

Late diagnosis, masking & gender identity: Navigating your journey as an autistic person of a marginalized gender

Why this matters

Recent research indicates that individuals who identify as gender diverse (including non-binary) are between approximately 3 to 6 times more likely to have a diagnosis of autism, compared with cisgender individuals. Conversely, autistic young people report higher rates of non-binary or gender-incongruent identity or expression than their neurotypical peers. Gender diversity (being trans, non-binary or gender-questioning) is more common among autistic populations than the general population.

One study confirmed that there is a higher prevalence of autistic traits among transgender and gender-diverse (TGD) adults overall, with particularly elevated levels observed in individuals who were assigned female at birth (AFAB) and in those identifying as non-binary or gender-queer (NBGQ) (Huisman et al., 2024). 46.2% of the NBGQ adults in the TGD sample scored above the clinical cutoff on the Social Responsiveness Scale for Adults (SRS-A), compared with 27.6% of binary transgender adults and 15.1% of cisgender adults.

Many autistic people who are women, non-binary or transgender are diagnosed later in life (or may self-diagnose) because traditional diagnostic tools and social expectations have been geared largely towards a male, cisgender autistic 'prototype'.

Because of this intersection, the experience of diagnosis—and the path to understanding oneself—is different for marginalized genders. Awareness of masking, identity disclosure, self-advocacy and support becomes especially crucial to navigate this space.

What “masking/camouflaging” looks like for autistic women, non-binary & gender-diverse people

Definition: Masking (or camouflaging) refers to consciously or unconsciously hiding autistic traits or altering behaviour in order to fit in socially, avoid stigma, or access education/work.

How it shows up:

- Rehearsing social scripts, forcing eye contact, suppressing stimming behaviours.
- Minimizing or hiding special interests or repetitive behaviours because they don't match social norms for one's gender.
- Creating a "public" persona that looks neurotypical or aligns with gendered expectations, while private self is very different.
- Tiring more easily, experiencing "burnout" when the cost of masking becomes too high.

Why it matters:

- Masking can delay diagnosis because one appears to 'fit in' more easily, and standard diagnostic criteria may miss traits in people who mask effectively.
- It can lead to a profound sense of disconnection ("I don't feel like myself"), anxiety, depression or burnout.
- For people of marginalized genders, expectations around gendered behaviour add another layer: e.g., non-binary folks may feel their identity isn't considered in assessment, or women may be assumed to be shy or "just anxious".

How gender diversity might affect diagnosis pathways

Diagnosis bias & tools: Many screening and diagnostic tools were developed based on male, cisgender presentations of autism. This means they may be less sensitive to how autistic women, non-binary or trans individuals present.

Later diagnosis seen in practice: Research shows that adult-diagnosed autistic

people report higher levels of masking and compensation (attempting to adapt behaviour) than those diagnosed in childhood.

Gender diversity overlap: Autistic people are statistically more likely to identify as a different gender, and gender-diverse people have higher rates of autistic traits than the general population—meaning combined identities are not rare and the interaction matters for diagnosis and support.

Impacts:

- Diagnosis may come after years of being mis- or under-diagnosed (often labelled only with anxiety, depression, ADHD or personality disorders) because the “autism” wasn’t recognized.
- Late diagnosis can mean missed access to appropriate support or understanding earlier in life, which may feed into mental-health issues or identity confusion.
- Gender identity may also affect how one is treated in healthcare or by clinicians: for example, trans/gender-diverse autistic people might face procedural barriers or stigma both in autism and gender clinics.

Tips for managing identity disclosure, support & self-advocacy

1. Reflect on your identity and timeline

- Ask yourself: When did I realize I might be autistic? When did I realize I might be trans/non-binary or identify with a different gender? How have those journeys overlapped?
- Understand that diagnosing in adulthood is valid and that self-understanding over time is part of identity.

2. Find autistic-led and gender-diverse-friendly supports and communities

- Look for support groups, forums, advocacy orgs that explicitly celebrate neurodiversity + gender diversity.

- Hearing from people who share your intersection (autistic + gender diverse) can reduce isolation.
- 3. Prepare for diagnosis discussions with professionals**
- Write down your history: childhood experiences, school/social patterns, masking behaviour, sensory issues, both autism and gender experiences.
 - Be explicit about the intersection: “I am autistic (or suspect I am) AND trans/non-binary. I find this intersection matters in how I present.”
- 4. Disclose on your terms**
- You decide when, where, and to whom you disclose your gender identity and/or autism. Consider which support people (friend, therapist, peer group) you trust.
 - Ask for gender-affirming and neurodivergent-affirming professionals if possible.
- 5. Advocate for your needs**
- If you are being assessed, ask whether the clinician has experience with gender diversity and autism.
 - If you are in a work/school context, consider reasonable adjustments: sensory breaks, clear instructions, autonomy in social situations, gender-inclusive spaces.
 - Recognize that masking is exhausting: schedule downtime, set boundaries, assess your burnout risk.
- 6. Be kind to yourself & revisit your identity**
- Understand that identity is not fixed — you might come to new realizations over time (about gender, autism, intersection).
 - Seek therapies or coaching that respect neurodivergence and gender diversity (rather than “fixing” or forcing conformity).
 - Celebrate strengths — being autistic and gender diverse brings insight, creativity, resilience.

Checklist: Things to ask/consider if you’re pursuing diagnosis or exploring identity

- 🎯 Have I noticed persistent patterns from childhood (social-communication differences, sensory sensitivities, repetitive thinking or behaviour) even if I was able to mask them?
- 🎯 Have I noticed strong feelings about gender identity, ambiguity, non-conformity, or gendered expectations not fitting me?
- 🎯 Do I often feel exhausted or “act” differently in social settings in order to fit in or appear ‘normal’? (Masking/camouflaging)
- 🎯 When I try to stop masking, do I feel relief, anxiety, exhaustion, or a sense of “this is more me”?
- 🎯 Have previous assessments diagnosed me with anxiety, depression, ADHD, or personality disorders but not autism (or gender-diversity issues)? Could those be part of a larger picture?
- 🎯 When choosing a clinician/diagnostic service: Do they recognize adult or gender-diverse presentations of autism? Do they ask about gender identity and intersectional issues?
- 🎯 In daily life: What supports, adjustments or accommodations would help me feel safer and more authentic (sensory breaks, gender-affirming bathrooms, peer support, choice of pronouns/name)?
- 🎯 Am I connected with peer communities (autistic adults, gender-diverse people, mixed identity groups) where I can talk openly about both autism and gender?
- 🎯 What might I expect post-diagnosis (if pursued): emotional processing, identity change, new support needs, revisiting past experiences with new lens?
- 🎯 How will I look after myself during this journey: self-care plan, mental-health backup, a budgeting of energy, and a plan for unwinding after social/emotional load?

Final thoughts

Being diagnosed later as an autistic person of a marginalized gender doesn't mean you've missed out — it can be the start of a powerful, affirming chapter of self-

understanding. Recognizing masking and its toll, actively engaging with your gender identity, accessing support that honours both your neurodivergence and gender diversity — these are key. As you move forward, know that many others are navigating this intersection, and that living authentically is not just possible but a meaningful achievement.