BARRIERS AND FACILITATORS TO AUTISM DIAGNOSIS FOR TRANSGENDER, NON-BINARY, AND GENDER DIVERSE PEOPLE

RORY HART

Supervisor: Professor Marina Morrow

Advisor: Professor Farah Ahmad

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York University

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Abstract

Transgender, non-binary, and gender diverse (hereafter ‘trans’) people are eleven times more likely to be diagnosed with autism spectrum disorder (ASD) than the general population (Kallitsounaki & Williams, 2023). A study by Warrier et al. (2020) found that trans people are more likely than cisgender people to suspect that they might have undiagnosed autism. Using semi-structured interviews with five autistic and trans adults in Ontario, Canada, this exploratory study sought to identify some of the barriers and facilitators trans autistic people face in accessing an autism diagnosis. Using inductive and deductive content analysis, I identified the following themes from participant responses: masculine and feminine presentations of autism; informational and institutional erasure; masking; cost of assessment; clinician bias; hesitancy to disclose one’s trans identity; fear of being outed to one’s parents; and co-occurring diagnoses camouflaging autistic symptoms.

Keywords: autism, trans, transgender, barriers, diagnosis, assessment

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Introduction

When my parents and I were searching for a psychologist to assess me for autism, my father spoke with a clinician who was doubtful that I (a transgender person) could be autistic. He told my father that, "Autistic people can't be trans because they don't have enough theory of mind to be able to imagine another gender identity." The clinician in question wanted to charge 2800$ for an assessment, which was 1800$ more than my insurance would have covered. I consider myself lucky to have health insurance, and even luckier that we could even discuss paying the additional 1800$ out of pocket. I eventually saw an OHIP[1]-covered clinician who managed to ask me if I was going to 'become a boy' and disparage another patient's gender fluidity before eventually diagnosing me. The experience left much to be desired, so I turned to the literature to see if this was a common experience for trans people.

There is a significant overlap between transgender and autistic populations. Transgender, non-binary, and gender diverse (hereafter 'trans') people are eleven times more likely to be diagnosed with autism spectrum disorder (ASD) than the general population (Kallitsounaki & Williams, 2023). Kallitsounaki and Williams conducted a systematic literature review and meta-analysis of forty-seven articles on the relationship between ASD traits and gender dysphoria or gender incongruence; and the overlap between trans and autistic populations (2023). This study found that 11% of trans people were autistic ($p < .001$), compared to approximately 1% of the general population.

[1] 'OHIP' refers to the Ontario Health Insurance Plan.

However, research by Warrier et al. (2020) suggests that trans people may be underdiagnosed. In a study of 641,860 people across five independently recruited cross-sectional internet-based[2] datasets, Warrier et al. (2020) found that transgender and gender diverse people scored higher on self-report measures of autistic traits, systemizing, and sensory sensitivity than cisgender people. Transgender people are also more likely than cisgender people to suspect that they might have undiagnosed autism (Warrier et al., 2020). While international organizations like the WPATH have acknowledged the cooccurrence of autism and trans identity (Coleman et al., 2022, p.52), Warrier et al. (2020) is the first study to mention the possible underdiagnosis of autism in trans people. Access to diagnosis matters: it affects autistic individuals' wellbeing, health care, and support services. In Ontario, for example, an autism diagnosis is necessary for autistic individuals and their families to access supports like funding for occupational and behavioural therapy and accommodations in school and university (Government of Ontario, 2025). An autism diagnosis can also allow autistic people to better understand themselves and their experiences. Yet, while there are numerous studies on the prevalence of people who are both autistic[3] and trans, little in the literature explores the diagnostic reality or discusses possible barriers to autism diagnosis for trans people.

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[2] Warrier et al. (2020) doesn't specify geographic regions for most of the datasets, but one was collected by the UK's Channel 4 which likely attracted primarily UK respondents, and the Lifelines dataset was collected in the Netherlands.

[3] The majority of autistic adults prefer identity-first language (i.e. autistic person, Taboas et al., 2023) so this paper will mostly use identity first language. The exceptions are participant preference (I will defer to them about how they wish to be discussed) and for discussion of the diagnosis 'ASD' (i.e. 'person with ASD').

The topic has been more extensively researched for other groups. Research in Canada, the US, the UK, Australia, the Netherlands, Poland, China, and Europe found barriers to accessing autism diagnosis for women and racialized people. Women and racialized people face barriers related to the cost of diagnosis, clinician bias, diagnosis stigma, and self-camouflaging their autistic behaviours (also known as "masking") (Lockwood Estrin et al., 2021; Malik-Soni et al., 2022). Studies on the barriers trans people face in accessing non-autism healthcare have identified a lack of healthcare provider knowledge about transgender people, anti-transgender discrimination from healthcare providers, and informational erasure as barriers (Bauer et al., 2009; Pratt-Chapman et al., 2021). These studies are reviewed in more detail in the literature review below.

To address this gap in the literature, this paper investigates barriers and facilitators to accessing an autism diagnosis for trans people in Ontario, Canada through a review of existing literature and an exploratory qualitative study. I conducted semi-structured interviews with five trans and autistic adults about their feelings on and experiences with the autism diagnostic process. My findings suggest that masculine and feminine presentations of autism; informational and institutional erasure; masking; cost of assessment; clinician bias; hesitancy to disclose one's trans identity; fear of being outed to one's parents; and co-occurring diagnoses camouflaging autistic symptoms are factors in access to autism diagnosis for trans people.

The results of the literature review, the design of the exploratory study, findings from the respondent interviews, a discussion of the initial findings and a conclusion, including ideas for future work, follow.

Literature Review

To identify literature on barriers to autism diagnosis for trans people, I used the following search terms to pull articles from York University and Carleton University's library databases which draw from 760 and 449 databases respectively: ASD, autism, autistic, autis*, Asperger's, transgender, trans*, transexual, transsexual, gender diverse, gender, non-binary, genderqueer, genderfluid, diagnosis, assessment, barrier*, and bias [4]. When it became clear that there was insufficient research on barriers to autism diagnosis for trans people, I expanded the search terms to include barriers to non-autism healthcare for trans people and barriers to autism diagnosis for women and racialized populations[5] (search terms added: racialized, race, ethnicity, people of colour, people of color, women, girl*, healthcare). The review found articles related to trans experiences of autism diagnosis; barriers to autism diagnosis for women and racialized people; and barriers to non-autism healthcare for trans people.

Warrier et al. (2020) was the first study to suggest that trans people might be underdiagnosed with autism despite a significant overlap between trans and autistic populations. In a study of independently recruited cross-sectional internet-based datasets covering 641,860 people, Warrier et al. (2020) compared neurodevelopmental and psychiatric diagnoses and self-report measures of autistic traits across genders. Consistent

[4] Searching for "trans*" often resulted in papers about the transition between adolescence and adulthood for autistic youth instead of papers related to trans people. These papers were not included since they were unrelated to trans people or autism diagnosis.
[5] In the context of this paper, 'racialized' refers to people or groups of people who are perceived as belonging to a minority racial group, including Indigenous people.

with previous studies, they found that trans and gender diverse people had higher rates of autism than cisgender individuals. A new finding was that trans and gender diverse people were more likely than cisgender people to report that they suspected they had undiagnosed autism.

A study by Abu-Ramadan et al. (2025) surveyed 129 autistic adults in the US (mean age = 30.63 years; 34.9% cisgender women, 38.8% cisgender men, 26.4% gender diverse) on their experiences of autism assessment, including who initiated an assessment, how many providers they met with, post-diagnosis support, and satisfaction with the process. Gender diverse participants were more likely than cisgender male participants to report barriers to diagnosis, including "higher stress, doubt that a provider would listen, believe, or understand them, previous negative experiences, and concern of not receiving a diagnosis" (p. 14); and more likely than cisgender women to report that they were concerned "a provider would disrespect aspects of their identity and that visits would not be sensitive to their identity" (p. 11).

This section reviews related literature to identify possible barriers for trans people. Studies of barriers to autism diagnosis for women and girls identified masking, a lack of knowledge of the feminine presentation of autism[6], parental bias, and clinician bias as barriers to diagnosis. Similar studies on barriers for racialized people identified clinician bias, language barriers, cultural differences, transportation barriers, and scheduling difficulties as barriers to autism diagnosis. Studies on barriers to accessing an

[6] Also called the 'female presentation of autism' in literature including Simcoe et al. (2023).

autism diagnosis for the general population identified cost of assessment, distance to clinicians, language barriers, and stigma as barriers to diagnosis. For barriers to non-autism healthcare for trans people, studies identified informational and institutional erasure[7], lack of clinician knowledge about trans people, clinician bias, and discriminatory behaviour as barriers to accessing healthcare.

Barriers to Autism Diagnosis for Marginalized Populations

Barriers for Women and Girls

Masculine and Feminine Presentations of Autism. One of the proposed reasons for the difference in rates of diagnosis for male and female[8] autistic people is that autistic women and girls present differently than autistic men and boys, which can mask their autistic traits. Compared to elementary-age autistic boys, who typically play alone and far from their peers, elementary-age autistic girls tend to stay close to their peers and intermittently engage with the group's activity (Simcoe et al., 2023). Additionally, autistic girls may have special interests that are less intense and about topics that are more typical for their age and gender (e.g. celebrities, horses, television shows, dolls). They may also develop an intense interest in social conventions which can camouflage both their special

[7] Informational and institutional erasure refer to types of systemic erasure. Informational erasure is erasure by a lack of knowledge about a population and the assumption that information doesn't exist. Institutional erasure is erasure by policies and bureaucratic applications (like forms and other documents) that don't account for a population (Bauer et al., 2009).

[8]None of the research that I found on masculine and feminine presentations of autism mentioned trans or intersex people so we can likely assume that the researchers are referring to cisgender, perisex (non-intersex) men and boys when they say 'male' and cisgender, perisex women and girls when they say 'female'.

interest and allow them to mimic allistic[9] social behaviours (Simcoe et al., 2023). For autistic women and girls, mental health professionals who are unfamiliar with the feminine presentation of autism may misdiagnose autistic girls with personality disorders, eating disorders, schizophrenia, selective mutism, separation anxiety disorder, depression, or phobias (Simcoe et al., 2023). Additionally, a lack of parental and clinician knowledge of this presentation of autism may prevent women and girls who present this way from accessing an autism diagnosis.

Masking. In autistic circles and autism research, 'masking' or 'social camouflage' refers to behaviours that camouflage autistic traits. Masking is more common in women and girls (Cage & Troxell-Whitman, 2019).

Autism has been diagnosed less frequently in women and girls (Lockwood Estrin et al., 2021; Mandell et al., 2009). Using a mixed method systemic review of four electronic databases with data from the US, the UK, Australia, Netherlands, Poland, and elsewhere in Europe, Lockwood Estrin et al. (2021) found that masking, parental bias, and clinician bias act as barriers to autism diagnosis for women and girls. Their review covered 23,760 participants, including 3197 autistic women and girls, 92 family members, and 3 professional providers, across 13 quantitative papers, 6 qualitative papers, and one mixed methods paper. Parents were found to be 1.46 times more likely to express concerns that their boys were autistic and more likely to raise concerns about restrictive and repetitive behaviours and interests (RRBIs) in boys than in girls. When

[9] 'Allistic' refers to people who are not autistic.

asked, parents identified other people's perceptions of autism and lack of available information about autistic girls as barriers to labelling their daughters as autistic. Lockwood Estrin et al. (2021) also discusses clinician bias that autism is a "boy's disorder" as a significant barrier to diagnosis for women and girls. Mandell et al. (2009) likewise found that for children who met the diagnostic criteria for ASD, boys were more likely than girls to have an ASD diagnosis. Neither paper mentions trans, non-binary, or gender diverse people.

Barriers for Racialized People

Similar studies found barriers for racialized people. In a cross-sectional study of 2568 8-year-old children with an ASD diagnosis (autistic disorder, pervasive developmental disorder not otherwise specified, or Asperger's syndrome) in the USA, Mandell et al. (2009) found that for children who met the diagnostic criteria for ASD, white children were more likely than non-white children to have an ASD diagnosis, Mandell et al. (2009) discusses how clinicians may use the statistical discrimination model when evaluating people for autism, diagnosing more people from groups whom they believe are more likely to have the diagnosis. In this case, clinicians who believe that white people are more likely to be autistic may diagnose more white people with autism.

Disparities in autism diagnosis across race/ethnicity is not accounted for by differences in socioeconomic status. To examine the relationships between socioeconomic status, race/ethnicity, and ASD diagnosis in the USA between 2002 and

2010, Durkin et al. (2017) used stratified analysis of population-based cross-sectional surveillance data of 1,308,641 8-year-olds (51.1% male, 55.8% white). They found that socioeconomic factors (education attainment and household income) did not account for disparities in autism diagnosis for racial and ethnic minorities, but that higher education attainment was broadly associated with higher autism prevalence. In addition to clinician bias, Durkin et al. (2017) found that language barriers, cultural differences, transportation barriers, and scheduling difficulties were barriers to autism diagnosis for racialized people.

These barriers likely also exist in a Canadian context. A scoping review of 28 studies on Canadian immigrant and refuge experiences of autism services found that transportation difficulties, fragmentation of services, long waitlists, difficulty accessing information about services, excessive paperwork, cultural differences, language barriers, stigma, discrimination against immigrants, financial barriers, lack of social support were barriers for caregivers looking to access autism supports (Casale et al., 2023). To examine the lived experiences of immigrant and racialized families with autistic children in Canada, Sam et al. (2026), used a participatory PhotoVoice approach with ten immigrant and/or racialized family caregivers of autistic children from the Greater Toronto area. Participants discussed language barriers, lack of support, stigma, financial barriers, racism, and service fragmentation as aspects of their experiences as caregivers to autistic children. While these papers do not discuss barriers to diagnosis, many of the barriers to accessing autism services would likely also apply to accessing a diagnosis.

Barriers of Access to Autism Diagnosis for All Populations

Lack of Physician Knowledge about Autism. Lack of physician knowledge is a further barrier for people accessing an autism assessment. In a literature review of 248 papers (scholarly and grey literature) about autism diagnosis and care in the USA, Canada, China, and the UK, Malik-Soni et al. (2022) concluded that physicians10 are not trained to screen, diagnose, or refer autistic patients and can have difficulty identifying autism due to the heterogeneity of autism symptoms and the frequency of co-occurring conditions with overlapping symptoms.

Cost of Assessment. In Ontario, children's autism assessments are covered by the province, but waitlists are on average more than a year long (Autism Ontario, 2020). Adult autism assessments may be covered by provincial healthcare if the psychologist works for a hospital or clinic or if the assessing practitioner is a psychiatrist (Autism Ontario, n.d.). Private autism assessments have shorter waitlists but can cost between 2000$ and 5500$ (Scattergram Counselling and Consulting, 2023)[11].

Adult autism assessments are similarly priced in other provinces. In British Columbia, adult autism assessments are not covered by the province and can cost between 3000$ and 5000$ (Autism Society of British Columbia, 2022). In Nova Scotia, autism assessments can cost between 2000$ and 4000$ (CBC/Radio Canada, 2023).

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[10] Malik-Soni et al. (2022) does not specify what type of physician, but from context it appears to mean general practitioners.

[11] It's hard to know how much assessments cost as clinicians often do not publish their prices publicly, but this source is consistent with online prices displayed on Ontario-based psychology office websites.

Since provinces have different standards for autism assessments with some requiring both the ADI-R[12] and ADOS-R[13] (Penner et al., 2018), it is possible that individuals may need to be reassessed if they move across provincial lines.

Other Barriers

Malik-Soni et al. (2022) found that barriers to autism diagnosis include the cost of assessment, distance to clinicians (especially for people living in rural areas), language barriers for people who did not speak fluent English, and stigma for the autistic individual and their family.

Barriers to Non-Autism Healthcare for Transgender Populations

While access to autism diagnosis for trans people has not been studied, there exists research on barriers and facilitators to trans people's access to other kinds of healthcare. Reviewing literature on barriers and facilitators to trans people's access to non-autism healthcare revealed informational and institutional erasure, lack of clinician knowledge about trans people, clinician bias, and discriminatory or prejudiced behaviours as barriers to non-autism healthcare for trans people.

Informational and Institutional Erasure

To examine transgender experiences of healthcare in Ontario, Canada, Bauer et al. (2009) conducted seven focus groups with 85 transgender participants and four allies in Toronto, Ottawa, and Guelph. From those focus groups Bauer et al. identified

[12] Autism Diagnostic Interview-Revised
[13] Autism Diagnostic Observation Schedule - Revised

informational erasure, institutional erasure, and a lack of healthcare provider knowledge as barriers to transgender people accessing healthcare (2009).

Informational and institutional erasure refer to types of systemic erasure of marginalized populations. In the case of trans people, informational erasure refers to clinicians lacking information about trans people, an assumption that there is no information about trans people, and an assumption that information about trans people is not important (Bauer et al., 2009). Some of the ways this can show up are an absence of trans bodies in medical textbooks, a lack of funding for research into medical care for trans people, or an exclusion of trans participants from medical research. Institutional erasure of trans people refers to systems that exclude the possibility of trans patients (Bauer et al., 2009). For example, forms that don't have a third gender option or diagnostic criteria that assumes that one's gender and sex assigned at birth match. These forms of erasure may deter or prevent trans people from accessing healthcare.

In a similar study, Pratt-Chapman et al. (2021) conducted interviews with twenty-one transgender and gender diverse (TGD) adults (mean age = 50.94, *SD* = 8.69) to investigate healthcare seeking behaviours in TGD adults over forty from Washington, DC. Participants identified professional, affirming care that is free of misgendering, microaggressions, and a denial of care as important.

Lack of Clinician Knowledge about Trans People

Clinician knowledge of transgender people is also important for mental health care. Using the Patient-Reported Outcome Measurement Information System (PROMIS)

Depression and Anxiety scales and the Brief Resilience Scale to examine transgender adults' experiences of mental health services, Puckett et al. (2023) surveyed 158 TGD adults who were in therapy (ages 19 to 70 years, mean age = 33.06, *SD* = 12.88). The majority of participants were satisfied with their provider (71.4%) and felt that their provider was at least moderately knowledgeable about TGD people (89.1%). Non-binary/genderqueer participants rated their provider as less knowledgeable of TGD people than trans-feminine participants rated their provider (F (2, 88) 4.06, $p < .05$). Focus on gender was significantly correlated with ratings of provider knowledge ($r = .46$, $p < .001$) and patient satisfaction ($r = .24$, $p < .01$). It is worth noting that the sample is biased toward people with more positive experiences with therapy. By only examining the experiences of transgender adults who are in therapy, the study does not examine the experiences of people who faced too many barriers to initially access or to continue with therapy.

Clinician Anti-Trans Bias

Anti-transgender sentiments and discrimination when pursuing medical care pose significant barriers to accessing non-autism healthcare. In a study of transsexual[14] patients' demographic qualities, healthcare needs, and experiences with the healthcare system, Florêncio et al. (2021) conducted semi-structured interviews with ten transsexual adults seeking gender affirming healthcare at the University Hospital of Pernambuco in

[14] This paper uses the term "transsexual." It is unclear if they mean it as a synonym for 'transgender' or if they are using it to specify that the participants have pursued medical transition.

Brazil. Participants reported that healthcare providers' prejudiced and discriminatory attitudes, misgendering, deadnaming, and a lack of healthcare provider qualification to refer transgender patients for gender-affirming care were barriers to them accessing healthcare. They also reported avoiding accessing healthcare due to experience with or a fear of "embarrassing situations" (Florêncio et al., 2021).

Preparing for Exploratory Interviews

Since this project was intended as an exploratory study, I did not use the literature review to create the interview questions, keeping the questions open-ended. To prepare for conducting the interviews, I identified sensitizing concepts from the literature review and my personal experience with the autism diagnostic process. From the barriers listed in the literature review, the following barriers were identified as likely barriers to autism diagnosis for trans people. Some of the barriers mentioned in this section are based on my personal experience with barriers to the autism diagnostic process and my knowledge of the requirements of commonly used autism diagnostic tools.

Masculine and Feminine Presentations of Autism

Greater clinician knowledge of the masculine presentation of autism was identified as a barrier to diagnosis for autistic women and girls in Simcoe et al. (2023). I expected participants whose autism resembles the feminine presentation of autism to report barriers to accessing an autism diagnosis. I also anticipated that an incongruence between how the healthcare provider perceived the gender of the participant at the time of assessment and the gendered presentation of their autism would result in a barrier to diagnosis.

Masking

Masking autistic traits has been identified as a barrier to diagnosis for other marginalized groups, including women and girls (Lockwood Estrin et al., 2021; Simcoe

et al., 2023). Given that trans people are also a marginalized gender category, I hypothesized that participants would discuss masking as a barrier to diagnosis.

Cost of Assessment

US and Canadian studies have shown that trans people have lower household incomes, lower rates of employment, and higher rates of poverty than cisgender people (Carpenter et al., 2020; Crissman et al., 2017; Ménard et al., 2025). Given the relative socioeconomic status of trans people and the cost of an autism assessment in Ontario and in other provinces, I expected participants to raise cost as a barrier to diagnosis.

Lack of Clinician Knowledge about Trans People

Since the literature on trans people's access to non-autism healthcare discussed a lack of clinician knowledge about trans people as a barrier to non-autism healthcare (Bauer et al., 2009; Puckett et al., 2023), I hypothesised that a lack of clinician knowledge would also pose a barrier to accessing an autism diagnosis for transgender people.

Informational and Institutional Erasure

Simcoe et al. (2023) discusses how the Autism Diagnostic Observation Schedule - Revised (ADOS-R or ADOS-2), has not been "adequately standardised on females" (p. 2) and does not account for social masking or imitation which are more common in autistic women and girls. Likewise, the ADOS-R and the Autism Diagnostic Interview-Revised (ADI-R; the most commonly used autism diagnostic tools) have not been standardized on

transgender populations. I expected that the lack of standardization of commonly used diagnostic tools on trans populations would pose a barrier to autism diagnosis.

Clinician Bias

I anticipated that the participants would raise two types of clinician bias: anti-transgender bias and bias due to the influence of the statistical discrimination model. Based on reports from participants in Florêncio et al. (2021) that healthcare providers' discriminatory attitudes toward transgender people, misgendering, and deadnaming posed barriers to accessing medical care, I anticipated that participants may report anti-transgender bias as a barrier to accessing an autism diagnosis. I also suspected that the statistical discrimination model may pose a barrier to diagnosis. Mandell et al. (2009) discuss how autism clinicians may diagnose more people from groups whom they believe are more likely to have the diagnosis. In this case, trans people may not fit the model of what a clinician believes autistic people look like leading to them diagnosing trans people less often.

Stigma

Malik-Soni et al. (2022) discusses the stigma associated with an autism diagnosis as a barrier to an individual or their family seeking an autism diagnosis in the general population. I expected this would also apply to trans people.

Lack of Clinician Access to Parental Assessment

There are many diagnostic tools for assessing autism, but the use of the ADI-R and ADOS (or ADOS-2) in combination with each other is widely considered the "gold

standard" of autism assessment (Lefort-Besnard et al., 2020). The ADI-R is a semi-structured interview conducted with someone close to the patient, who would remember their early years, typically a parent. The ADOS is a standardized semi structured assessment of a patient, including interviews with and observations of the patient. Both training to administer and administering the ADOS or ADI-R are time-consuming processes. For these reasons, clinicians often choose to only administer one of the two or to use other, less costly tests (Lefort-Besnard et al., 2020). The choice of diagnostic instrument is not standardized across clinics. If clinicians are only trained to administer the ADI-R, or prefer to use the ADI-R, trans patients may face barriers to diagnosis due to a difficult or non-existent relationship with their parents.

Assumptions about Theory of Mind/Mentalizing and Gender

'Theory of mind' refers to the ability to understand that another person has different thoughts, emotions, and knowledge than one's own. Autistic people are commonly thought to have difficulties with theory of mind, though the nature of this difference is debated (Long et al., 2025). Alyssa Hillary (they/them) discusses theory of mind and trans identity in Spectrums, a collection of essays by 38 autistic trans people (Sparrow, 2020), saying, "theory of mind gets used to say we can't understand what it's like to be ourselves [transgender people], and that would totally prevent us from recognizing our genders, if the whole idea weren't bullshit" (p. 170). Based on my own experience with a clinician who cited theory of mind as a reason for why someone could not be both autistic and transgender, I anticipated that participants may raise clinician's assumptions about theory of mind and transgender identity as a barrier to diagnosis.

Study Design

To identify possible barriers and facilitators to autism diagnosis for trans people in Ontario, I conducted semi-structured interviews with trans and autistic adults about their feelings on and experiences with the autism diagnostic process. I then used a combination of inductive and deductive content analysis to identify themes from participant responses and compare those themes across participant responses and with themes raised by the literature review to form the list of barriers and facilitators to autism diagnosis raised by participants.

Theoretical Frameworks

This research is based in critical autism studies, intersectional feminist theory, and my lived experience as an autistic transgender person.

Critical autism studies is an interdisciplinary field that centers autistic voices; embraces neurodiversity and autistic lived experiences; and challenges the deficit model of autism and representational stereotyping. The field melds traditional scholarship and non-academic activist work by autistic people (Freeman Loftis, 2023). I drew from critical autism studies when designing the exploratory study. The field's focus on centering autistic voices guided my decision to interview autistic people about their own experiences (instead of asking clinicians or caregivers). As part of critical autism studies' definition of autism as identity, and to include participants who have not been able to

access an autism diagnosis, I chose to include participants who are self-diagnosed[15]. As many autistic people prefer written communication (Doherty et al., 2022), I chose to include email as an option for participants.

Intersectionality was coined by Kimberlé Crenshaw in 1989 to describe the ways in which Black women are abandoned by single axis frameworks that describe misogyny as experienced by white women and anti-Black racism as experienced by Black men. In the article, Crenshaw argues that people do not exist on a single axis of oppression/privilege, but instead multiple, intersecting axes that shape their experiences (Crenshaw, 1989). This study focuses on the experiences of people who are both autistic and trans, but I wanted to account for the fact that the participants do not only exist along those axes. To do this, I asked participants to describe their gender identity and race/ethnicity. Research on autism often does not report the gender, race, or ethnicity of participants, but when gender and race/ethnicity are reported, participants are majority male and majority white (West et al., 2016). Similarly, research on trans people has disproportionately white samples (de Vries & Sojka, 2022). As part of the interviews, I also asked if the participants thought that an aspect of their identity (other than being trans) affected their experience of the autism diagnostic process.

[15] Self-diagnosed autistic people have similar difficulties with employment, stigma, and quality of life as professionally diagnosed autistic people (McDonald, 2020).

Methods

I designed and ran an exploratory study to identify possible barriers and facilitators to autism diagnosis for trans people. Between June and November of 2025, I conducted five individual semi-structured interviews with trans autistic people in Ontario about their feelings on and experiences with the autism diagnostic process (see Appendix A for the full questionnaire). Participants had the option to do the interview in person at York University, over video call (Zoom) or telephone, or by email.

Participants were aware that the subject of the study was barriers and facilitators to autism diagnosis for trans people and were asked if they felt their experiences were affected by being trans or another aspect of their identity but were not specifically prompted about any of the themes identified from the literature review.

Ethics

Study procedures were submitted to and approved by a delegate review for human participant research, following procedures of York University Ethics Board for Major Research Paper with minimal risk studies. Recruitment materials were circulated (details below), and willing eligible participants contacted the researcher for details. Participants were sent the consent form prior to the interview and encouraged to ask questions before signing. All recordings and transcripts of the meetings were collected using password protected Zoom, licensed by York University. They were then stored on a password protected computer accessible only to the researcher.

Eligibility

Inclusion criteria were people who self-identified as transgender, non-binary, or gender diverse and autistic, were ages 18 years or older, were proficient in English, and who lived in Ontario, Canada. An official autism diagnosis was not required, and the study did not assess the participants' autism symptoms.

Recruitment and Sampling

Participants were recruited via Reddit, Instagram, and LinkedIn posts as well as through a post on the Table Gays Discord server (the online extension of York University's LGBTQ+ club). The research poster was also shared with the Rainbow Service Providers Network email group and with an Ottawa-based disability chat (see appendices II, III, and IV for details on the recruitment materials and resources).

Consent

I sent participants the consent document for them to review prior to the meeting as an accessibility measure. Before the interviews, I answered any questions the participants had about the consent document. During the interview process, participants were asked to answer a series of questions about their experiences as a transgender, non-binary, and/or gender diverse person when considering, seeking, and/or obtaining an autism diagnosis (see Appendix A for interview questions).

Format

One of the interviews was conducted in person, two were conducted over phone calls, one over Zoom, and one by email. The interviews in person, over phone call, and

through Zoom were recorded using Zoom so that transcripts could be prepared. I anticipated that the interviews would take under 1.5 hours (with the option to extend the time if they wanted to elaborate further on the questions), but the interviews ended up taking between 17:45 and 46:30 minutes. In total, the interviews generated approximately 50 pages of transcripts for analysis.

Analytic Approach

After the interviews and edits to the auto-generated transcripts to improve clarity, I used inductive content analysis to identify themes from the transcriptions of the interviews. I then compared themes across participants and with the themes identified from the literature review to form the list of barriers and facilitators reported by the participants. I chose to use a combination of inductive and deductive content analysis to account for participant narratives that were not included in the existing literature. This analytical approach is well-suited to critical autism studies which seeks to center autistic voices and to blend academic and community sources (Freeman Loftis, 2023). Since this was an exploratory study to gather potential barriers and facilitators for use in larger studies and there were so few participants, I included themes that only one participant mentioned. With a larger sample size, these themes may be more often repeated.

Results and Discussion

Demographics of the Participants

For this study, I interviewed five trans and autistic adults: two over the phone, one over email, one in person, and one over Zoom. Participants were between the ages of 19 and 29 years old (mean age = 22.2 years). Of the five participants, four of them identified as white and one identified as mixed-race Caribbean Black and East Asian. Participants described their genders as transgender, genderqueer, trans masc, non-binary, agender, genderless, demi-girl, gender-fluid, and trans woman. Four of the participants preferred identity-first language and one preferred person-first language. Participants were not asked their level of support needs, autism level, socio-economic status, educational achievement, or specific location (urban/rural). (see Table 1 below)

Table 1 Demographic characteristics of participants (n = 5)

Pseudonym	Age	Gender	Pronouns	Race/Ethnicity
Participant A	19	Genderqueer, trans	All	White
Participant B	20	Trans masc, non-binary, agender, trans	He/him	White
Participant C	21	Genderless, agender, non-binary	They/them	Black & East Asian
Participant D	29	Demigirl, genderfluid, non-binary, trans woman	She/her or They/them	White
Participant E	22	Trans woman	She/her	White

Themes Raised in the Interviews

Of the themes identified from the literature review, participants raised masculine and feminine presentations of autism; informational and institutional erasure; masking; cost of assessment; and clinician bias as factors in their experiences. They also raised themes that were not present in the literature review including hesitancy to disclose one's trans identity, fear of being outed to one's parents, and co-occurring diagnoses camouflaging autistic symptoms. Participants did not mention the following themes that I had expected based on the literature review: lack of clinician access to parental assessment; assumptions about theory of mind/mentalizing and trans people; and a lack of clinician knowledge about trans people.

Masculine and Feminine Presentations of Autism

Three participants discussed the gendering of presentations of autism as a barrier to diagnosis. The three barriers they discussed were having a gendered presentation of autism that does not match one's gender identity, having a gendered presentation of autism that does not match one's gender presentation, and clinicians using a binary gendered approach to autism assessment.

1. A gendered presentation of autism that does not match one's gender identity

Participant B said that he chose to present himself as a cisgender girl during his autism assessment because he felt that his presentation of autism better fit with common perceptions of 'girl autism' due to his love of socializing. "The doctors may have made a different assessment if they pursued me as a boy rather than a girl. Especially since I fit

the stereotypes of girl autism rather than boy autism and so, I think choosing to present myself as cis female informed, influenced how the diagnostic process went for me, and what its results were." While Participant B was able to obtain an autism diagnosis, having to stay closeted or disclose one's sex assigned at birth to access an autism diagnosis may pose a barrier to trans people seeking an autism diagnosis.

2. A gendered presentation of autism that does not match one's gender presentation

Participant D discussed how she felt growing up being perceived as male but presenting with the feminine presentation of autism delayed her diagnosis. "I have quote-unquote, the feminine presentation [of autism] and so, when everyone thinks you're like, male and a boy, and you're not giving them the indicators that they typically expect then they're like, 'well, not even close.'" Participant D was diagnosed approximately 10 years after she first suggested to her family that she may be autistic, after a younger female relative was diagnosed. Her experience shows how gendering presentations of autism may delay diagnosis for trans people whose autistic presentation matches their gender identity instead of their sex assigned at birth.

3. Clinicians using a binary gendered approach to autism assessment

Participant E presented herself to the assessing clinicians using they/them pronouns and her dead name despite using a chosen name and they/she pronouns in her social life at that point to avoid being outed to her parents. "[The clinicians] sort of just treated me like a man. They gendered me correctly, but yeah. [...] I probably got treated in the, like textbook white boy comes in with very textbook autism symptoms and gets

diagnosed.” Participant E received a diagnosis of ASD, but she said that in the report the clinician compared her to a male sample, saying “we will not consider non-binary people, so we just put her in the male category." Her experience raises questions about the effectiveness of the gendered presentations of autism model for assessing non-binary people for autism. The experience of being assigned a binary gender may discourage non-binary people from seeking an autism diagnosis.

Informational and Institutional Erasure

While none of the participants specifically named informational or institutional erasure as a barrier, Participant E’s experience where she described being compared to a male sample due to an absence of a non-binary sample is a form of informational erasure. To my knowledge, there is no research cataloging a non-binary autistic sample to compare with clinical patients which may pose a barrier for non-binary people accessing an autism diagnosis.

Masking

Two of the people I interviewed identified masking as a barrier to diagnosis. Both Participant A and Participant C discussed struggling to stop masking during the diagnostic process. Participant A described masking as a metaphorical wall between themself and the clinicians as well as an internal wall that prevents them from self-knowledge. “They need to assess you, and, you know, a lot of autistic individuals mask so you already have that wonderful dichotomy of, you know, ‘we want to get to know you’, and ‘it is deeply difficult to try and let you get to know myself when there is either,

like, a billion walls or I barely know myself either.'" They explained that it took several sessions to begin to show the clinicians their true self. Depending on the length of an assessment, this may pose a barrier to other autistic people.

Participant C discussed the discomfort of unmasking "It can be uncomfortable to open up to strangers and to resist the habitual masking of my real personality necessary for an accurate diagnosis". Difficulty unmasking for an assessment may pose a barrier to diagnosis.

Cost of Assessment

Of the five people interviewed, three mentioned cost as a barrier to diagnosis.

Clinician Bias

Three participants noted that they felt that being white helped them access an autism diagnosis. Participant B explained how he felt being white, Canadian, and middle class helped him get an autism diagnosis, saying, "My identity pieces fitting into the mold of what an autistic person looks like according to the DSM-5, it definitely made it easier for me to get my diagnosis because I am demographically similar to the kind of person that the diagnostic system is written for." Likewise, Participant D described her race and class as advantages in the diagnostic process, saying, "I'm certain that being a white, middle-class Canadian definitely helps getting an assessment [...] so I'm certainly sure that had an effect." Likewise, Participant E described being treated like a "textbook white boy [who] comes in with very textbook autism symptoms and gets diagnosed." The descriptions by participants B, D, and E mirror the description of the statistical

discrimination model in Mandell et al. (2009). While participants may have differed from the statistical model of an autistic person in that they are trans, other aspects of their identities may have contributed to their ability to access an autism diagnosis.

New Themes Raised in the Interviews

I had expected that masculine and feminine presentations of autism, masking, cost of assessment, informational and institutional erasure, and clinician bias would be identified as barriers to diagnosis but the participants also raised new themes that I didn't expect including hesitancy to disclose one's trans identity, fear of being outed to one's parents, and co-occurring diagnoses camouflaging autistic symptoms.

Hesitancy to Disclose Trans Identity

Of the five people I interviewed, two did not disclose their transgender identity to the clinicians prior to, or during, the diagnostic process. Participant A said that he did not initially disclose his transgender identity to the autism clinician, citing safety as a concern. However, after the assessment, Participant A said that he chose to disclose his pronouns, due to the psychologists' knowledge of transgender people. "In hindsight [...] I would have come out had I known it would have been safe."

Participant B decided not to disclose his transgender identity to the clinicians who assessed him for autism, stating, "I felt it was a lot easier to go through the diagnostic process as a cis woman."

Fear of Being Outed to Parents

Two participants discussed avoiding disclosure of transgender identity to avoid the risk that the clinician would out them to their parents. Participant A and Participant E both discussed being worried that clinicians would tell their parents that they were trans.

Co-occurring Diagnoses Camouflaging Autistic Symptoms

Participant D discussed how struggles with mental illness in her late teens may have prevented clinicians from identifying her autism, “several of my mental illnesses have, like, comorbidities with autism, so… That makes it harder for people to think that I have autism, instead of just thinking I just have mental illnesses.” Malik-Soni et al. (2022) discusses how co-occurring diagnoses with similar symptoms can reduce the likelihood that autism is identified by a medical professional. Similarly, Simcoe et al. (2022) discusses how autistic women and girls are often misdiagnosed with personality disorders, eating disorders, schizophrenia, depression, phobias, selective mutism, or separation anxiety disorder.

Conclusion

Using semi-structured interviews with autistic and trans adults in Ontario, Canada, this exploratory study sought to identify some of the barriers and facilitators trans autistic people face in accessing an autism diagnosis. Using inductive and deductive content analysis, I identified the following themes from participant responses: masculine and feminine presentations of autism; informational and institutional erasure; masking; cost of assessment; clinician bias; hesitancy to disclose one's trans identity; fear of being outed to one's parents; and co-occurring diagnoses camouflaging autistic symptoms.

Political and Policy Implications

Concerns about Restrictions to Gender-Affirming Care

One of my concerns with conducting this research and suggesting that future research look at barriers to autism diagnosis for trans people is that the overlap between autistic and trans populations has been used to pathologize trans people and restrict autistic people's access to gender affirming care. In March 2023, Georgia, USA passed a bill restricting gender affirming care for minors citing the cooccurrence of gender dysphoria and autism spectrum disorder as a reason for the ban (LegiScan LLC, 2023). In April, 2025, the UK's National Health Service (NHS) published a plan to screen young people seeking gender affirming care for neurodevelopmental conditions including autism and ADHD (Riedel, 2025). If research into barriers to autism diagnosis for trans people results in a reduction in barriers to diagnosis for trans people, that would likely result in more trans people getting diagnosed as autistic. A larger overlap between trans

and autistic populations could be used to further pathologize people existing at this intersection and be used to justify restrictions to gender affirming care. While transgender people are a protected class under the Canadian Charter of Rights and Freedoms, attacks to trans healthcare are still possible using the notwithstanding clause as seen in Alberta's Bill 26 which restricts access to gender affirming care for minors (Egale Canada, 2025).

Lack of Trust of Researchers by Community

When I was searching for autistic and trans participants, I looked at posting in popular subreddits for trans or autistic people. Many of those spaces had rules against researchers advertising or required moderator permission to post research recruitment. Subreddits that prohibited or restricted research recruitment often cited wanting their space to be for the community, concerns about research ethics, and resenting non-community members using the space as a free resource. The distrust of researchers is not unfounded. Curtiss et al. (2025) discusses how historically autism research has been pathologizing of autism and autistic people, with the focus being on 'curing' autism instead of improving the lives of autistic people.

I think that there's a responsibility for researchers to be cognizant of what they research and how that research could be translated into policy that will affect autistic and trans people. Part of my responsibility to my community, and particularly the participants who shared their thoughts with me, is to make the research accessible to them.

Limitations of the Study Design

Since this was an exploratory study, there were several limitations to the study design. Those include demographic representation limitations, participant diagnosis limitations, and sample size limitations.

Diagnosis limitations

While I stated on the poster and other recruitment materials that self-diagnosed autistic people were welcome to participate, the five people I spoke with all had a formal diagnosis. Additionally, I did not limit the sample to people who had suspected they were autistic or sought an autism diagnosis after they began identifying as trans. Only one participant did not identify as trans before seeking an autism diagnosis but did tell the assessing clinician that they "never felt like [their] mind/identity was gendered and that [their] external body felt incongruous with the amorphous self-perception in [their] mind". Future research should seek to include people without a formal autism diagnosis and account for diagnosis sequencing in recruitment.

Sample size

I chose to only interview trans autistic people who lived in Ontario because other provinces have different health insurance systems. If I had included people living in other provinces, I might have been able to speak with more people.

Future Research

Extension of Study: Larger Study on Barriers to Autism Diagnosis for Trans People with More Diverse Sample

With the time and financial restraints of this project, I was only able to interview five people for this project and was not able to provide financial compensation for their time and expertise. Given more time and access to funding, I would want to reproduce this study with a statistically significant sample and be able to offer financial compensation for participants' time and expertise.

Participants in studies on trans people (de Vries & Sojka, 2022) and studies on autistic people (West et al., 2016) have historically had disproportionately white samples. This study used a convenience sample due to time constraints, but further research, with a larger sample would hopefully use quota sampling to get a sample that is more representative of the population.

More autistic people with higher support needs

This study didn't collect data on participants' support needs or levels of autism, so I can't know whether the participants were high, medium, or low support needs. In future research, collecting data on the support needs levels of participants and seeking out medium and high support needs participants would be important for collecting data on barriers to autism diagnosis that are representative of the autistic population.

More diversity: socio-economic, educational, rural v urban

While I didn't ask about the socioeconomic status, educational achievement or location of the participants, three volunteered that they were in university or had completed some amount of university and two mentioned living in a major city. In future research, it would be useful to collect demographic data on socioeconomic status, educational achievement, and location (rural versus urban) as research on other marginalized populations has identified these as factors in access to diagnosis. It would also be important for identifying a representative sample.

Personal Reflections

This project was born from my experience of facing trans-specific barriers to an autism diagnosis and finding nothing in the literature which reflected my experience or even discussed barriers for trans people. Even though the people I spoke with didn't have the same experiences as me, knowing that this research will be available for the next trans person who experiences a barrier to diagnosis and turns to the literature has been comforting to me. For better or for worse, you are not alone in your experiences.

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Appendix A: Interview Questions

1. Demographic questions

    a. How would you describe your gender (ex. transgender man, transgender woman, non-binary, two-spirit, gender fluid, etc.)?

    b. What pronouns do you use?

    c. How old are you?

    d. How would you describe your race/ethnicity?

2. When did you realize you were transgender?

    a. When did you come out (if you're out)?

3. When did you or your parents/guardian first suspect you were autistic? 4. Would you describe yourself as autistic and/or as having autism/ASD? 5. Have you ever sought an autism diagnosis by a clinician?

    a. If yes: what was positive about the experience? What was negative about the experience?

    b. If no: why not?

6. Have you ever been diagnosed with autism by a clinician?

    a. If yes: what was positive about the experience? What was negative about the experience?

7. If you sought a diagnosis or got diagnosed, when was that in relation to your transition?

8. Do you feel that your experience of the autism diagnostic process was affected by you being transgender/non-binary/gender diverse?

9. Are there other aspects of your identity (e.g. race/ethnicity, physical disability, sexuality, etc.) that you feel affected your experience of the autism diagnostic process?

10. Is there anything that would make the diagnostic process more accessible to you?

Appendix B: Recruitment Email

Hello!

I'm Rory, a transgender/non-binary autistic researcher looking to interview transgender/non-binary/gender diverse and autistic people about their experiences and thoughts about barriers and facilitators to the autism diagnostic process. If it would be possible for you to share this study with your community, I would be very grateful.

Participants need to be 18 or older and live in Ontario, but do not need to be officially diagnosed as autistic (self-diagnosis is fine). The interview should take about 1.5 hours, but I can stay longer if you have more to say. I can do the interview in person at York University, over video call (Zoom) or telephone, or by email. If you want to participate, please email me at roryhart@yorku.ca, or call me at (647)848-8247. If I don't pick up the phone, just leave me a voicemail with your contact information and I'll call you back.

Thanks,

Rory Hart (they/them)

Critical Disability Studies MA

York University

Appendix C: Recruitment Poster



Alt-Text:

Poster in the trans flag colours with a rainbow infinity sign. "Are you trans/autistic? We want to hear from people: who identify as trans/non-binary & autistic, ages 18+, who live in Ontario. We are researching: what barriers transgender and gender

diverse people face in the autism diagnostic process. What you will be asked to do: participate in an interview about your experiences and thoughts on autism diagnosis as a transgender or gender diverse person. The interview will take approximately 1.5 hours. To learn more, contact Rory Hart at (647)848-8247 or roryhart@yorku.ca "

Appendix D: Resources for Participants

PFLAG has 2SLGBTQ+, healthcare, family, and religious resources.

● https://pflagcanada.ca/resources/

The Lifeline Canada has resources for mental health difficulties including finding a therapist. It is not LGBTQ+ specific. https://thelifelinecanada.ca/

LGBT YouthLine's 2SLGBT+ peer support HelpLine (Sunday-Friday)

● Text (4 PM to 9:30 PM, English) - 647-694-4275

● Chat (4 PM to 9:30 PM, English) - www.youthline.ca

● Email - askus@youthline.ca

● Unclear if they would call 911, from their website: "We will never contact emergency services if you do not share details with us like names or addresses."

If you are in crisis, you can call: Trans Lifeline (Monday-Friday, 1 PM - 9 PM EST) is a trans-specific crisis line. 1-877-330-6366

● English or Spanish

● Anonymous and confidential.

● You will be connected to a trans/non-binary peer operator.

● They will not call 911 without your permission.

● https://translifeline.org/hotline/