

Understanding the Lived Experiences of Youth With Chronic Pain Who Are Neuro- and Gender-Diverse

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Objectives: Pediatric chronic pain is a global health problem associated with psychological comorbidities and declines in functioning. Recent research indicates a large number of autistic youth experience chronic pain, and a significant number of autistic youth identify as gender-diverse. While the exact prevalence is unknown, there is growing recognition that a number of youth with chronic pain identify as gender-diverse. To date, little is known about the experiences of youth with these intersecting identities. This study sought to understand the lived experiences of youth with chronic pain who identify as gender-diverse and autistic. **Method:** Semistructured interviews with youth with chronic pain who identified as gender-diverse ($N = 6$) and self-reported the identity of autism were conducted to understand the individual, lived experiences of these youth. Data were analyzed using interpretative phenomenological analysis. **Results:** Interpretative phenomenological analysis produced four group experiential themes consisting of nine personal experiential themes. Group experiential themes included: The compounding impact of identities, wrestling with labels, health care as a maze to be navigated, and the impact of society as the additional identity in the room. **Conclusions:** Youth with chronic pain who are autistic and gender-diverse experience unique stressors in the context of their identities. Understanding the experiences of these youth is essential for providing equitable and inclusive pain care.

Public Significance Statement

This study aims to address major gaps in the literature regarding our understanding of the experiences of youth who have chronic pain who are transgender and gender-diverse and autistic, as well as the challenges and inequities experienced within health care settings. Given the lack of research in this area to date, this study represents a critical first step for future work focused on the development of equitable and inclusive interventions for transgender and gender-diverse youth.

Keywords: chronic pain, autism, gender diversity, interpretative phenomenological analysis, youth

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Pediatric chronic pain, defined as pain lasting 3 months or longer, is an ongoing public health concern, impacting between 11% and 38% of youth (King et al., 2011; Murray et al., 2022) and resulting in significant functional impairment across a range of domains (e.g., family, school, and social; Vinall et al., 2016). It is well-established that chronic pain develops through a complex interplay of biological, psychological, and social factors (King et al., 2011). More specifically, research

focused on the intersection of psychosocial stressors and chronic pain has identified a clear link between these variables (Buscemi et al., 2017; Nelson et al., 2020, 2021) with chronic stressors thought to be a significant factor in the development of chronic pain through biological mechanisms (e.g., central sensitization, dysregulation of the sympathetic and parasympathetic systems; Woolf, 2011). It is also known that chronic pain is rarely a standalone experience, with

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known psychological comorbidities (e.g., depression and anxiety) that can exacerbate functional impacts of pain across a range of domains (e.g., family, school, and social; Murray et al., 2020; Palermo et al., 2014; Vinall et al., 2016). While the impact of certain biopsychosocial factors on the development and persistence of chronic pain are well-understood (Alsaggaf & Coyne, 2020; Noel et al., 2016; Vinall et al., 2016), other factors (e.g., neurodiversity) are less understood, particularly for minoritized populations, such as gender-diverse youth (Boerner et al., 2023; Han et al., 2024).

Recent work has begun to examine the intersection of autism and chronic pain (Han et al., 2024; Whitney & Shapiro, 2019), demonstrating the co-occurrence of autism and chronic pain is high (~15%; Lipsker et al., 2018). Autistic youth are also more likely to identify as gender-diverse compared to neuro-typical peers (Van Der Miesen et al., 2016; Warrier et al., 2020). While the prevalence of transgender and gender-diverse (TGD) youth who experience chronic pain is largely unknown, persistent exposure to chronic stressors (e.g., discrimination and marginalization) TGD youth face theoretically places them at increased risk for chronic pain due to the known interaction of biological, psychological, and social stressors on pain (Boerner et al., 2023; Delozier et al., 2020; Nelson et al., 2022). Although there is a high co-occurrence of chronic pain, autism, and gender diversity, insufficient consideration has been given to the experiences of youth who hold these three identities, yet these are often the comorbidities that drive treatment and assessment outcomes. Understanding the unique experience of being an adolescent with chronic pain who is gender-diverse and autistic is critical for informing individualized, patient-centered pain treatment (Becker, 2020; Ramond-Roquin et al., 2015).

The Intersection of Autism and Chronic Pain

There are a growing number of autistic youth presenting to interdisciplinary pain treatment clinics (Kapalu et al., 2018), and several biopsychosocial factors are known links between core features of autism and chronic pain (Han et al., 2024; Lipsker et al., 2018). Almost all (~96%) of autistic youth have altered sensory experiences (Marco et al., 2011). Sensory sensitivities in the context of autism may mirror hyperalgesia and dysregulation of the nervous system observed in chronic pain. Further, medical conditions such as connective tissue disorders and joint hypermobility, which are associated with pain, are also common in autistic youth, indicating the potentiation of physiological pain pathways among autistic youth (Liu et al., 2020). Aligned with the minority stress model, social and environmental factors may also increase the risk of chronic pain in autistic youth and contribute to health disparities (Botha & Frost, 2020). In youth with chronic pain, it is known that persistent social stressors in relationships elevate allostatic load and are a risk factor for chronic pain (Nelson et al., 2020, 2021, 2022). Given what is known about the compounding impact of holding multiple minoritized identities (George & Stokes, 2018; Maroney & Horne, 2022), the intersection of autism, chronic pain, and gender diversity is important to investigate.

The Intersection of Autism and Gender-Diverse Identities

Literature has demonstrated that autistic youth are more likely to identify as gender-diverse compared to neurotypical peers (Han et al., 2024), with recent findings showing approximately 11% of TGD youth are autistic (Kallitsounaki & Williams, 2023). Research has identified that cognitive styles associated with autism are less swayed by

socialized gender norms and expectations (Fitzgerald, 2021). Studies examining the psychosocial functioning of TGD youth who are autistic show increased mental health risks (e.g., anxiety, depression, and suicidality) as compared to neurotypical TGD youth (Strang et al., 2023; Strauss et al., 2021). These youth also experience specific, profound, and impairing barriers to health care and report unmet health needs (Adams et al., 2025; Strauss et al., 2021). Youth may be questioned about their capacity to identify their TGD identity as a result of being autistic, and may find it difficult to communicate their gender needs to health care providers (Strang et al., 2023). This impact is likely amplified for TGD autistic youth who also experience chronic pain, and therefore there is a critical need to understand the experiences of these youth.

Chronic Pain and Gender-Diverse Identities

Currently, little is known about the prevalence of TGD youth who experience chronic pain (Boerner et al., 2023) but persistent exposure to interpersonal and environmental stressors theoretically places TGD youth at increased risk for developing chronic pain (Meyer, 2015; Nelson et al., 2022). Recently, a model was put forth as a framework for understanding why gender-diverse youth are at increased risk for chronic pain (Boerner et al., 2023). This model highlights socioecological factors at individual, relational, and societal levels that increase the risk for developing chronic pain and influence psychosocial responses to chronic pain—further increasing the risk of negative pain-related outcomes (Weiss et al., 2024). Research has found that TGD adults report experiencing chronic pain at higher rates than cis-gender adults (Zajacova et al., 2023), and psychological distress has been identified as a primary correlate for negative pain-related outcomes (e.g., functional impairment, psychological functioning; Zajacova et al., 2023). To begin addressing major gaps in the literature regarding chronic pain in TGD youth, our group conducted a semi-structured interview study with sexual and gender minority youth, aimed at understanding the experiences of chronic pain in these youth, as well as exploring the experiences, challenges, and inequities experienced in pain care. During data collection, a subset of youth emerged who also identified as autistic. Given the high co-occurrence of chronic pain, the likelihood of identifying as TGD, and reported/ documented health care challenges among autistic youth, it is important to understand the chronic pain experiences of TGD autistic youth.

To date, insufficient consideration has been given to the experiences of youth with chronic pain who are autistic and gender-diverse. Autistic and TGD youth are positioned to face unique stressors and circumstances in the context of chronic pain, and understanding the experiences of these youth is essential for providing equitable, inclusive care. This study sought to expand our understanding of the lived experiences of these youth specifically related to the impact of the intersections of their identities in pain care and daily life.

Method

Participants

Participants ($N = 6$) were adolescents receiving treatment at a tertiary pain clinic in Northern California. Youth in this study ranged in age from 15 to 19. All youth had a diagnosed musculoskeletal pain and represented a range of gender identities. All youth self-identified as autistic. The sample is described in further detail in Table 1. Of note, while all participants in this study identified as gender-diverse and autistic, through the individual interviews it was evident that the

Table 1
Participant Demographics for N = 6 Youth

Participant ID	Gender identity	Sexual orientation	Reported pain diagnosis
SIIP_01	Nonbinary	Unlabeled, sexual	EDS
SIIP_08	Nonbinary, genderfluid, genderqueer	Bisexual	Benign hypermobility syndrome
SIIP_09	Nonbinary	Pansexual, demisexual, and gray-romantic	Chronic pain
SIIP_13	Nonbinary	Lesbian	EDS
SIIP_15	Transmasculine	Bisexual	EDS
SIIP_16	Transgender male	Gay	EDS

Note. Given our small sample size, we have intentionally left out other demographic factors (age and race) that could lead to the identification of these youth. ID = identification; EDS = Ehlers–Danlos syndrome; SIIP = participant ID.

process of identity formation was personal, and occurred on varied timelines for each youth. That is, some youth reported early onset of pain with gender identity and autism emerging later in life, while others reported that their gender identity was formed early on in life with pain onset occurring much later.

Design

Given that little is known about the co-occurrence of gender diversity in autistic youth who have chronic pain, this study sought to examine the lived experiences of youth who hold these three identities. In line with this aim, interpretative phenomenological analysis (IPA; Smith et al., 2022) was used to capture the lived experiences of youth with chronic pain who identified as gender-diverse and autistic. IPA allows for the analysis of participants' experiences, the meanings they attach to their experiences, and the interpretation of group experiences through existing knowledge and literature (Smith et al., 2022).

Procedure

All study procedures were approved by the Institutional Review Board at Stanford University. Participants were recruited via flyers displayed in examination rooms in the pain clinic and contained a quick response code linked to an online screening form where interested participants could provide their contact information. To protect the privacy of youth who were not out to their parents, identifying as a sexual and/or gender minority was not an explicit inclusion criterion, allowing for the absence of language related to sexual orientation and/or gender identity to be omitted from the consent and assent documents. A clinical research coordinator contacted eligible participants and asked about their sexual orientation and/or gender identity privately, and once deemed eligible, completed consenting and assenting procedures. Data were collected between February 2023 and March 2024. Participants completed self-report surveys via REDCap and a roughly 1-hr semistructured interview. The interview schedule (see the [online supplemental materials for interview guide](#)) consisted of open-ended questions related to youths' pain experience (e.g., "Tell me about your pain"), gender identity, and sexual orientation (e.g., "Tell me in your own words about your identity"). Follow-up questions focused on the intersection of their identities (e.g., "Have you had any experiences of being discriminated against or treated differently because of your gender identity and/or sexual orientation when getting care for your pain?"). Follow-up questions also asked about other physical and mental health symptoms (e.g., "Sometimes

people who have chronic/recurrent pain have other physical symptoms or mental health symptoms that bother them too. Is that true for you?") as well as other pieces of participants identity that may be important in how they understand their pain (e.g., culture, ethnicity, religion, and family). Aligned with the standards of IPA, the interview schedule was merely a guide, and questions were asked and modified based on participant responses. All interviews took place on Zoom, were recorded, transcribed verbatim, and de-identified prior to analysis.

Data Analysis

To gain familiarity with the data, the first author (Ellison Choate) read and reread every transcript. Following the familiarity stage, Ellison Choate conducted exploratory notation of the transcripts to examine semantic context and language use. Consistent with parameters outlined for IPA, the exploratory notation occurred in three rounds and included (a) descriptive (i.e., the individual's description of events, objects, and experiences), (b) linguistic (i.e., individuals' use of language and linguistic features that further enhance understanding of the individual's experience), and (c) conceptual (i.e., an individual's overarching understanding of the matters they are discussing) content of the transcripts. Following the initial exploratory notation, two additional authors (Courtney W. Hess and Lauren E. Harrison) read through the notated transcripts, and Ellison Choate, Courtney W. Hess, and Lauren E. Harrison synthesized the data from the previous round of analyses to identify personal experiential themes (PETs) within each individual transcript. Once the PETs were developed for all transcripts, three authors (Ellison Choate, Courtney W. Hess, and Lauren E. Harrison) conducted cross-case analyses of the transcripts to identify patterns of similar and varied PETs which resulted in the generation of group experiential themes (GETs; Smith et al., 2022). Methodological integrity and rigor were at the forefront of this work with a clear research question aimed at understanding the intersection of identities for youth with chronic pain who are gender-diverse and autistic, and collaborative study design rooted in theory (Maroney & Home, 2022; Smith et al., 2022). For transparency, the authors continued to attach quotes to identified GETs and PETs to ensure that themes were supported by the data and experiences of participant youth.

Results

IPA analyses generated four GETs comprised of nine PETs. In line with the current methodology, GETs are presented below in bold, capitalized text, with each PET presented in bold text under the GET.

The emergent themes were consistent across all six participants yet manifested in each individual's experience in nuanced ways. A description of the emergent themes and quotation support is provided below.

Compounding Impact of Identities

For youth with chronic pain who are gender-diverse and autistic, a central part of their lived experience was how these three identities compounded and interacted with one another on a consistent basis. This compounding impact presented in several ways, such as one identity empowering or helping to explain another, identities working in conflict with one another, and the need to prioritize one identity over another.

Identities Empowering or Helping to Explain Each Other

Youth described the experience of one identity helping to explain another identity, such that at times the discovery of one identity contextualized past experiences or supported their acceptance of another identity they had been previously struggling with. For example, youth described that being autistic impacted how they perceive gender constructs as well as increased their sensory sensitivity to pain and physical stimuli, thereby helping to explain the experiences they had related to their pain and gender identity that they may not have previously fully understood:

I'm autistic and apparently autistic people often have a different perception of gender than neurotypical people. (SIIP 01)

Youth also described the experience of feeling empowered to advocate for and honor an aspect of their identity after fighting for validation for another aspect of their identity. For example, finally feeling empowered to pursue an explanation and treatment for their pain, despite a long-standing history of chronic pain, after coming out as gender-diverse:

Three years ago, I came out, [and it's been] two years since we started doing stuff about my pain ... And I kind of just learned better how to speak up for myself. Coming out probably made me feel more comfortable to talk about who I am and be like, "yo, I'm in pain." (SIIP 09)

Youth also described the experience of receiving care for one identity helping to support and enhance recovery for other identities they hold.

... it [testosterone] helps build muscle, which reinforces joints so that I don't dislocate things. And it ups blood pressure, which means that there's more blood to go around my body, so I don't pass out as easily. (SIIP 15)

Identities in Conflict With Each Other

Youth also described the experience of one identity working on conflict with another identity, such that the presence of one identity resulted in the invalidation, dismissal, or lack of acknowledgment of another identity. For example, multiple youth described the experience in which their gender identity, particularly youth who were assigned female at birth, resulted in the dismissal of their pain symptoms and autism, due to social biases:

[getting diagnosed with ASD] is hard ... just finding someone that specializes in assigned female at birth diagnosis because autism is essentially male based in how it should be presented. (SIIP 09)

When I had appendicitis, they [the doctors] first asked me, "oh, are you sure it's not period cramps?" (SIIP 09)

Need to Prioritize Aspects of One Identity Over Other Identities

Other times, youths' identities were experienced as compounding, such that youth felt a need to prioritize one of their identities over another or others and youth described this as dynamic such that which identity they prioritized would change over time or in different contexts. For example, youth described the experience of deciding whether to engage in gender-affirming actions (e.g., binding) when those actions lead to increased pain. Moreover, the youth described the impact of the intersection of having chronic pain and autism on engaging in gender-affirming actions, such that sensory sensitivities and pain made it not possible to bind, or that binding would lead to skin rashes and scarring and displaced ribs secondary to their diagnoses:

I still get uncomfortable with the binder ... comfort and sensory-wise, endless rubbing? I can't do that. (SIIP 01)

I think it's [pain] inhibited me from fully presenting in a way that I would like to ... I bind and I use chest tape, but because I have poorly connected bones and joints, I have broken a rib and displaced ribs from binding. And because my body is hypersensitive to things, like reactions and things like that, the tape causes allergic reactions that leads to scarring. There's no chance of being fully passing because I've got identifiers. (SIIP 15)

Others discussed the emotional costs of choosing between engaging in gender-affirming actions and increased pain. For many, as described below, the benefits of engaging in gender-affirming actions far outweighed the costs of pain:

Binding, possibly, in some ways [impacts their pain]. But at the same time, I know if I didn't, it would be even worse. It would affect my mental health so much. Again, it's weighing the costs a little bit. Maybe the extra pain it causes me is nowhere near how much my mental health would plummet. (SIIP 09)

I got top surgery, but before that, I would wear a binder all the time ... I would hunch forward as best I could to make my shirt life flat, and that has effectively destroyed my back, causing a lot more pain. (SIIP 08)

Overall, the youth described how their gender identity, chronic pain, and autism constantly interacted with and impacted each other. At times this was helpful, leading to advocating for or feeling validated within one or more of their identities. However, youth also described many experiences of their identities working against each other, sometimes being experienced as in direct conflict with one another, and often outside of their control, and other times where they were experiencing more agency but needed to prioritize one identity over another. In all situations, youth described these experiences as impactful to their mental and physical health, as well as their behaviors related to care-seeking in the health care system.

Wrestling With the Idea of Labels

For youth with chronic pain who are gender-diverse and autistic, there was a commonly reported experience of dynamism in their relationship with labels and diagnoses. At times, labels and diagnoses were experienced to be validators of an aspect of their identity, such as receiving a pain diagnosis, and at other times were experienced as overly rigid and unnecessary, such as seeing gender labels as arbitrary and not meaningful. This experience then often resulted in uncertainty and confusion both in pain care and everyday experiences.

Labels as Necessary Validators of Pain Experience

Many youth described the importance of a concrete label (i.e., diagnosis) for their pain condition. Most youth in this study had a diagnosis of Ehlers–Danlos syndrome (EDS) or hypermobility and reported satisfaction with their diagnosis, noting it provided validation for their pain experience:

... and then I got diagnosed with Ehlers–Danlos. And that was another thing that just kind of helped everything make sense ... it felt a weight lifted off of my shoulders because it was someone telling me like, “nope. This is real. You’re not making it up. This is not because you are trying to get attention.” (SIIP 13)

For youth who reported a broader chronic pain diagnosis (i.e., diagnosis of widespread chronic pain vs. EDS), they experienced their diagnosis as vague which they reported led to increased distress related to not understanding what the pain is, why they have it, and how it will get better:

I’ve had it [pain] most of my life. They can’t quite find a source of it. I don’t like that part [lack of diagnosis] the most. They can’t quite figure out what it is because my blood tests don’t show anything. But it’s clear that there is this unnecessary pain, and I don’t like not knowing what it is. (SIIP 09)

Labels Not Necessary to Validate Gender

Different from pain, many youth described a lack of desire or need to label their gender identity. Youth expressed a desire for fluidity with their gender identity. This differed from how they described their pain and autism, which were described as fixed identities. For many youth, gender labels were described as ambiguous and unfixed. In the context of rigidity and concreteness secondary to autism, youth described distress or difficulty choosing a gender label that felt applicable to them, often noting that the idea of gender labels felt arbitrary and pointless:

Recently I’ve just kind of had a thing of—because in my head I would kind of just like go back and forth of like, “Am I am man? Am I nonbinary? Am I something in between?” And recently I’ve just come to a, I guess revelation, that it doesn’t matter. (SIIP 01; p. 10)

I know within a lot of Autistic people, they don’t really have a connection to gender. I don’t really connect with anything that way. So, I’m just kind of me. There’s not really a certain place where I feel like I fit in. I’m not a boy, but I don’t necessarily know if I’m a girl. (SIIP 13)

The experience of labels as validators or invalidators of identity differed based on which aspect of the identity the label was describing. For chronic pain, the label (i.e., diagnosis) supported a sense of knowing, often represented the physical marker of their invisible experience, and supported their pain care journey. Regarding gender identity, however, labels were described as not necessary, at times leading to increased uncertainty and frustration in trying to assign the “right” label to themselves while experiencing fluidity which often prevented labels from feeling like the best fit across time.

Health Care as a Maze to Be Navigated

For youth with chronic pain who are gender-diverse and autistic, their experience in the health care system was described as a maze to be navigated. Youth described a felt dissonance related to health care, expressing a knowing that they need and desire treatment from health care providers in the context of their chronic pain, while also expressing the harmful impacts of experienced invalidation across

their identities from their providers. This felt invalidation often led to a lack of trust in health care providers which manifested as fear and frustration from being invalidated as well as a distrust of providers’ expertise or knowledge, discouraging patients from presenting for pain care.

Invalidation of Identities in Health Care

Many participants spoke about invalidation or dismissal of their chronic pain and gender identity within the health care system. At times, this was described as a youth being misgendered or referred to by their deadname by providers. Participants also described the experience of having health care providers blame their pain and mental health on their gender identity or their engagement in gender-affirming actions (e.g., binding). Through these and other experiences of invalidation to one aspect of their identity, youth expressed a felt lack of care or affirmation of their pain experience:

I feel like so many times I’ve heard people like, “Oh, well, you’re in pain because ...” almost accounting my gender identity as why I’m having all these issues, like pain or mental health. And understanding there’s a correlation, but not in that way. The correlation is that they get worse when they’re not helped. When people don’t affirm, and they’re homophobic or transphobic, that makes it worse. (SIIP 09)

Going to the doctor for pain you have physically. And then the whole time, they make you kind of just feel worse. [...] Most of the time, doctors and nurses never ask my pronouns ... they just immediately assume I’m a girl and start talking. If you identify as something else and they keep calling you the wrong thing, even if you correct them a bunch of times ... It just gets to the point where I avoid the doctor because of it. (SIIP 16)

Health Care Providers as Unknowing and Unhelpful

Many youth described how a lack of affirmation or invalidation of one aspect of their identity by health care providers contributed to their perception of health care providers as unknowing and unhelpful. Invalidation of any identity results in mistrust of all treatment and feeling that their providers do not have the knowledge needed to adequately support them. Youth described this experience in the context of invalidation of gender identity:

Misgendering and name discrepancies—that is so annoying at the doctors. The most recent time, I was sitting in a waiting room, and they just called out my dead name. And I’m like “dude! [name] is right there on the paper. Why can’t you use that?” That’s something that’s always been so scatterbrained. But [doctors] just always seem so lost ... they always get it wrong. (SIIP 09)

It’s definitely hard to get care and feel like, oh, I get to go to the doctor without leaving feeling like I’m going to have a mental breakdown. (SIIP 16)

Youth also described this experience in the context of their chronic pain, describing how lack of answers and/or invalidation of their pain from providers resulted in seeing them as ineffective and unhelpful:

It kind of felt like we had to be the doctors for ourselves. We had to be like, “hey, here is what we think is wrong. Here is the test we have done. Here is the result that we have. And now we have to figure out where to go with this result.” And the doctors kind of just stood there and watched. (SIIP 15)

Overall, the invalidation of one or more of their identities from health care providers resulted in youth experiencing discomfort,

mistrust, and lack of reverie for the provider in all aspects of their care. Youth experiences highlighted that even when youth were seeking care specifically for their pain, experiences of invalidation related to their gender identity or autism undermined their trust in the care team, acceptance of treatment, and ultimately their willingness to even seek support.

Impact of Society as an Additional Identity in the Room

For youth with chronic pain who are gender-diverse and autistic, a central part of their lived experience was navigating societal responses to their identities. In this way, society was described as an additional identity—one that is completely out of their control, yet always a part of their experience. Many youth described the experience of having to anticipate how others would respond to them and receive them while they were still trying to understand themselves. Youth also described the impact of societal invalidation, which sometimes resulted in them not trusting or believing in themselves or their experiences as well as distancing themselves from others with shared experiences (e.g., other people with a similar pain experience) to protect against invalidation.

Uncertainty of Societal Acceptance

Many youth described the experience of increased uncertainty related to how society will respond to them due to holding multiple marginalized identities. This uncertainty was also described as the experience of increased vulnerability due to holding several marginalized identities. Youth utilized the word disabled as a salient identity in their experiences in relation to society:

I feel relatively clocked as trans. And then being visibly disabled most of the time with a service dog and a wheelchair is kind of like a double whammy. There's a lot of people in the world that don't like disabled people and don't like trans people. I feel like I'm the big punching bag. (SIIP 15)

There is discrimination faced because of being gender diverse and having chronic pain. A hateful person sees someone that um looks queer and are visibly disabled, that makes them an easy target. (SIIP 01)

I feel like I am seen as lazy ... I'm scared to tell [people] I'm disabled now. [...] Its still kind of hard to share with people because I feel like it's just an excuse, which it's not an excuse. I know it's the reason why [pain] is happening, but I'll always feel like I'm just using it as a way to get out of something. (SIIP 13)

Societal Invalidation: Another Compounding Effect on Identities

Participant youth also described the impact of structural and societal invalidation and discrimination on their identities. Discrimination due to their gender identity resulted in increased stress, often led to a decline in mental health, which then contributed to increased pain:

When people don't affirm, and they're homophobic or transphobic, that makes it worse. I'm not mentally ill because I'm trans. I'm not trans because I'm mentally ill. It's because I'm trans, society kind of sucks. When my mental health gets worse, my pain gets worse. And this country is not very good at helping mental health of trans youth. (SIIP 09, 11)

Many youth also described the experience of their pain experience being invalidated by others because their gender identity conflicted with societal gender norms:

I've had this experience so many times. And it pisses me off. But there's all these people who are like, "if you want to be a guy, then you should act like one. Don't be a pussy." (SIIP 16)

I think it's more acceptable for femme-presenting people to have help when they're in pain. ... Think of someone with a service dog. It's probably a femme presenting person. Usually if you think of a person using a mobility aid, they're either old or femme presenting. If you think of someone saying, "hey I can't do that because I'm in pain," it's usually a femme-presenting person. So it's kind of expected that if you're masc presenting, you kind of have to suck it up or you're kind of told to do it yourself or you have to admit defeat. (SIIP 15)

Youth described the experience of feeling isolated and unknowable to everyone in their lives. The felt experience of being the "only one" was observed to distance themselves from others who might have similar identities and invalidate their experience. That is, their being unknowable was observed as protective and providing safety—if they are unknowable, they cannot be invalidated:

Connecting with someone is hard because I know other disabled teenagers, and they are in pain, but they don't have it in the way I do. [...] it's hard to connect with people because, although they want to understand, they won't because they don't have to live in a broken body. [...] I know other people with Ehler's-Danlos, and they don't necessarily have all of the side effects. And as a kid with a disability, it feels like there is such a disconnect because other kids my age can do so much more than I can. (SIIP 13)

Youth also described the experience of societal invalidation of identities resulting in not trusting themselves in their own experiences. Invalidation (from self and others) of their identities resulted in mistrust of the validity of their own identities:

Well, I think what made me mostly start thinking about it [being transgender] is because my sister came out as transgender a long time ago [...] and then I figured out that it was a thing, I was so happy because I was like, "that's like me" [...] It was a little hard at first because my mom thought I was trying to copy my sister. But my sister was like, "mom, that's not how it works." So, yeah. Eventually it was easier to understand. (SIIP 16)

Overall, youth described the importance of social responses in their experience of seeking care, as well as in how they understood and described themselves, as unknowable, and the impact this had on their trust in themselves.

Discussion

Despite growing research indicating a large number of autistic youth experience chronic pain, a significant number of autistic youth identify as gender-diverse, and growing recognition of the number of youth with pain who identify as gender-diverse, insufficient consideration has been given to the experiences of youth who hold all three of these identities. Moreover, given the theoretically shared neurobiological, psychological, and social factors in chronic pain, autism, and gender diversity, as well as the unique stressors faced by those with chronic pain, understanding the experiences of these youth is essential to providing equitable, inclusive care. This study aimed to understand the lived experiences of youth with chronic pain who identify as autistic and gender-diverse. IPA of in-depth qualitative interviews with youth generated four

GETs illustrating the nuances of how these identities interact: Compounding Impact of Identities, Wrestling with the Idea of Labels, Health Care as a Maze to be Navigated, and Impact of Society as an Additional Identity in the Room.

All six youth described the compounding effect of holding multiple identities. Some youth described ways in which one identity helped to explain or validate another identity, such as understanding their gender identity in the context of being autistic or feeling empowered to advocate for and disclose their transgender identity because they had the experience of advocating for validation of their pain experience in the context of their pain care. In contrast to this, many youth described ways in which their identities work against each other. Consistent with existing literature, some youth felt that holding multiple marginalized identities added significantly to their discrimination and stereotyping (Remedios & Snyder, 2018).

Invalidation of identity was pervasive across all three identities and was a significant driver of distress. Youth highlighted concerns about social invalidation and uncertainty of whether or not they should disclose disabled identities due to fear of additional stigma. Expecting rejection on the basis of their identities or working to conceal their identities due to worries of experiencing stigma is known to contribute to worse health outcomes for TGD people (Testa et al., 2015), which may in turn compound preexisting health conditions such as chronic pain. Moreover, given the established associations between experiences of persistent stress, increased allostatic load, and risk for chronic pain it is possible that for these youth who were experiencing invalidation and stress across multiple identities may have placed them at greater risk for developing chronic pain (Nelson et al., 2020). Additionally, in an effort to conceal identities and avoid invalidation, these youth may be at greater risk of social isolation and loneliness which is also an established risk factor for the development of chronic pain (Christiansen et al., 2021; Forgeron et al., 2010). In addition, medical comorbidities are also common among autistic youth, including connective tissue and joint hypermobility. Five of the six youth in this study had diagnoses of EDS or hypermobility, and all described the ways in which associated symptoms (e.g., atrophic scarring and increased skin sensitivity; Edimo et al., 2021) limited or interfered with their ability to engage in gender-affirming actions like chest taping. Aligned with this compounding effect, it is important to consider the risk of developing mental health symptoms. It is known that there is a risk of mental health challenges for youth who experience chronic pain, as well as increased mental health risks of autistic transgender youth, need to consider the compounding impact on mental health due to holding these three identities.

Many youth described their cognitive styles as concrete in relation to their pain. Youth expressed some difficulty understanding chronic pain with vague descriptions, did not like not knowing why, and experienced a lack of understanding of their pain, even when a diagnosis had been given. This cognitive rigidity often seen in autistic youth resulted in increased distress when youth felt they received vague explanations or unclear diagnoses for their pain. Related to cognitive rigidity—pain was described as fixed and concrete across all six youth yet was not understood to be real until a diagnosis had been given. In this way when a diagnosis was provided, youth described it as the physical representation of their invisible pain, validating their pain experience. Pain was also described as a fixed and forever identity and was described as something that would always limit functioning. Pain-related symptoms, such as dermatological

aspects like atrophic cutaneous scarring, were also described as fixed and forever limiters to fully engaging in gender-affirming behaviors like taping or top surgery, as the scars that would result from this would be “forever signs” of their sex assigned at birth resulting in an inability to ever be fully passing. This concreteness and fixedness with pain and related symptoms differed from how they viewed labels for gender and socialized gender norms expectations, which previous research shows is misaligned in autistic youth. Our findings are in line with previous research suggesting a high number of autistic youth are transgender/gender-diverse as cognitive styles commonly seen in autistic individuals are less swayed by socialized gendered norms and expectations (Han et al., 2024).

Another GET was the experience of having to prioritize certain identities depending on context and needs. Previous literature indicates that sensory sensitivities of autistic individuals mirror hyperalgesia and nervous system dysregulation observed in chronic pain, consistent with the experience of all six youth in this study who reported experiencing sensory sensitivities in the context of chronic pain and autism (Han et al., 2024; Liu et al., 2020). Some youth described prioritizing engaging in gender-affirming actions (e.g., taping and binding) despite these resulting in increased pain. Some youth described the mental anguish of not binding would be greater than the increased pain they would experience from binding. For others, however, sensory sensitivities were too significant and they were unable to engage in binding and taping.

Youth in this study spoke to the tension between needing support from health care providers, yet not finding providers who were knowledgeable about how to provide care that was responsive to their intersectional identities. This is consistent with prior research on TGD autistic people in health care settings (Strang, Meagher, et al., 2018), where participants attended appointments with the expectation that one or more of their identities would not be affirmed due to provider biases and lack of training (Maroney & Horne, 2022). As articulated by participants, TGD autistic youth were put in the position of having to educate their providers about their chronic health concerns and advocate for future directions for treatment. This may be particularly challenging for some TGD autistic youth experiencing chronic pain, given prior research findings on challenges with communication and self-advocacy due to differences in social communication preferences (Strang et al., 2023). Disclosure of identity may also lead to reduced access to health care for youth with autism, as autism has been used to deny access to gender-affirming care (Adams et al., 2025; Strang et al., 2023).

Findings from this study highlight a critical need for pain interventions to be tailored to meet the unique needs of TGD autistic youth with chronic pain and should use an intersectional lens to conceptualize presenting concerns and communication preferences (Strang, Powers, et al., 2018). For example, providers should take care to validate the importance of gender expression for TGD youth, while working with them to explore ways to affirm their gender in a sensory-friendly way that does not cause additional pain. Providers should also monitor their own biases about gender identity labels, and note that TGD autistic youth may talk about gender in a fluid manner or may change their labels, which does not make their identity less valid. Providers may wish to make adaptations to their treatment protocols to improve communication between neurotypical providers and neurodivergent youth (Cooper et al., 2023), such as integrating visuals (Strang, Powers, et al., 2018) into appointments with TGD autistic youth when discussing possible sensory

sensitivities that may stem from gender-affirming actions, such as binding. Consideration for the multiple invisible identities and we do not know where a young person is in their identity formation.

It is important to consider the limitations of this study. First, it is important to note that this study did not formally assess for a diagnosis of Autism Spectrum Disorder (i.e., confirm with the patient's medical record). Therefore, some participants may have a formal diagnosis of autism while others may have self-diagnosed or have symptoms aligned with autism. Similarly, as mentioned previously, participants were part of a larger study examining the lived experience of youth with chronic pain who identify as gender-diverse. Given gender diversity and pain were the focus of the larger study, there may be unique aspects of identifying as autistic that were not captured in these interviews. A future study should specifically address some of these aspects to further understand the intersection of pain and gender diversity. Finally, it is important to note both the patient demographic of this study as well as where recruitment took place. Recruitment for this study occurred within a pain clinic, thus potentially impacting responses to focus more on pain. Results could have differed if recruitment took place in another health care setting, such as a gender clinic. Additionally, there was a lack of racial and ethnic diversity. While this is aligned with the patient demographic that is reported to present to tertiary pain clinics (King et al., 2011), limited racial and ethnic diversity limits the generalizability of these results and is particularly important to note given the identified importance of intersectional oppression for these youth. Continued efforts must be made to understand the lived experiences of racially and ethnically minoritized groups to ensure equitable care.

The findings from this study are an important start to filling the large gap in our understanding of the experience of autistic and gender-diverse youth with chronic pain. Findings from the experiences of the six youth in this study clearly illuminate unique factors that may impact the development of chronic pain, such as increased allostatic load due to compounded minority stress, as well as factors that must be considered in the assessment and treatment of chronic pain including assessment of gender-related priorities and priority setting with youth who may be navigating conflicting identity-related needs. Autistic and gender-diverse youth face unique stressors and circumstances in the context of chronic pain and pain care, and understanding the impact of the intersection of these identities for these youth is essential for providing tailored, equitable, and inclusive pain care.

Resumen

Objetivos: El dolor crónico pediátrico es un problema de salud global asociado con comorbilidades psicológicas y deterioro del funcionamiento. Investigaciones recientes indican que una gran cantidad de jóvenes autistas experimentan dolor crónico y una cantidad significativa de jóvenes autistas se identifican como de género diverso. Si bien se desconoce la prevalencia exacta, cada vez se reconoce más que varios jóvenes con dolor crónico se identifican como de género diverso. Hasta la fecha, se sabe poco sobre las experiencias de los jóvenes con estas identidades que se cruzan. El presente estudio buscó comprender las experiencias vividas por jóvenes con dolor crónico que se identifican como de género diverso y autistas. **Métodos:** Se realizaron entrevistas semiestructuradas con jóvenes

con dolor crónico que se identificaron como de género diverso ($N = 6$) y auto informaron la identidad del autismo para comprender las experiencias vividas individuales de estos jóvenes. Los datos se analizaron mediante análisis fenomenológico interpretativo (IPA, por sus siglas en inglés). **Resultados:** El análisis IPA produjo cuatro Temas Experienciales Grupales (GET, por sus siglas en inglés) que constan de nueve Temas Experienciales Personales (PET, por sus siglas en inglés). Los GET incluyeron: el impacto compuesto de las identidades, la lucha con las etiquetas, la atención médica como un laberinto por recorrer y el impacto de la sociedad como la identidad adicional en el entorno. **Conclusiones:** Los jóvenes con dolor crónico, autistas y de género diverso experimentan factores estresantes únicos en el contexto de sus identidades. Comprender las experiencias de estos jóvenes es esencial para brindar una atención del dolor equitativa e inclusiva.

References

- Adams, N., Jacobsen, K., Li, L., Francino, M., Rutherford, L., Tei, C., Scheim, A., & Bauer, G. (2025). Health and health care access of autistic transgender and nonbinary people in Canada: A cross-sectional study. *Autism in Adulthood*, 7(1), 66–80. <https://doi.org/10.1089/aut.2023.0024>
- Alsaggaf, F., & Coyne, I. (2020). A systematic review of the impact of chronic pain on adolescents' school functioning and school personnel responses to managing pain in the schools. *Journal of Advanced Nursing*, 76(8), 2005–2022. <https://doi.org/10.1111/jan.14404>
- Becker, K. L. (2020). Tell me your dreams and goals: Structuring communication exchanges to improve patient-centered care with chronic pain patients. *Applied Nursing Research*, 53, Article 151248. <https://doi.org/10.1016/j.apnr.2020.151248>
- Boerner, K. E., Harrison, L. E., Battison, E. A. J., Murphy, C., & Wilson, A. C. (2023). Topical review: Acute and chronic pain experiences in transgender and gender-diverse youth. *Journal of Pediatric Psychology*, 48(12), 984–991. <https://doi.org/10.1093/jpepsy/jsad075>
- Botha, M., & Frost, D. M. (2020). Extending the minority stress model to understand mental health problems experienced by the autistic population. *Society and Mental Health*, 10(1), 20–34. <https://doi.org/10.1177/2156869318804297>
- Buscemi, V., Chang, W. J., Liston, M. B., McAuley, J. H., & Schabrun, S. (2017). The role of psychosocial stress in the development of chronic musculoskeletal pain disorders: Protocol for a systematic review and meta-analysis. *Systematic Reviews*, 6(1), Article 224. <https://doi.org/10.1186/s13643-017-0618-0>
- Christiansen, J., Qualter, P., Friis, K., Pedersen, S. S., Lund, R., Andersen, C. M., Bekker-Jepesen, M., & Lasgaard, M. (2021). Associations of loneliness and social isolation with physical and mental health among adolescents and young adults. *Perspectives in Public Health*, 141(4), 226–236. <https://doi.org/10.1177/17579139211016077>
- Cooper, K., Mandy, W., Russell, A., & Butler, C. (2023). Healthcare clinician perspectives on the intersection of autism and gender dysphoria. *Autism*, 27(1), 31–42. <https://doi.org/10.1177/13623613221080315>
- Delozier, A. M., Kamody, R. C., Rodgers, S., & Chen, D. (2020). Health disparities in transgender and gender expansive adolescents: A topical review from a minority stress framework. *Journal of Pediatric Psychology*, 45(8), 842–847. <https://doi.org/10.1093/jpepsy/jsaa040>
- Edimo, C. O., Wajsberg, J. R., Wong, S., Nahmias, Z. P., & Riley, B. A. (2021). The dermatological aspects of hEDS in women. *International Journal of Women's Dermatology*, 7(3), 285–289. <https://doi.org/10.1016/j.ijwd.2021.01.020>
- Fitzgerald, M. (2021). *Autism spectrum disorder: Profile, heterogeneity, neurobiology and intervention*. BoD-Books on Demand.

- Forgeron, P. A., King, S., Stinson, J. N., McGrath, P. J., MacDonald, A. J., & Chambers, C. T. (2010). Social functioning and peer relationships in children and adolescents with chronic pain: A systematic review. *Pain Research and Management, 15*(1), 27–41. <https://doi.org/10.1155/2010/820407>
- George, R., & Stokes, M. A. (2018). A quantitative analysis of mental health among sexual and gender minority groups in ASD. *Journal of Autism and Developmental Disorders, 48*(6), 2052–2063. <https://doi.org/10.1007/s10803-018-3469-1>
- Han, G. T., Heavner, H. S., Rains, T. R., Hoang, A. H., & Stone, A. L. (2024). Chronic pain in autistic youth: Clinical prevalence and reflections on tailoring evidence-based interventions from an interdisciplinary treatment team. *Children, 11*(3), Article 312. <https://doi.org/10.3390/children11030312>
- 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>
- Kapalu, C. M. L., Hall, J. J., & Wallace, P. D. (2018). Neuropsychological functioning of youth receiving intensive interdisciplinary pain treatment. *Journal of Pediatric Psychology, 43*(8), 870–881. <https://doi.org/10.1093/jpepsy/jsy034>
- King, S., Chambers, C. T., Huguet, A., MacNevin, R. C., McGrath, P. J., Parker, L., & MacDonald, A. J. (2011). The epidemiology of chronic pain in children and adolescents revisited: A systematic review. *Pain, 152*(12), 2729–2738. <https://doi.org/10.1016/j.pain.2011.07.016>
- Lipsker, C. W., Bolte, S., Hirvikoski, T., Lekander, M., Holmstrom, L., & Wicksell, R. K. (2018). Prevalence of autism traits and attention-deficit hyperactivity disorder symptoms in a clinical sample of children and adolescents with chronic pain. *Journal of Pain Research, 11*, 2827–2836. <https://doi.org/10.2147/JPR.S177534>
- Liu, J., Chen, L. L., Shen, S., Mao, J., Lopes, M., Liu, S., & Kong, X. (2020). Challenges in the diagnosis and management of pain in individuals with autism spectrum disorder. *Review Journal of Autism and Developmental Disorders, 7*(4), 352–363. <https://doi.org/10.1007/s40489-020-00199-7>
- Marco, E. J., Hinkley, L. B., Hill, S. S., & Nagarajan, S. S. (2011). Sensory processing in autism: A review of neurophysiologic findings. *Pediatric Research, 69*(5 Part 2), 48R–54R. <https://doi.org/10.1203/PDR.0b013e3182130c54>
- 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>
- Meyer, D. (2015). *Violence against queer people: Race, class, gender, and the persistence of anti-LGBT discrimination*. Rutgers University Press.
- Murray, C. B., de la Vega, R., Murphy, L. K., Kashikar-Zuck, S., & Palermo, T. M. (2022). The prevalence of chronic pain in young adults: A systematic review and meta-analysis. *Pain, 163*(9), e972–e984. <https://doi.org/10.1097/j.pain.0000000000002541>
- Murray, C. B., Groenewald, C. B., de la Vega, R., & Palermo, T. M. (2020). Long-term impact of adolescent chronic pain on young adult educational, vocational, and social outcomes. *Pain, 161*(2), 439–445. <https://doi.org/10.1097/j.pain.0000000000001732>
- Nelson, S., Borsook, D., & Bosquet Enlow, M. (2021). Targeting the stress response in pediatric pain: Current evidence for psychosocial intervention and avenues for future investigation. *PAIN Reports, 6*(3), Article e953. <https://doi.org/10.1097/PR9.0000000000000953>
- Nelson, S., Burns, M., McEwen, B., & Borsook, D. (2020). Stressful experiences in youth: “Set-up” for diminished resilience to chronic pain. *Brain, Behavior, & Immunity—Health, 5*, Article 100095. <https://doi.org/10.1016/j.bbih.2020.100095>
- Nelson, S., Miller, J. V., Timmers, I., Simons, L. E., Meldrum, K., & Noel, M. (2022). Paediatric chronic pain as a catalyst for toxic stress. *The Lancet Child & Adolescent Health, 6*(10), 671–672. [https://doi.org/10.1016/S2352-4642\(22\)00187-0](https://doi.org/10.1016/S2352-4642(22)00187-0)
- Noel, M., Groenewald, C. B., Beals-Erickson, S. E., Gebert, J. T., & Palermo, T. M. (2016). Chronic pain in adolescence and internalizing mental health disorders: A nationally representative study. *Pain, 157*(6), 1333–1338. <https://doi.org/10.1097/j.pain.0000000000000522>
- Palermo, T. M., Valrie, C. R., & Karlson, C. W. (2014). Family and parent influences on pediatric chronic pain: A developmental perspective. *American Psychologist, 69*(2), 142–152. <https://doi.org/10.1037/a0035216>
- Ramond-Roquin, A., Bouton, C., Begue, C., Petit, A., Roquelaure, Y., & Huez, J. F. (2015). Psychosocial risk factors, interventions, and comorbidity in patients with non-specific low back pain in primary care: Need for comprehensive and patient-centered care. *Frontiers in Medicine, 2*, Article 73. <https://doi.org/10.3389/fmed.2015.00073>
- Remedios, J. D., & Snyder, S. H. (2018). Intersectional oppression: Multiple stigmatized identities and perceptions of invisibility, discrimination, and stereotyping. *Journal of Social Issues, 74*(2), 265–281. <https://doi.org/10.1111/josi.12268>
- Smith, J. A., Flower, P., Larkin, M. (2022). *Interpretative phenomenological analysis: Theory, method and research* (2nd ed.). Taylor & Francis.
- 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., 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>
- Testa, R. J., Habarth, J., Peta, J., Balsam, K., & Bockting, W. (2015). Development of the gender minority stress and resilience measure. *Psychology of Sexual Orientation and Gender Diversity, 2*(1), 65–77. <https://doi.org/10.1037/sgd0000081>
- Van Der Miesen, A. I., Hurley, H., & De Vries, A. L. (2016). Gender dysphoria and autism spectrum disorder: A narrative review. *International Review of Psychiatry, 28*(1), 70–80. <https://doi.org/10.3109/09540261.2015.1111199>
- Vinall, J., Pavlova, M., Asmundson, G. J., Rasic, N., & Noel, M. (2016). Mental health comorbidities in pediatric chronic pain: A narrative review of epidemiology, models, neurobiological mechanisms and treatment. *Children, 3*(4), Article 40. <https://doi.org/10.3390/children3040040>
- 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), Article 3959. <https://doi.org/10.1038/s41467-020-17794-1>
- Weiss, K. E., Li, R., Chen, D., Palermo, T. M., Scheurich, J. A., & Groenewald, C. B. (2024). Sexual orientation/gender identity discrimination and chronic pain in children: A National Study. *American Journal of*

- Preventive Medicine*, 67(2), 175–183. <https://doi.org/10.1016/j.amepre.2024.03.010>
- Whitney, D. G., & Shapiro, D. N. (2019). National prevalence of pain among children and adolescents with autism spectrum disorders. *JAMA Pediatrics*, 173(12), 1203–1205. <https://doi.org/10.1001/jamapediatrics.2019.3826>
- Woolf, C. J. (2011). Central sensitization: Implications for the diagnosis and treatment of pain. *Pain*, 152(3), S2–S15. <https://doi.org/10.1016/j.pain.2010.09.030>
- Zajacova, A., Grol-Prokopczyk, H., Liu, H., Reczek, R., & Nahin, R. L. (2023). Chronic pain among U.S. sexual minority adults who identify as gay, lesbian, bisexual, or “something else”. *Pain*, 164(9), 1942–1953. <https://doi.org/10.1097/j.pain.0000000000002891>

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