trans thing or not, I know a lot of autistic women who just use she/they because they don't fully really… they're not non-binary, but they don't think being a woman is really a them thing."

This disconnection from gender is exemplified by the participants Tobias and Steven who will put other factors related to how they present themselves like attractiveness over presenting themselves as a specific gender as seen in the following quotes:

> I feel like I don't put a lot of focus on like my gender and how it is presented. It's really usually I'm like, do I wanna feel hot? Do I wanna feel cute? And that's kind of how I, like present myself, my gender in a way. (Tobias)

> I don't like being… I'd rather present femininely than present ugly and masculine. (Steven)

The clothes they wore were closer to a costume, like a drag queen or king. They are using the gendering of clothes to express themselves and often subvert presentation expectations (Butler, 1988). In the most basic form, of what can be referred to as 'gender fuck' it can look like a man with a beard wearing a skirt (Cray, 2021). Not just trans people can practise genderfucking, cis men have started painting their nails and even some masculine celebrities have been playing with more flamboyant gender expressions (Vaid-Menon, 2020). The presentation in itself is a statement of gender defiance. As Vaid-Menon (2020) argues: "Separating gender from [restrictive] norms creates infinite possibilities for us all – we get to narrate what our bodies, experiences, and interests mean" (p. 61).

In line with gender as a performance (Butler, 1988), Tobias expressed feeling like xe only has a gender when xe puts certain clothes on. For others, gender creativity was more subtle but still contained oodles of flexibility (Vaid-Mernon, 2020). Elton explains that in their workplace they feel comfortable to explore:

> Well, at the office that I work at, I can do whatever the fuck I want. So like, if I wanna wear a suit one day, I wear a suit. If I wanna wear track pants, I wear track pants. If I wanna wear sundress, I wear a sundress.

Even participants who choose to express themselves in a more traditionally masculine manner still went through learning to deconstruct gender. They just feel most comfortable dressing like what "man" means to them:

> “I had to learn what it was and how to perform it before I could come back to… ‘Okay, Joe, you know. Yeah, you're a man’. But really what you have to get very clear on is what kind of man do you want to be? Because like, there's no rule book that can tell you” (Joe).

Ultimately, this theme of studying gender from a social perspective, realizing gender binary norms are unnecessarily restrictive, and then choosing to adopt a highly personal and often gender-flexible approach to gender presentation was strong throughout all the participants (Vaid-Menon, 2021). This theme is a strength because the participants have found identities that make them feel like themselves and they get to be creative and play with their gender expression without adhering to the same rules and constraints society places on certain gender roles.

2. Community

2.1 Significant others and 2.2 Friends

In terms of strengths, the theme of significant others and friends was repeatedly brought up during interviews. All participants found a community that supported them when often their families did not. This is a phenomenon in the wider queer community as well, with sexual minorities also being cast out and finding their family within communities and friends (DeChants et al, 2022). Found family is a very important protective factor for young 2SLGBTQIA+ individuals in particular (Higa et al., 2014).

An interesting pattern in the romantic partners (married or otherwise) of the interviewees is that most of them were also neurodivergent and/or trans so they were able to connect over a shared experience. T4T, or trans for trans, is a term that describes transgender people who want to date and be in relationships, sometimes exclusively with other trans people (Sparks, 2019). Many find safety, intimacy, and friends due to shared experiences, after years of being victimized and outcasts of heterosexual and even gay and lesbian spaces (Blair & Hoskin, 2019). Often the most support for exploring autism and trans identity came from a significant other. Elton explains that their husband’s reaction to them transitioning was “the soup is still the same soup”, with the connotation that the bowl is just different. Milo explains how his wife helps him decompress after a long day:

> But it's also nice. I know always know it's always nice because I know she'll always be on my side. So, if I'm like. I'm tired. I have to go to bed. Should be like, no one will think that you're rude if you go to bed.

The shared identity pattern in significant others extends to friend groups as well. Many surround themselves with others who hold one or more of their identities: “The current people in my life, who are in the trans community, are my absolute rocks, they keep me sane and help keep me going” (Grayson). Due to this, many participants felt comfortable unmasking around their friends. Bruce explains: “So I felt like I didn't need to mask as much, and it was less exhausting and they kind of understood like my experiences, and I understood theirs.” These communities that have a shared identity are often very inclusive and accepting of differences.

Several participants brought up that in their search for trans communities they unintentionally also became surrounded by other autistic people:

> I think honestly being a neurotypical person is the odd thing. Like we kind of said, We're all very typically very... ourselves. And so, when I'm, when I'm in a group. With others, like with other trans people it's commonly wrong we are all neurodivergent. (Milo)

> I've never met a neurotypical trans person. (Steven)

> We are a dime a dozen now. Strength in numbers, baby. (Elton)

These responses are all in line with the most recent systemic review that explains that there is "(a) a positive relationship between ASD traits and GD/GI [gender dysphoria/gender incongruence] feelings among people from the general population, (b) an increased prevalence of GD/GI in the autistic population, and (c) an increased prevalence of ASD diagnoses and ASD traits in the GD/GI population" (Kallitsounaki & Williams, 2023, p. 3113). The participants are using the term neurodivergent so the study could also include ADHD or other neurodivergences as well which would also increase the representation they have observed. These queer–neurodiverse communities are welcoming and create a sense of safety to further explore identity. Tobias explains what it is like well in the following quote:

> Like it felt like it was like there was such an intense need to pass. Whereas when I was with Neuro-spicy folks like they were all like, oh yeah, do you! I love that. I love that look for you. Like you're great, you're amazing. You're star.

Many felt like they did not have to mask their autistic traits as much in queer spaces due to having a supportive community which also had a buffering effect on those who had jobs:

> I think the only reason I've been surviving in full-time jobs, I really come to the realization is if I work in queer spaces. I think as long as one of the spaces I work in embody at least one of my identities, I think that I can, I feel like I can survive it. (Tobias)

The participants who had jobs worked in queer-dominated spaces or professions that prioritize mental health. The participants who did not work in these spaces found it very hard to hold down a job as it was too draining, or they could not keep up with the expectations of a cisgender neurotypical workplace. This is not surprising as autistic people have very high rates of employment and underemployment compared to their peers due to inaccessibility, discrimination, high masking situations, and navigating novel social environments (Ohl et al., 2017). Being in queer-friendly and supportive employments seems to be very protective for the participants who hold jobs, most likely because they are able to be every part of themselves.

2.3 Representation and 2.4 Reflection

In barriers, there is a section on a lack of representation. While this is still present, most of their responses about lack of representation were from the past or when they were growing up. There has been an increase in public people and characters reflecting trans and/or autistic identities due to the rise of the internet and social media, as Bruce explains:

> I think there was really an absence of education and resources kind of before people were able to share their experiences online. So, I think now that these experiences of other people have become more accessible, people are able to relate them to their own experiences and then have words in terminology to describe what they're experiencing or what might be going on for them.

The rise of trans people being able to post their own stories on platforms like YouTube has had a large influence on representation because their experiences are not filtered through traditional media channels (Miller, 2018). These influencers were able to explain their own identities, answer questions from the community, and be authentic online, even when they were unable to do this in person. Seeing people like themselves both on and offline was important for the participants to understand their own identities. Tobias explains: “I really didn't even know until my, inner circles. There were some folks that were transitioning and I'm like, you could do that?” Joe describes reading *Stone Butch Blues*[8] as a huge turning point as they were able to find someone that felt like them, and it felt like an entry into a world of possibilities. Now there are thousands of books, biographies of those in the community, helpful guides, and children’s

---

[8] Stone Butch Blues is an autobiographical novel by Leslie Feinberg published in 1993 and is considered by many a foundational read. Showing both the uncensored hate towards the trans community and power of love and activism to overcome.

books to educate on gender diversity. A trans author who was able to publish their children's book 'Are You A Girl or Are You A Boy?' explains that "if there had been more trans characters in books, I know I'd have been more aware and confident in my own identity and it would've saved me years and years of depression, anxiety and self-hate" (Fisher, 2017, para. 2).

Due to the nature of this study, there were several times that the study itself was brought up as a topic, and often the interviewer's identity was discussed. The consensus from the participants was that the researcher being both transgender and autistic was an asset because they felt more comfortable sharing:

> Yeah, I mean, I wouldn't feel comfortable talking about my two complicated personal identities…to like a neurotypical cis person that's for sure. (Bruce)

> If this was like some like, 50-year-old white says lady… asking me all these questions. I'd be kind of like, a little bit less inclined to answer. (Steven)

Analysis of past research agrees with this sentiment: "By having some shared experience, researchers are able to develop relationships quicker and gain communities' members trust" (Rosenberg & Tilley, 2021, p 925). Some participants had been in other studies and had adverse experiences in other research participation due to a lack of representation in their academic process:

> I find is that there is so much of what happens in these brief relationships that ends up being me as the interviewee educating or coming up against the biases that the interviewer is holding because of the assumptions they're making from their own position. (Joe)

Many participants found it comforting that the interviewer was able to mirror their life experiences and the participants felt they could go deeper because a surface-level understanding of their experience was already there. Tobias explains the connection as such: “I wonder though if that's a result of like feeling like we aren't heard in normally in spaces, but when we're with each other everyone is willing to listen.” This echo’s the sentiment many minorities feel in research and academic spaces. Rosenberg and Tilley (2021) explain that “in the realm of academia, most trans research is run with little to no input from people with lived experience… As a result, academic narratives of trans experiences are often inaccurate, incomplete, and at times wholly incorrect” (p. 924). This imbalance can only be fixed by changing the many social structures that prevent trans people from reaching positions where they are able to conduct their own research.

3. Openness

In the section on gender expression, there was discourse around flexibility and authenticity when it comes to gender, but all the participants identified more of a universal openness towards often restricted aspects of life. Bruce explains his experiences as such:

> I'm more open minded… when it comes to things that are kind of just like accepted as the norm. I don't really understand why, like the whole concept of their only being two genders, or like, you have to go to college and or university, and then you have to have a job, and then you have to get married, and then you have to have kids, I just don't get why these things are like says who?

Similar sentiments are seen in these quotes from Grayson and Milo, respectively: “I don't feel connected to traditional ideas of things in the same way” and “being neuro-divergent provides a different perspective, where commonly people don't understand or even get two shits about the status quo.” There was a pushback against many social norms because participants did not see the use for them or saw the harm they were actively causing. The resulting openness was identified as being “ready to meet people where they're at or like where they, where they like need us, as opposed to like expecting them to be a certain way” (Tobias).

This openness creates a way to connect with others even when they are vastly different from oneself. And importantly, it is contradictory to some understandings of autism, which is a symptom presentation that includes rigidity, receptiveness, and novelty aversion (Schriber et al., 2014). "These perspectives pose an interesting starting point for our understanding of autism as they seem to direct in different directions: while autistic people may be constrained in performing daily life tasks and do not simply obey social conventions, they are otherwise individual and independent in their own way by following their genuine interests” (Späth & Jongsma, 2020, p. 74). When openness has been measured in the past, autistic people were more open to experiences and were more conscientious than their allistic counterparts (Huang et al., 2017). So, there is some precedent but this has yet to seep into general understanding. This openness was demonstrated by a flexibility in labels the participants used to describe themselves. Bruce explains:

> I self-describe as transmasc... I feel like, honestly, I’m just gender fluid, but it’s like between, like being trans male and being like non-binary, [then I choose] transmasc. And the throwing out of labels all together.

As explained by Joe, “You know this big pressure for everybody to identify themselves as either cis or trans. I’m like, what if I don’t want to identify myself as either of those?”

Ultimately most participants settled on a similar sentiment to Bruce: “I think my primary identifier is like, I'm a human.” There was a shared sense of choosing for oneself to have a label or not. Steven outlines this thought well when he says:

> I don't think I could have one identity that like fully describes me aside from like my name because I am myself and like I don't have this like individuality complex where I think that I vastly differ at every other person. I just understand that everyone is completely different from the next person. That's just how the world works and we're all the same in the same way.

Joe takes it a step further and imagines his preferred world without gender itself:

> If gender was not treated as a binary right, if we, as each of us as humans, were not only allowed to, but actually encouraged to just express who we are in whatever way, is authentic and genuine for us to gravitate to and embrace the things that bring us… if we were not pigeonholed into these gender binaries.

The implications of a gender-creative world can only be imagined. However, there are already some glimpses of the freedom of expression and the breaking of norms in the way A-GD participants describe already creating this reality for themselves:

> I can kind of express myself authentically without feeling dysphoric. It's just other people's perception that ruins it, but like when I'm on my own I don't think that wearing makeup makes me look like a girl. I guess maybe. Like to me, gender is I am what I say I am. (Steven)

Many participants explained that they are confident enough in their own identities that little things hurt but do not change who they are. This is Elton’s statement about being misgendered:

> When they're angry they just yell they just call me [birthname] anyway, so it really doesn't matter to me. I just feel like it's a label then. You know, the soup is still the same soup.

Grayson’s reaction to discussing gender and social norms was also one of self-understanding and resilience which sums up this section well. Grayson said “Just straight up. I don't know what the neurotypicals have going on, I don't want any part of it. It is weird.”

This chapter reported on and provided an analysis of the data to outline key themes that emerged in the study. These themes were presented as strengths or barriers for the autistic and transgender participants of this study. There is still more to be learned and understood about these communities but the seven participants in this study were fantastic at explaining their lived experiences. In the remaining section, there is a focus on recommendations based on these responses and what is still to be learned.

Chapter 5: Discussion and Implications

The purpose of this study was to listen to those who hold both transgender and autistic identities and understand how the intersection of these identities informs implications for gender-affirming care. Although many will focus on why there is an intersection between gender diversity and autism, it is important to understand the barriers, strengths, and insight from the perspective of those who actually hold both identities. This is important because there are documented worse mental health outcomes when these individuals have no support (Strang et al., 2023; Strauss et al., 2021). Their intersecting identities invite more criticism, ableism, and transphobia. The current study was approached with a strong commitment to trans desubjugation with its commitment to depathologizing and centring of intersectional accounts of trans people's own lived and embodied experiences (Stryker, 2006; Baril, 2015). It was also in line with Pyne (2021) who argues for the need to claim both "autism and gender nonconformity as mutually inclusive" (p. 343). The goal was to answer the questions: what barriers exist? And what are the protective factors that have not been explored? Then, by interpreting these results the hope was to better shape gender-affirming care and mental health services for trans–autistic individuals. Many themes and recommendations arose from the interviews about both barriers and strengths that are unique to this community, including but not limited to transphobia, trauma, community support, and gender openness. The data collected demonstrates that autistic–trans individuals have a deep understanding of their own identities and how they are situated in society. Every participant was aware of the discourse surrounding language use, instances of mistreatment of their community both by healthcare professionals and the public, and stigmatization around their identities.

Implications

The world is not built for trans and autistic people, and that is reflected through the barriers that all the participants identified. Many of which are repetitive and faced on a daily basis. How can someone access gender-affirming care if they have no parental assistance because they were disowned or if they face systemic issues with employment, so they lack funds to do so? How can they access care if they struggle with the social and executive functioning needed to navigate the bureaucracy involved with transitioning? The people put in place to be able to help with this stuff are mental health practitioners and many of them are not believing autistic–trans people because of stigma about their neurodivergence or because they think they are too "self-aware" or high masking to be helped. Most distressing is that many have faced abuse and hold a C/PTSD diagnosis which further complicates accessing care. Not to mention the daily transphobic and ableist microaggressions they face as they go about their lives. When the evidence is compiled, it is not hard to understand why this population is suffering from depression, anxiety, self-harm, and increased suicide risk. All the participants could identify the gaps in care both in the medical and mental healthcare realms because they were falling through them. But, they could also explain their amazing perspectives, gender fuckery, and strengths they held.

At the intersection of transgender and autistic identity is gender creativity and seeing beyond the binary. Many autistic–trans individuals let go of restrictive gender norms and feel that they can be themselves, at least in welcoming places. They found significant others and friends with similar experiences to share their lives with. There was this profound openness for understanding others with deep empathy and nonjudgement. Many were trying to become the representation they never had by being out and open with who there are. And, all the participants were slowly educating those around them just by existing and daring to be different.

Participants expressed an awareness of their intersectional identities and what gender presentation is best for them. It is not a phase or special interest. Just because someone interacts with the world differently does not mean they do not deserve autonomy over their bodies. The first step is highlighting that this is a population that exists because many simply do not know. Actions should be informed by the trans–autistic community through intentional collaboration, but this should not be up to this underserved population, our allistic and cisgender peers, caregivers, and health professionals need to take up the mantle.

Recommendations for Therapists

As autistic–trans voices have been largely absent in research about them and treatment for them, it is extremely important to synthesize the lessons taught by the participants into information for care providers. My identities as a transgender–autistic therapist make me uniquely situated to reflect on and uplift my communities' voices and I do not take this lightly. The following sections are both informed by my experiences as a practitioner with many trans–autistic clients and of course, the conversations I had with all the participants in this study.

Focus of Treatment: A-GD individuals can come into your office for many reasons. Their identities do affect their entire lived experiences and unless it is their goal to focus on either of those identities, it is reductionist and removes their autonomy in a care setting to push what you may think is important. I often have people referred to me just because they are trans and my first question is "why are they coming to therapy". If they are coming because they are stressed about a test, they do not need to come see me. Some participants reported going to therapy for other issues like trauma, school, and family troubles but the therapist found it necessary to focus on their trans and/or autistic identities. Just because they are trans, and autistic does not mean that is what is causing the current distress.

Ableist Assumptions: If a client appears very functional in session, this is not necessarily an accurate snapshot of their daily life. Many participants explained they do or would mask in a therapeutic setting due to feeling uncomfortable or because they have experienced being taken more seriously in the past when they mask. Do not assume, ask questions. It may be difficult for an otherwise 'higher functioning' presenting client to disclose an area they are struggling with; it can be embarrassing. Providing a space where they feel safe can be achieved through signage, fidgets, optional seating arrangements, alternative ways to communicate (e.g., drawing), and by explaining that you will not judge them. As a service provider, I have found that the simple act of using a fidget myself has helped even my neurotypical clients feel more comfortable regulating their bodies through motion and play in session. Understanding how you as the therapist may be using a mask and regulating your behaviour in a session is a great place to start unpacking the rigid norms Westernized therapy often adheres to.

Who Holds the Knowledge: Trans–autistic people are the experts on their lived experiences. Many of them have done a lot of research before they come to therapy both for self-discovery and to eliminate surprise going into a new space. Do not be surprised when they can espouse therapeutic terms back to you, mental health is a frequently seen ‘special interest’. Often, they have been thinking about their gender or neurodiversity for a long time and processing. Do not invalidate a client when they have worked up the courage to talk to you. If you think they are incorrect about an identity, first examine why you think that and then just explore and ask questions with the client. There are very few cases of people spontaneously deciding they are trans or autistic and you should not have to convince your therapist about a personal identity. If clients express feeling different and isolated from their peers, validating these feelings is more important than focusing solely on identity processes.

Labels: If a client is uncomfortable being labelled as autistic or trans, do not force this on them, use their language. Perhaps explore where these feelings come from. Internalized ableism and transphobia are very strong and enforced on a daily basis. It also may not be safe for them to explore either of these identities outside of your office. I always ask a client how they would like me to refer to them in session and in their note separately, when it comes to names and pronouns. On the flip side, self-diagnosis can be validating, strengthen self-understanding, and give community. There are many reasons an autistic person may not have a diagnosis or even not want to actively pursue one.

Too Self-aware: This theme came from participants experiences in therapy. Many of them had been asked by their mental health providers why they were there because they were eloquent and able to provide insightful answers to difficult questions. One was even turned away from therapy due to being deemed too self-aware for therapy. Autistic people often externally process their emotions, surroundings, and experiences. In therapy this could look like a client non-stop talking and as they do so answering their own questions. I am sure that my past therapists would be unsure about how they were helpful in our interactions, but I would assure them that I always come away from therapy having gained a lot of insight. Autistic individuals can often get to a solution but may need help breaking it down and executing a new behaviour or plan. It is important to avoid making such an assessment that trans autistic people are too self-aware for therapy - even if used as a compliment it is hurtful. It may be interpreted negatively as being cognitively inhibited, in that one’s brain is so broken that even a therapist cannot even deal with it. Work with the client to understand what they want out of therapy and understand it may look different then your neurotypical clients but that does not mean it is incorrect. Some of the more structured therapeutic interventions may not be suitable and just like your client you will need to be flexible.

Focus on Community: Participants explained that they found solace and acceptance with others in their communities. There needs to be a focus on creating therapy or social groups for both of these communities. I have run several groups for transgender people and an unintentional result is many are neurodivergent. So, it is important to factor in autistic needs if you are running a group for trans people, such as reduced lighting and breaks. The sense of community and connection that results from these groups increases resiliency and mental health outcomes. Additionally, if possible, a trans person should be part of organizing and running the group to increase efficacy and reduce potential harm.

Be Aware: Understand the populations you are working with. This includes staying up to date on the research but also what is being said by the community. However, this does not mean it is your client's job to educate you. Even if they are willing to, that is not client-serving and education should be done outside of session as professional development. If this is a population you are passionate about and interested in, go to queer and trans community events and learn. Understand what resources are available for your clients in the community. Also, understand what resources are available beyond mental health ones, know what doctors are prescribing hormones and who can help with name change documents. It is difficult to navigate the systems and they are often not autistic friendly. I often practice dialogue with a client and help them write out what they want to explain to another professional or family member, so they do not get overwhelmed. Challenge and investigate where your information is coming from, make sure it is from the queer and trans disabled community not a cisgender allistic place.

Self-Reflect: If you feel uncomfortable with something that has come up in therapy, take the time to understand why. Does a client not adhere to binary gender presentation standards? Do they show up differently each session? Reflect on why their presentation may make you uncomfortable. Your clients spend their entire lives deconstructing systems and finding what works best for them. It would be really helpful if you took a little time to also examine the systems you occupy and the potential privilege you may hold.

The sentiment of the participants of this study is best summed up by Grayson as a response to the question: What do you want the people to know about your experience of being a trans–autistic person?

> I am a human being. I am a human being. I am capable of thought and thought process and processing the world. Even if it doesn't look the same, I am fully capable of understanding things. Please don't treat me like I don't understand what I'm talking

> about. I promise I have put a lot of thought into every single thing I do. More so than needs to happen. And I would appreciate respect.

Limitations

One limitation of this research study is the sample size. Only seven participants reached out and were interviewed. Although this is an adequate amount for a master's thesis, it cannot be assumed that they are representative of all trans–autistic people in London, Ontario. Many more themes, barriers, and strengths could be found in different communities and populations of A-GD people. Although participants were not excluded for diagnostic status, many could have assumed this was an exclusionary factor due to past recruitment in the autistic populations often requiring a diagnosis and some may have chosen not to participate if they did not have a diagnosis. Recruitment was also exclusively limited to those who have access to the internet and time to participate in a study which limits those who can participate in it. Due to the racial identity of those who participated, there was a limited view of racial factors that could affect this intersectionality. There may be further complications and/or strengths that exist when this identity intersects with autism and gender diversity.

A surprising result of recruitment was the unintentional exclusion of trans people who are assigned male at birth. All the participants were transmasculine and/or non-binary individuals who grew up presenting as a girl/woman. The researcher speculates that this is related to the general trend of women being more likely to participate in online studies, especially mental health-related studies (Wu et al., 2022). As the participants are AFAB individuals, they were raised as women so they may be more likely to follow the trend of higher participation from women in online studies, have a decreased stigma towards mental health, and increased altruism which are all involved in participation bias. Going forward, there should be a focus on getting the AMAB perspective as well.

The other limitation of this study was due to the heavy speaking, a long process, and complex questions, many autistic individuals were left out. Only vocal autistic people with lower support needs participated. This was an unfortunate outcome but not unexpected. Steps should be taken in the future to include all presentations of autism.

Future Directions

Due to the sheer number of directions that the interviews went in, there are many things that would be interesting to study in the future. The first step could be a more expansive study where people of more backgrounds are included. A protocol could be put in place to interview and gain information about trans–autistic individuals who have difficulty communicating in the restrictive setting of a research study. This could include communication devices, written responses to questions, and inclusion of caregivers if helpful. Although it will be important to gain the perspective of care providers and family members, their voices should not be louder than those being discussed.

Past studies often group all transgender people together or give restrictive categories to define transgender identity. This study shows that gender is extremely personal and nuanced. Transman, transwomen, and non-binary are not enough categories to capture the whole identity of people. Additionally, non-binary is often treated as the third gender, which is incorrect, it is an umbrella term with thousands of variations. Research is losing out on important information when gender categories are designed around a restrictive binary, and they should be changed to be more expansive.

An overarching theme from respondents was that they felt more comfortable with a researcher who shares their identity. Even if there is not a principal researcher in a project who is trans–autistic, trans–autistic individuals should still be deeply involved in the process of research about themselves. Representation would help enrich the responses, lessen the power imbalance, and prevent misuse of information. Based on the findings and input of trans–autistic voices future research areas should include: the implications of gender and birth sex on research participation, the importance of diagnosis vs self-identity for community acceptance, the impact of identity discovery order (knowing if trans or autistic first), how does workplace acceptance effect job retention, and the differences between early-diagnosed and late-diagnosed autistics in regard to gender identity.

If nothing else, it is most important to include trans and autistic people in the research about them. This is important especially given the history of pathologization that has impacted on trans people’s lives (Husain, 2022; Suess Schwend, 2020; Tosh, 2017; Winters, 2009). They should be involved as participants, interviewers, and question creators, this will deepen the results and centre the most important voices in the room. As a personal aside, I am grateful as a transgender and autistic researcher to have my own voice heard in academia alongside those I was able to interview for this study. I hope there is a continued effort to uplift marginalized voices in academia because we have just as much of a right to be here as anybody.

References

Aboim, S., & Vasconcelos, P. (2022). What does it Mean to be a Man? Trans Masculinities, Bodily Practices, and Reflexive Embodiment. *Men and Masculinities*, *25*(1), 43–67. https://doi.org/10.1177/1097184X211008519

Adams, N. (2022). *Autistics Never Arrive: A Mixed Methods Content Analysis of Transgender and Autistic Autobiography*. https://doi.org/10.57814/DE1E-GJ97

Alpert, A. B., Mehringer, J. E., Orta, S. J., Hernandez, T., Redwood, E. F., Rivers, L., Manzano, C., Ruddick, R., Adams, S., Sevelius, J., Belanger, E., Operario, D., & Griggs, J. J. (2023). Transgender People's Experiences Sharing Information With Clinicians: A Focus Group–Based Qualitative Study. *The Annals of Family Medicine*, *21*(5), 408–415. https://doi.org/10.1370/afm.3010

American Psychiatric Association. (2022). *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5-TR). American Psychiatric Association Publishing. https://doi.org/10.1176/appi.books.9780890425787

American Psychological Association. (2023). *Understanding transgender people, gender identity and gender expression* (Sexual Orientation and Gender Diversity). https://www.apa.org/topics/lgbtq/transgender-people-gender-identity-gender-expression

Anderson, C., & Kirkpatrick, S. (2015). Narrative interviewing. *International Journal of Clinical Pharmacy*, s11096-015-0222–0. https://doi.org/10.1007/s11096-015-0222-0

Arnold, S. R., Higgins, J. M., Weise, J., Desai, A., Pellicano, E., & Trollor, J. N. (2023). Confirming the nature of autistic burnout. *Autism*, *27*(7), 1906–1918. https://doi.org/10.1177/13623613221147410

Autistic & Trans (n.d.). Home [Facebook page]. Facebook. Retrieved November 25, 2022 from https://www.facebook.com/groups/1898519400392979/members

Baril, A. (2015). Transness as Debility: Rethinking Intersections between Trans and Disabled Embodiments. *Feminist Review*, *111*(1), 59–74. https://doi.org/10.1057/fr.2015.21

Bauer, G. R., & Scheim, A. (2015). *Transgender People in Ontario, Canada: Statistics from the Trans PULSE Project to Inform Human Rights Policy* [Technical Report]. University of Western Ontario.

Beemyn, G. (Ed.). (2019). *Trans people in higher education*. SUNY Press.

Bellemare, A., Kolbegger, K., & Vermes, J. (2021, November 7). Anti-trans views are worryingly prevalent and disproportionately harmful, community and experts warn. *CBC News*. https://www.cbc.ca/news/canada/anti-transgender-narratives-canada-1.6232947

Berger, I., & Ansara, Y. G. (2024). *The SAGE Encyclopedia of Trans Studies* (By pages 122-125; 1–2). SAGE Publications, Inc. https://doi.org/10.4135/9781544393858

Blair, K. L., & Hoskin, R. A. (2019). Transgender exclusion from the world of dating: Patterns of acceptance and rejection of hypothetical trans dating partners as a function of sexual and gender identity. *Journal of Social and Personal Relationships*, *36*(7), 2074–2095. https://doi.org/10.1177/0265407518779139

Bornstein, N. (2022). *'There is No Cause, There is No Effect': Experiences at the Intersection of Transgender and Neurodivergent Identities* [MSW Thesis, University of Southern Maine University of Southern Maine]. USM Digital Commons.

Bouzy, J., Brunelle, J., Cohen, D., & Condat, A. (2023). Transidentities and autism spectrum disorder: A systematic review. *Psychiatry Research*, *323*, 115176. https://doi.org/10.1016/j.psychres.2023.115176

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Brown, L. (2016). Gendervague: At the Intersection of Autistic and Trans Experiences. *Asperger/Autism Network*. https://www.aane.org/gendervague-intersection-autistic-trans-experiences/

Brown, N., & Gershon, S. A. (2017). Body politics. *Politics, Groups, and Identities*, *5*(1), 1–3. https://doi.org/10.1080/21565503.2016.1276022

Brownlow, C., O’Dell, L., & Bertilsdotter Rosqvist, H. (2013). Commentary: Challenging Representations of Autism: Exploring Possibilities for Broadcasting the Self on YouTube. *Journal on Developmental Disabilities*, *19*(1), 90–95.

Butler, J. (1988). Performative Acts and Gender Constitution: An Essay in Phenomenology and Feminist Theory. *Theatre Journal*, *40*(4), 519. https://doi.org/10.2307/3207893

Camm-Crosbie, L., Bradley, L., Shaw, R., Baron-Cohen, S., & Cassidy, S. (2019). ‘People like me don’t get support’: Autistic adults’ experiences of support and treatment for mental health difficulties, self-injury and suicidality. *Autism*, *23*(6), 1431–1441. https://doi.org/10.1177/1362361318816053

Carpita, B., Nardi, B., Pronestì, C., Parri, F., Giovannoni, F., Cremone, I. M., Pini, S., & Dell’Osso, L. (2023). May Female Autism Spectrum Be Masked by Eating Disorders, Borderline Personality Disorder, or Complex PTSD Symptoms? A Case Series. *Brain Sciences*, *14*(1), 37. https://doi.org/10.3390/brainsci14010037

Cassidy, S., Bradley, P., Robinson, J., Allison, C., McHugh, M., & Baron-Cohen, S. (2014). Suicidal ideation and suicide plans or attempts in adults with Asperger’s syndrome attending a specialist diagnostic clinic: A clinical cohort study. *The Lancet Psychiatry*, *1*(2), 142–147. https://doi.org/10.1016/S2215-0366(14)70248-2

Clare, S. D., Grzanka, P. R., & Wuest, J. (2023). Gay Genes in the Postgenomic Era. *GLQ: A Journal of Lesbian and Gay Studies*, *29*(1), 109–128. https://doi.org/10.1215/10642684-10144449

Cooper, K., Mandy, W., Butler, C., & Russell, A. (2022). The lived experience of gender dysphoria in autistic adults: An interpretative phenomenological analysis. *Autism*, *26*(4), 963–974. https://doi.org/10.1177/13623613211039113

Cooper, K. (2022). *How should health services adapt to meet the needs of autistic people with gender dysphoria?* [Doctoral Thesis]. University of Bath.

Dame-Griff, A. (2023). *The two revolutions: A history of the transgender internet*. New York University Press.

Davy, Z., & Toze, M. (2018). What Is Gender Dysphoria? A Critical Systematic Narrative Review. *Transgender Health*, *3*(1), 159–169. https://doi.org/10.1089/trgh.2018.0014

De Broize, M., Evans, K., Whitehouse, A. J. O., Wray, J., Eapen, V., & Urbanowicz, A. (2022). Exploring the Experience of Seeking an Autism Diagnosis as an Adult. *Autism in Adulthood*, *4*(2), 130–140. https://doi.org/10.1089/aut.2021.0028

DeChants, J. P., Shelton, J., Anyon, Y. (Yoli), & Bender, K. (2022). “It kinda breaks my heart”: LGBTQ young adults’ responses to family rejection. *Family Relations*, *71*(3), 968–986. https://doi.org/10.1111/fare.12638

Dwyer, P. (2022). Stigma, Incommensurability, or Both? Pathology-First, Person-First, and Identity-First Language and the Challenges of Discourse in Divided Autism Communities. *Journal of Developmental & Behavioral Pediatrics*, *43*(2), 111–113. https://doi.org/10.1097/DBP.0000000000001054

Eckhert, E. (2016). A Case for the Demedicalization of Queer Bodies. *The Yale Journal of Biology and Medicine*, *89*(2), 239–246.

Egner, J. E. (2019). “The Disability Rights Community was Never Mine”: Neuroqueer Disidentification. *Gender & Society*, *33*(1), 123–147. https://doi.org/10.1177/0891243218803284

Elder, J. H., Brasher, S., & Alexander, B. (2016). Identifying the Barriers to Early Diagnosis and Treatment in Underserved Individuals with Autism Spectrum Disorders (ASD) and Their Families: A Qualitative Study. *Issues in Mental Health Nursing*, *37*(6), 412–420. https://doi.org/10.3109/01612840.2016.1153174

Ferguson, P. M., & Nusbaum, E. (2012). Disability Studies: What Is It and What Difference Does It Make? *Research & Practice for Persons with Severe Disabilities*, *37*(2), 70–80.

Fisher, F. (2017). Fox Fisher on trans representation in literature. *Penguin Random House*. https://www.penguin.co.uk/articles/company-article/fox-fisher-on-trans-representation-in-literature

Fraizer, E. (2023). Link between autism and transness being misused, scientists say. *Spectrum*. https://doi.org/10.53053/PJIA9558

Fredenburg, J. (2021). Cisgender People Should Think About Gender Too. *Medium*. https://medium.com/a-sign-on-the-door/cisgender-people-should-think-about-gender-too-35ba9ffa261

Gibbs, V., & Pellicano, E. (2023). ‘Maybe we just seem like easy targets’: A qualitative analysis of autistic adults’ experiences of interpersonal violence. *Autism*, *27*(7), 2021–2034. https://doi.org/10.1177/13623613221150375

Giblon, R., & Bauer, G. R. (2017). Health care availability, quality, and unmet need: A comparison of transgender and cisgender residents of Ontario, Canada. *BMC Health Services Research*, *17*(1), 283. https://doi.org/10.1186/s12913-017-2226-z

Gillespie-Lynch, K., Kapp, S. K., Brooks, P. J., Pickens, J., & Schwartzman, B. (2017). Whose Expertise Is It? Evidence for Autistic Adults as Critical Autism Experts. *Frontiers in Psychology*, *8*. https://doi.org/10.3389/fpsyg.2017.00438

Glaves, K. J., & Kolman, L. (2023). Gender diversity in autistic clients: An ethical perspective. *Frontiers in Psychiatry*, *14*, 1244107. https://doi.org/10.3389/fpsyt.2023.1244107

Goering, S. (2015). Rethinking disability: The social model of disability and chronic disease. *Current Reviews in Musculoskeletal Medicine*, *8*(2), 134–138.

Goetz, T. G., & Adams, N. (2022). The transgender and gender diverse and attention deficit hyperactivity disorder nexus: A systematic review. *Journal of Gay and Lesbian Mental Health*. Scopus. https://doi.org/10.1080/19359705.2022.2109119

Green, A. (2018). Taking your transition into your own hands. *Briarpatch*, *Sept/Oct*. https://briarpatchmagazine.com/articles/view/taking-your-transition-into-your-own-hands

Hall, J. P., Batza, K., Streed, C. G., Boyd, B. A., & Kurth, N. K. (2020). Health Disparities Among Sexual and Gender Minorities with Autism Spectrum Disorder. *Journal of Autism and Developmental Disorders*, *50*(8), 3071–3077. https://doi.org/10.1007/s10803-020-04399-2

Hart, A., & Montague, J. (2015). “The Constant State of Becoming”: Power, Identity, and Discomfort on the Anti-Oppressive Learning Journey. *Journal of Psychological Issues in Organizational Culture*, *5*(4), 39–52. https://doi.org/10.1002/jpoc.21159

Hartman, D., O’Donnell-Killen, T., Doyle, J. K., Kavanagh, M., Day, A., & Azevedo, J. (2023). *The adult autism assessment handbook: A neurodiversity-affirmative approach*. Jessica Kingsley Publishers.

Harrison, A. J., Long, K. A., Tommet, D. C., & Jones, R. N. (2017). Examining the Role of Race, Ethnicity, and Gender on Social and Behavioral Ratings Within the Autism Diagnostic Observation Schedule. *Journal of Autism and Developmental Disorders*, *47*(9), 2770–2782. https://doi.org/10.1007/s10803-017-3176-3

Hesse-Biber, S., & Leavy, P. (2007). Feminist Research Practice. SAGE Publications, Inc. https://doi.org/10.4135/9781412984270

Higa, D., Hoppe, M. J., Lindhorst, T., Mincer, S., Beadnell, B., Morrison, D. M., Wells, E. A., Todd, A., & Mountz, S. (2014). Negative and Positive Factors Associated With the Well-Being of Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ) Youth. *Youth & Society*, *46*(5), 663–687. https://doi.org/10.1177/0044118X12449630

Holmans, L. (2022, May 4). Autistic & NeuroDivergent Academic Exclusion & Oppression. *Neurodivergent Rebel*. https://neurodivergentrebel.com/2022/05/04/autistic-neurodivergent-academic-exclusion-oppression/

Huang, A. X., Hughes, T. L., Sutton, L. R., Lawrence, M., Chen, X., Ji, Z., & Zeleke, W. (2017). Understanding the Self in Individuals with Autism Spectrum Disorders (ASD): A Review of Literature. *Frontiers in Psychology*, *8*, 1422. https://doi.org/10.3389/fpsyg.2017.01422

Human Rights Campaign, & Gender Spectrum. (2014). *Supporting and Caring For Our Gender Expansive Youth*. https://hrc-prod-requests.s3-us-west-2.amazonaws.com/national-dinner/images/general/Gender-expansive-youth-report-final.pdf

Husain, B. (2022). *Stigma, Cisgenderism, and the Pathologization of Transness*. ProQuest Dissertations Publishing.

Jefferson, K., B. Neilands, T., & Sevelius, J. (2013). Transgender women of color: Discrimination and depression symptoms. *Ethnicity and Inequalities in Health and Social Care*, *6*(4), 121–136. https://doi.org/10.1108/EIHSC-08-2013-0013

Johnson, A. H. (2019). Rejecting, reframing, and reintroducing: Trans people’s strategic engagement with the medicalization of gender dysphoria. *Sociology of Health & Illness*, *41*(3), 517–532. https://doi.org/10.1111/1467-9566.12829

Jones, S. C., Gordon, C. S., & Mizzi, S. (2023). Representation of autism in fictional media: A systematic review of media content and its impact on viewer knowledge and understanding of autism. *Autism*, *27*(8), 2205–2217. https://doi.org/10.1177/13623613231155770

Kallitsounaki, A., & Williams, D. M. (2023). Autism Spectrum Disorder and Gender Dysphoria/Incongruence. A systematic Literature Review and Meta-Analysis. *Journal of Autism and Developmental Disorders*, *53*(8), 3103–3117. https://doi.org/10.1007/s10803-022-05517-y

Kallitsounaki, A., & Williams, D. M. (2022). Autism Spectrum Disorder and Gender Dysphoria/Incongruence. A systematic Literature Review and Meta-Analysis. *Journal of Autism and Developmental Disorders*. https://doi.org/10.1007/s10803-022-05517-y

Kaur, Tessa. (2023, October 14). Queer representation in media: The good, the bad, and the ugly. *Heckin Unicorn*. https://heckinunicorn.com/blogs/heckin-unicorn-blog/queer-representation-in-media-comprehensive-list-breakdown-lgbt?currency=CAD

Kcomt, L. (2019). Profound health-care discrimination experienced by transgender people: Rapid systematic review. *Social Work in Health Care*, *58*(2), 201–219. https://doi.org/10.1080/00981389.2018.1532941

Keen, S., Lomeli-Rodriguez, M., & Joffe, H. (2022). From Challenge to Opportunity: Virtual Qualitative Research During COVID-19 and Beyond. *International Journal of Qualitative Methods*, *21*, 160940692211050. https://doi.org/10.1177/16094069221105075

Kinmore, A.-L. (2022). *Trans Men: Precarious Manhood and the Paradox of Hegemonic Masculinity* [Bachelor of Arts in Psychology and University Honors, Portland State University]. https://doi.org/10.15760/honors.1288

Kintzinger, R. (2021). Equity: What Model Should We Use When We Talk About Autism? *Canadian Journal of Autism Equity*, *1*(1), 32–39. https://doi.org/10.15173/cjae.v1i1.4982

Kourti, M. (Ed.). (2021). *Working with autistic transgender and non-binary people*. Jessica Kingsley Publishers.

Lai, M.-C., & Baron-Cohen, S. (2015). Identifying the lost generation of adults with autism spectrum conditions. *The Lancet Psychiatry*, *2*(11), 1013–1027. https://doi.org/10.1016/S2215-0366(15)00277-1

Lai, M.-C., Lombardo, M. V., Ruigrok, A. N., Chakrabarti, B., Auyeung, B., Szatmari, P., Happé, F., Baron-Cohen, S., & MRC AIMS Consortium. (2017). Quantifying and exploring camouflaging in men and women with autism. *Autism*, *21*(6), 690–702. https://doi.org/10.1177/1362361316671012

Laube, A. (2022). Reasons Autism Self-diagnosis is Valid. *Autism BC*. https://www.autismbc.ca/blog/autistic-adults/reasons-autism-self-diagnosis-is-valid/

Lennon, E., & Mistler, B. J. (2014). Cisgenderism. *TSQ: Transgender Studies Quarterly*, *1*(1–2), 63–64. https://doi.org/10.1215/23289252-2399623

Leysen, J., Jacobs, D., & Ramaekers, S. (2021). The Red Fish in a Shoal of Greenish-Blue Fish? A Critique of the Biomedical Model of Autism Spectrum Disorder. *Educational Theory*, *71*(4), 435–454. https://doi.org/10.1111/edth.12494

LGBT Aspies (2017). Home [r/LGBTaspies]. Reddit. Retrieved November 25, 2022 from https://www.reddit.com/r/LGBTaspies/

Lockwood Estrin, G., Milner, V., Spain, D., Happé, F., & Colvert, E. (2021). Barriers to Autism Spectrum Disorder Diagnosis for Young Women and Girls: A Systematic Review. *Review Journal of Autism and Developmental Disorders*, *8*(4), 454–470. https://doi.org/10.1007/s40489-020-00225-8

MacLeod, A. (2019). Interpretative Phenomenological Analysis (IPA) as a tool for participatory research within Critical Autism Studies: A systematic review. *Research in Autism Spectrum Disorders*, *64*, 49–62. https://doi.org/10.1016/j.rasd.2019.04.005

Maroney, M. R., & Horne, S. G. (2022). “Tuned into a different channel”: Autistic transgender adults’ experiences of intersectional stigma. *Journal of Counseling Psychology*, *69*(6), 761–774. https://doi.org/10.1037/cou0000639

Martino, A., & Coombs, E. (2023, June 25). Making pride more inclusive means creating space for 2SLGBTQ+ people with disabilities [Canadian News]. *The Conversation*. https://theconversation.com/making-pride-more-inclusive-means-creating-space-for-2slgbtq-people-with-disabilities-207401

Martino, W., & Omercajic, K. (2021). A trans pedagogy of *refusal*: Interrogating cisgenderism, the limits of antinormativity and trans necropolitics. *Pedagogy, Culture & Society*, *29*(5), 679–694. https://doi.org/10.1080/14681366.2021.1912155

McDonald, T. A. M. (2020). Autism Identity and the “Lost Generation”: Structural Validation of the Autism Spectrum Identity Scale and Comparison of Diagnosed and Self-Diagnosed Adults on the Autism Spectrum. *Autism in Adulthood*, *2*(1), 13–23. https://doi.org/10.1089/aut.2019.0069

McGill, O., & Robinson, A. (2021). “Recalling hidden harms”: Autistic experiences of childhood applied behavioural analysis (ABA). *Advances in Autism*, *7*(4), 269–282. https://doi.org/10.1108/AIA-04-2020-0025

Miller, M. (2018). *Transgender YouTubers and the Power of Coming Out: Existentialism, Gender Performance, and Self-Actualization Existentialism, Gender Performance, and Self-Actualization* [MA, University of Western Ontario]. https://ir.lib.uwo.ca/etd/5742

Miller, D., Rees, J., & Pearson, A. (2021). “Masking Is Life”: Experiences of Masking in Autistic and Nonautistic Adults. *Autism in Adulthood*, *3*(4), 330–338. https://doi.org/10.1089/aut.2020.0083

Milton, D. E. (2014). Autistic expertise: A critical reflection on the production of knowledge in autism studies. *Autism*, *18*(7), 794–802. https://doi.org/10.1177/1362361314525281

Ohl, A., Grice Sheff, M., Small, S., Nguyen, J., Paskor, K., & Zanjirian, A. (2017). Predictors of employment status among adults with Autism Spectrum Disorder. *Work*, *56*(2), 345–355. https://doi.org/10.3233/WOR-172492

Okoye, C., Obialo-Ibeawuchi, C. M., Obajeun, O. A., Sarwar, S., Tawfik, C., Waleed, M. S., Wasim, A. U., Mohamoud, I., Afolayan, A. Y., & Mbaezue, R. N. (2023). Early Diagnosis of Autism Spectrum Disorder: A Review and Analysis of the Risks and Benefits. *Cureus*. https://doi.org/10.7759/cureus.43226

Oswald, A. G., Avory, S., & Fine, M. (2022). Intersectional expansiveness borne at the neuroqueer nexus. *Psychology & Sexuality*, *13*(5), 1122–1133. https://doi.org/10.1080/19419899.2021.1900347

Panter, H. (2017). Pre-operative transgender motivations for entering policing occupations. *International Journal of Transgenderism*, *18*(3), 305–317. https://doi.org/10.1080/15532739.2017.1281194

Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3 ed). Sage Publications.

Pearce, R. (2018). *Understanding Trans Health: Discourse, Power and Possibility* (1st ed.). Bristol University Press. https://doi.org/10.46692/9781447342342

Price, D. (2022). *Unmasking autism: Discovering the new faces of neurodiversity* (First edition). Harmony Books.

Pyne, J. (2014). Gender independent kids: A paradigm shift in approaches to gender non-conforming children. *The Canadian Journal of Human Sexuality*, *23*(1), 1–8. https://doi.org/10.3138/cjhs.23.1.CO1

Pyne, J. (2020). “Building a Person”: Legal and Clinical Personhood for Autistic and Trans Children in Ontario. *Canadian Journal of Law and Society / Revue Canadienne Droit et Société*, *35*(2), 341–365. https://doi.org/10.1017/cls.2020.8

Pyne, J. (2021). Autistic Disruptions, Trans Temporalities. *South Atlantic Quarterly*, *120*(2), 343–361. https://doi.org/10.1215/00382876-8916088

Radi, B. (2019). On Trans* Epistemology. *TSQ: Transgender Studies Quarterly*, *6*(1), 43–63. https://doi.org/10.1215/23289252-7253482

Radulski, E. M. (2022). Conceptualising Autistic Masking, Camouflaging, and Neurotypical Privilege: Towards a Minority Group Model of Neurodiversity. *Human Development*, *66*(2), 113–127. https://doi.org/10.1159/000524122

Rajkovic, A., Cirino, A. L., Berro, T., Koeller, D. R., & Zayhowski, K. (2022). Transgender and gender-diverse (TGD) individuals’ perspectives on research seeking genetic variants associated with TGD identities: A qualitative study. *Journal of Community Genetics*, *13*(1), 31–48. https://doi.org/10.1007/s12687-021-00554-z

Ram, A., Kronk, C. A., Eleazer, J. R., Goulet, J. L., Brandt, C. A., & Wang, K. H. (2022). Transphobia, encoded: An examination of trans-specific terminology in SNOMED CT and ICD-10-CM. *Journal of the American Medical Informatics Association*, *29*(2), 404–410. https://doi.org/10.1093/jamia/ocab200

Rosenberg, S., & Tilley, P. J. M. (2021). ‘A point of reference’: The insider/outsider research staircase and transgender people’s experiences of participating in trans-led research. *Qualitative Research*, *21*(6), 923–938. https://doi.org/10.1177/1468794120965371

Rowello, L. (2021). What It Means to Be Cisgender. *Verywell Mind*. https://www.verywellmind.com/what-does-cisgender-mean-5189560

Ryan, J. M. (2019). The Problematics of Assessing Trans Identity in Survey Research: A Modest Proposal for Improving Question Design. *Societies*, *9*(4), 85. https://doi.org/10.3390/soc9040085

Ryle, R. (2024). *Questioning gender: A sociological exploration* (Fifth edition). SAGE.

Schriber, R. A., Robins, R. W., & Solomon, M. (2014). Personality and self-insight in individuals with autism spectrum disorder. *Journal of Personality and Social Psychology*, *106*(1), 112–130. https://doi.org/10.1037/a0034950

Shapira, S., & Granek, L. (2019). Negotiating psychiatric cisgenderism-ableism in the transgender-autism nexus. *Feminism & Psychology*, *29*(4), 494–513. https://doi.org/10.1177/0959353519850843

Smith-Johnson, M. (2022). Transgender Adults Have Higher Rates Of Disability Than Their Cisgender Counterparts: Study examines rates of disability among transgender adults and cisgender adults. *Health Affairs*, *41*(10), 1470–1476. https://doi.org/10.1377/hlthaff.2022.00500

Sparks, K. (2019, April 24). T4T: When Trans People Date Each Other. *Parlour Talk*. https://parlourtalk.com/t4t-when-trans-people-date-each-other/

Sparrow, M. (Ed.). (2020). *Spectrums: Autistic transgender people in their own words*. Jessica Kingsley Publishers.

Späth, E. M. A., & Jongsma, K. R. (2020). Autism, autonomy, and authenticity. *Medicine, Health Care and Philosophy*, *23*(1), 73–80. https://doi.org/10.1007/s11019-019-09909-3

StatsCan Plus. (2022, June 29). *Standing against homophobia, transphobia and biphobia*. Statistics Canada. https://www.statcan.gc.ca/o1/en/plus/1294-standing-against-homophobia-transphobia-and-biphobia

Strang, J. F., Anthony, L. G., Song, A., Lai, M.-C., Knauss, M., Sadikova, E., Graham, E., Zaks, Z., Wimms, H., Willing, L., Call, D., Mancilla, M., Shakin, S., Vilain, E., Kim, D.-Y., Maisashvili, T., Khawaja, A., & Kenworthy, L. (2023). In Addition to Stigma: Cognitive and Autism-Related Predictors of Mental Health in Transgender Adolescents. *Journal of Clinical Child & Adolescent Psychology*, *52*(2), 212–229. https://doi.org/10.1080/15374416.2021.1916940

Strang, J. F., Klomp, S. E., Caplan, R., Griffin, A. D., Anthony, L. G., Harris, M. C., Graham, E. K., Knauss, M., & van der Miesen, A. I. R. (2019). Community-based participatory design for research that impacts the lives of transgender and/or gender-diverse autistic and/or neurodiverse people. *Clinical Practice in Pediatric Psychology*, *7*(4), 396–404. https://doi.org/10.1037/cpp0000310

Strang, J. F., Meagher, H., Kenworthy, L., de Vries, A. L. C., Menvielle, E., Leibowitz, S., Janssen, A., Cohen-Kettenis, P., Shumer, D. E., Edwards-Leeper, L., Pleak, R. R., Spack, N., Karasic, D. H., Schreier, H., Balleur, A., Tishelman, A., Ehrensaft, D., Rodnan, L., Kuschner, E. S., … Anthony, L. G. (2018). Initial Clinical Guidelines for Co-Occurring Autism Spectrum Disorder and Gender Dysphoria or Incongruence in Adolescents. *Journal of Clinical Child & Adolescent Psychology*, *47*(1), 105–115. https://doi.org/10.1080/15374416.2016.1228462

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. (2018). “They Thought It Was an Obsession”: Trajectories and Perspectives of Autistic Transgender and Gender-Diverse Adolescents. *Journal of Autism and Developmental Disorders*, *48*(12), 4039–4055. https://doi.org/10.1007/s10803-018-3723-6

Strauss, P., Cook, A., Watson, V., Winter, S., Whitehouse, A., Albrecht, N., Wright Toussaint, D., & Lin, A. (2021). Mental health difficulties among trans and gender diverse young people with an autism spectrum disorder (ASD): Findings from Trans Pathways. *Journal of Psychiatric Research*, *137*, 360–367. https://doi.org/10.1016/j.jpsychires.2021.03.005

Stryker, S. (2006). *The transgender studies reader*. Routledge.

Suess Schwend, A. (2020). Trans health care from a depathologization and human rights perspective. *Public Health Reviews*, *41*(1), 3. https://doi.org/10.1186/s40985-020-0118-y

Swenson, R., Alldred, P., & Nicholls, L. (2022). Doing gender and being gendered through occupation: Transgender and non-binary experiences. *British Journal of Occupational Therapy*, *85*(6), 446–452. https://doi.org/10.1177/03080226211034422

Thomas, H., & Boellstorff, T. (2017). Beyond the Spectrum: Rethinking Autism. *Disability Studies Quarterly*, *37*(1). https://doi.org/10.18061/dsq.v37i1.5375

Thrower, E., Bretherton, I., Pang, K. C., Zajac, J. D., & Cheung, A. S. (2020). Prevalence of Autism Spectrum Disorder and Attention-Deficit Hyperactivity Disorder Amongst Individuals with Gender Dysphoria: A Systematic Review. *Journal of Autism and Developmental Disorders*, *50*(3), 695–706. https://doi.org/10.1007/s10803-019-04298-1

Turban, J. (2023). The Disturbing History of Research into Transgender Identity. *Scientific American*. https://www.scientificamerican.com/article/the-disturbing-history-of-research-into-transgender-identity/

Vaid-Menon, A. (2020). *Beyond the gender binary*. Penguin Workshop.

Van Schalkwyk, G. I. (2018). At the Intersection of Neurodiversity and Gender Diversity. *Journal of Autism and Developmental Disorders*, *48*(12), 3973–3973. https://doi.org/10.1007/s10803-018-3735-2

Villegas Simón, I., Sánchez Soriano, J. J., & Ventura, R. (2024). 'If you don't "pass" as cis, you don't exist'. The trans audience's reproofs of 'Cis Gaze' and transnormativity in TV series. *European Journal of Communication*, *39*(1), 22–36. https://doi.org/10.1177/02673231231163704

Ward, J. H., Weir, E., Allison, C., & Baron-Cohen, S. (2023). Increased rates of chronic physical health conditions across all organ systems in autistic adolescents and adults. *Molecular Autism*, *14*(1), 35. https://doi.org/10.1186/s13229-023-00565-2

Warrier, V., Greenberg, D. M., Weir, E., Buckingham, C., Smith, P., Lai, M.-C., Allison, C., & Baron-Cohen, S. (2020). Elevated rates of autism, other neurodevelopmental and psychiatric diagnoses, and autistic traits in transgender and gender-diverse individuals. *Nature Communications*, *11*(1), 3959. https://doi.org/10.1038/s41467-020-17794-1

Wattel, L. L., Walsh, R. J., & Krabbendam, L. (2022). Theories on the Link Between Autism Spectrum Conditions and Trans Gender Modality: A Systematic Review. *Review Journal of Autism and Developmental Disorders*. https://doi.org/10.1007/s40489-022-00338-2

White Hughto, J. M., Reisner, S. L., & Pachankis, J. E. (2015). Transgender stigma and health: A critical review of stigma determinants, mechanisms, and interventions. *Social Science & Medicine*, *147*, 222–231. https://doi.org/10.1016/j.socscimed.2015.11.010

Worthen, M. G. F. (2023). Queer identities in the 21st century: Reclamation and stigma. *Current Opinion in Psychology*, *49*, 101512. https://doi.org/10.1016/j.copsyc.2022.101512

Wu, M.-J., Zhao, K., & Fils-Aime, F. (2022). Response rates of online surveys in published research: A meta-analysis. *Computers in Human Behavior Reports*, *7*, 100206. https://doi.org/10.1016/j.chbr.2022.100206

Appendix A

Western Research

Date: 8 May 2023

To: Dr Marguerite Lengyell

Project ID: 122487

Study Title: Mental Health Practices: Listening to Transgender and Autistic Voices

Short Title: LTAV

Application Type: NMREB Initial Application

Review Type: Delegated

Full Board Reporting Date: 02/Jun/2023

Date Approval Issued: 08/May/2023 16:26

REB Approval Expiry Date: 08/May/2024

Dear Dr Marguerite Lengyell

The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the WREM application form for the above mentioned study, as of the date noted above. NMREB approval for this study remains valid until the expiry date noted above, conditional to timely submission and acceptance of NMREB Continuing Ethics Review.

This research study is to be conducted by the investigator noted above. **All other required institutional approvals and mandated training must also be obtained prior to the conduct of the study.**

Documents Approved:

Document Name	Document Type	Document Date	Document Version
Recruitment Post	Recruitment Materials	24/Mar/2023	1
LTAV Interview Guide	Interview Guide	27/Apr/2023	2
Recruitment	Recruitment Materials	27/Apr/2023	2
LOI (LTAV)	Written Consent/Assent	06/May/2023	3

Documents Acknowledged:

Document Name	Document Type	Document Date	Document Version
Resources (LTAV)	Other Materials	29/Mar/2023	1

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario. Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB. The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.

Please do not hesitate to contact us if you have any questions.

Sincerely,

Ms. Katelyn Harris , Research Ethics Officer on behalf of Dr. Randal Graham, NMREB Chair

Note: This correspondence includes an electronic signature (validation and approval via an online system that is compliant with all regulations).

Appendix B

Thesis Interview Guide

Before we start, I would like to reiterate that you can pass on any question I ask. You may also ask for clarification if you do not know what I am trying to ask. For confidently purposes please limit the amount of identifiable information in your answers, such as names and places.

Overarching themes of Interview

- Acquisition of identities
- Interaction of autism and gender
- Access to support and care
- Personal expression of identity

Demographic Information

How old are you?

What was the last level of education you completed?

Out of the following words, what would you describe your current situation as: lower, working, middle, or upper class?

Out of the following words, how would you describe your living situation as a child: lower, working, middle, or upper class?

Do you currently work a part- or full-time job?

What is your relationship status?

Autism Specific

Do you have an autism diagnosis?

When did you receive this diagnosis?

Do you want a formal diagnosis?

How do you feel about the label autism?

Do you prefer being called person with autism or autistic person?

When did you know or realise you were autistic?

What does being autistic mean to you?

How do you experience autism?

Transgender Specific

When did you know you were transgender?

When did you know your gender was different then your assigned birth sex or different from those around you?

How would you explain gender dysphoria from your personal experiences?

When was the first time you remember experiencing gender dysphoria?

Do you have a gender dysphoria diagnosis?

Do you consider yourself transgender?

Which label do you prefer to use and how would you explain it?

How/do you express your gender identity?

Intersection of Identities

Does your experience being transgender differ from an allistic person (someone without autism)?

What is your experience as an autistic person in the transgender community? (e.g., Do you feel safe and welcome)

How do you experience gender in your body?

How do you experience autism in your body?

Do you feel like your trans and autistic identities interact. If so, how?

Are there positive effects?

Are there negative effects?

Is there an identity which you consider more important or salient in your life? Has this changed over time?

What would you want a therapist or counsellor to know or understand about your experience?

How would you describe accessing health care either for autism or transgender resources?

Appendix C

LOOKING FOR PARTICIPANTS

Do you identify as both autistic and transgender?

We are looking for transgender/gender diverse individuals who are autistic (no formal diagnosis required) and over 18 to participate in a **60 minute** Zoom interview. Your perspectives will deepen the understanding of this connection as you are the experts of your experiences.

Principal Investigator: Dr. Marguerite Lengyell

Western

Participants will receive a $10 Tim Hortons or Starbucks Gift Card.

For more information, contact us at:

Redacted

Appendix D

Letter of Information and Consent

Project Title: Listening to Transgender and Autistic Voices: Reflecting on Affirming Research and Mental Health Practices

Dr. Marguerite Lengyell, Principal Investigator
Faculty of Education

Invitation to Participate

The study is open to residents of London who identify as both transgender/gender diverse and autistic and who are over the age of 18.

Why is this study being done?

The purpose of the study is to explore the following question: What can be learned and understood about gender identity from listening to the stories of those who hold both autistic and transgender identities?

How long will you be in this study?

It is expected that you would participate in a single Zoom interview that is approximately 60 minutes long.

What are the study procedures?

You would set a mutually agreeable date and time for an interview with the Research Assistant. Interviews will be conducted via zoom. We will send the letter of information and interview questions to you via email before the date of interview.

On the date of interview, you will have the opportunity to ask any questions about the study. If you give consent to be interviewed and recorded the interview will commence. You may choose to not have your camera on during the interview as, Zoom recording captures video as well as audio. We are only interested in the audio data and will destroy the video portion following the interview.

Interviews will include, but is not limited to, the following questions:

1. When did you know your gender was different then your assigned birth sex or different from those around you?
2. How do you personally express your gender identity?
3. When did you know or realize you were autistic?
4. How do you experience autism in your daily life?

5. Do you feel like your trans and autistic identities interact?
6. What would you want a therapist or counsellor to know or understand about your experience?

You can choose not to answer any of the questions.

Permission to be recorded is required for participation.

Direct quotes are optional to be used in reports and publications. Consent to use de-identified direct quotes is found below.

What are the risks and harms of participating in the study?

Discussion could elicit some emotional response or discomfort.

A list of support services will be provided should you experience any discomfort because of participating in this study.

What are the benefits?

The possible benefit to you may be to have your experience reflected in research about the intersection of transgender and autistic identities. The possible benefit to society may be increased wellbeing for individuals receiving or delivering psychotherapy services.

Can participants choose to leave the study?

If you decide to withdraw from the study, you have the right to request (e.g., by phone, in writing) withdrawal of information collected about you. If you wish to have your information removed, please let the researcher know and your information will be destroyed from our records. Depending on time of withdrawal, due to the nature of the analysis, there may not be full removal of their contribution due to the thematic and narrative approach which combines many perspectives.

Once the study has been published, we will not be able to withdraw your information.

How will participants' information be kept confidential?

Zoom recordings will be located on the local computer located in London, Ontario that is used for the interview. They will not be uploaded to zoom's cloud-based recording system.

Interview data will be collected and electronically transmitted by members of the research team, who may be working remotely. Your data will be stored in a secure environment on Office 365 that only the research team will have access to. Once the recording has been transcribed, the interview portion of recording will be deleted.

Researchers will ask participants for demographic information and responses to open ended questions listed in this letter. Only audio recordings (not video) will be retained for the purpose of transcription. Only the Principal Investigators and Research Assistant will have access to any of the study data.

The audio files and text files from the study will be retained by the researcher for 7 years. Audio files will be stored on the Principal Investigator's encrypted hard drive and text files will be retained in password-protected Word files. A list linking your name and pseudonym will be kept separate from your study file. If the results are published your name will not be used.

Delegated institutional representatives of Western University and its Non- Medical Research Ethics Board may require access to your study-related records to monitor the conduct of the research in accordance with regulatory requirements.

Teleconferencing/videoconferencing technology has some privacy and security risks. It is possible that information could be intercepted by unauthorized people (hacked) or otherwise shared by accident. This risk can't be eliminated. We want to make you aware of this.

Are participants compensated to be in this study?

You will be compensated for your participation in this research. A $10 Tim Hortons or Starbucks gift card will be emailed to you at the time of interview.

What are the Rights of Participants?

Your participation in this study is voluntary. You may decide not to be in this study. Even if you consent to participate you have the right to not answer individual questions or to withdraw from the study at any time. If you choose not to participate or to leave the study at any time it will have no effect on your professional or employment status. You do not waive any legal right by consenting to this study.

It is important to note that a record of your participation must remain with the study, and as such, the researchers may not be able to destroy your signed letter of information and consent, or your email on the master list. However, any data may be withdrawn upon your request.

Whom do participants contact for questions?

If you have questions about this research study please contact Marguerite Lengyell, Principal Investigator, (Redacted)

If you have any questions about your rights as a research participant or the conduct of this study, you may contact The Office of Human Research Ethics (519) 661-3036, 1-844-720-9816, email: ethics@uwo.ca. The Research Ethics Board is a group of people who oversee the ethical conduct of research studies. The Non-Medical Research Ethics Board is not part of the study team. Everything that you discuss will be kept confidential.

Project Title: Mental Health Practices: Listening to Transgender and Autistic Voices

Dr. Marguerite Lengyell, Principal Investigator
Faculty of Education

Participant name: _______________________________

Have you read the Letter of Information and had the nature of the research explained to you?

Have all your questions been answered?

Do you agree to participate?

______ Yes ______ No

Do you consent to the use of unidentified quotes obtained during the study in the dissemination of this research.

______ Yes ______ No

Do you agree to be audio-recorded in this research.

______ Yes ______ No

My signature means I have been explained the study, and consent to participate.

______________________ Print Name ____________ Date

______________________ Signature ____________ Date

For the Interviewer Only:

My signature means that I have explained the study to the participant named above. I have answered all questions.

______________________ Print Name ____________ Date

______________________ Signature ____________ Date

Curriculum Vitae

Name:	Kameron Kirbyson
Post-secondary Education and Degrees:	The University of Waterloo Waterloo, Ontario, Canada 2016-2021 H.B.A.
	The University of Western Ontario London, Ontario, Canada 2022-2024 M.A.
Related Work Experience	Internship in Counselling Fanshawe Collage, London, ON 2023-2024
	Disability Counsellor YMCA, London, On 2023
	Camp Director Youth Leadership Camps Canada, Orillia, ON 2021-2022
	Therapy Group Facilitator (Gender Journeys) Langs Community Health Centre, Waterloo, On 2021-2022
	Research Assistant Supervisor: B.J. Rye The University of Waterloo 2019-2020
	Behavioural Therapist Boma Learning Centre, Kitchener, ON 2018-2020
	Educational Assistant St. Jude’s School 2018