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ORIGINAL ARTICLE

Navigating Coming Out Milestones: Sexual Orientation and Gender Identity Among Trans and Nonbinary Patients

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Abstract

The study examined coming-out milestones related to sexual orientation and gender identity among adult patients, including trans women, trans men, and nonbinary individuals. 129 patients (50.4% trans women, 27.1% trans men, 22.5% nonbinary; aged 18–58) were recruited from the clinical center "Be as You Are" of Sapienza University of Rome, Italy. Participants completed questionnaires assessing primary coming out milestones—awareness, self-definition, and first disclosure—for both sexual orientation and gender identity. Participants reported that awareness of sexual orientation typically emerged around age 11, while awareness of gender identity developed later, around ages 13–14. The results indicated that awareness of sexual orientation and gender identity occurred earlier than both their definition and first disclosure, with no differences among trans women, trans men, and nonbinary patients. Patients reported waiting until around 16–17 to self-define their sexual orientation, and until around 19–20 to self-define their gender identity. The majority of the sample (66.7%) first came out as LGB+ before disclosing their trans or nonbinary gender identity, while 33.3% disclosed their gender identity directly. In particular, trans women were more frequently in the group who come out only regarding gender identity (45.5%), compared to trans men (28.6%) and nonbinary individuals (10.7%). In contrast, trans men and nonbinary individuals were more likely to follow the 'sexual orientation first, gender identity later' pathway. These findings indicate that coming out processes for sexual orientation and gender identity, although distinct, represent interconnected developmental trajectories, with sexual orientation disclosure typically occurring first. The results emphasize the importance of considering the coming out milestones, distinguishing sexual orientation and gender identity in research and clinical practice to provide comprehensive support for trans and nonbinary individuals.

Keywords Coming out · Sexual orientation · Gender identity · Trans · Nonbinary

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The coming out process represents a crucial moment in identity development for trans and nonbinary people (TNB), involving both sexual orientation and gender identity. However, most existing studies focus on these two aspects of sexual identity separately. Some studies have analyzed awareness, definition, and coming out regarding sexual orientation (Baiocco et al., 2020; Pistella et al., 2020) or gender identity (Baams et al., 2025; Kattari et al., 2020; Osterhaus & Ioverno, 2025; Tatum et al., 2020), whereas, to our knowledge, no research has simultaneously considered both disclosure processes among TNB patients. Furthermore, existing literature does not provide a comparative analysis across different gender identities, such as trans women, trans men, and nonbinary individuals (e.g., Baiocco et al., 2020; Pistella et al., 2020), instead considering trans identity as a monolithic group. Recent studies emphasize the relevance of an integrated approach that considers both aspects of coming out and the variations across gender identities (Brox & Di Francesco, 2024; Commone et al., 2025; Fish et al., 2025).

Coming out for LGBTQ+ people is fundamentally a socially situated process—one that is continuously negotiated in relation to the pressures, expectations, and perceived safety within an individual's specific social context (Brumbaugh-Johnson & Hull, 2019; Fish et al., 2025; Orne, 2011; Puckett et al., 2022). Rather than a single, permanent event, coming out involves strategic decisions about if, when, and to whom to disclose sexual orientation and gender identity, with individuals often calibrating their disclosure based on the anticipated responses and risks posed by different social environments. Coming out may be reversible or partial, as individuals may disclose in some contexts while remaining closeted or returning to concealment in others when social conditions are perceived as unsafe or unsupportive. This process is deeply influenced by contextual factors, including relationships, institutional settings, cultural norms, and the individual's assessment of safety and acceptance (Baiocco et al. 2023b; Coppola and Monaco 2025).

Research on coming out among the TNB population in Italy is still limited. Italy, while a Western European country, presents a unique sociocultural context for understanding the experiences of gender minority people. Italy is considered a particularly conservative context, strongly influenced by Catholic tradition, which may discourage individuals from seeking healthcare and shape their coming out experiences in specific ways (Baiocco et al., 2025a; Pistella et al., 2020). Recent years have witnessed fierce debate over proposed hate crime legislation protecting LGBTQ+ individuals, with such proposals ultimately rejected due to neoconservative and Catholic opposition, demonstrating sustained institutional resistance to LGBTQ+ protection measures (Rosati et al., 2026).

Italian TNB people navigate gender identity disclosure within a society characterized by binary gender norms, limited legal protections for gender recognition, and varying levels of family and social acceptance (Coppola & Monaco, 2025). Notably, nonbinary individuals in Italy reported later ages for all gender identity milestones compared to their binary-identified peers, including delayed coming out (Scandurra et al., 2021). This finding suggests that the relative invisibility of nonbinary identities in Italian society creates additional barriers to recognition and disclosure of identity (TGEU, 2024). Furthermore, nonbinary participants reported higher negative expectations about their futures and significantly elevated mental health problems

compared to binary transgender individuals, indicating that nonbinary invisibility in Italy carries distinct psychological costs (Di Giannantonio et al., 2025). The limited number of studies with systematic data makes it difficult to understand the timing, interlocutors, and psychosocial impact of coming out in relation to sexual orientation and gender identity (Rosati et al., 2024; Scandurra et al., 2021). Our study aims to fill this gap by simultaneously analyzing the coming out of sexual orientation and gender identity in an Italian sample of TNB patients, with particular attention to exploring the differences among trans women, trans men, and nonbinary people.

Method

Procedure

The data for this study were collected between January 2022 and September 2025 during psychological evaluations conducted at the Clinical and Research Center "Be as You Are" of Sapienza University of Rome (Baiocco & Pistella, 2019). The center operates in accordance with the guidelines of the World Professional Association for Transgender Health (WPATH; Coleman et al., 2022) and the American Psychological Association (2015) for psychological practice with TNB and gender nonconforming individuals. The center aims to support the well-being of TNB people, facilitating their access to gender-affirming pathways at the social, medical, and legal levels. In Italy, in fact, it is mandatory to obtain a psychological report certifying gender dysphoria to access gender-affirming care (Baiocco et al. 2023a; Rosati et al. 2026).

The psychological evaluation process offered by the center is structured and typically consists of ten sessions, with the possibility of extension if clinically necessary (Baiocco et al., 2025b). Licensed psychologists assess several areas during these sessions through self-report questionnaires and semi-structured interviews. The areas of investigation include: (1) demographics and well-being, (2) gender identity and relationships, (3) identity and coming out, (4) family dynamics, (5) bullying and adverse events, (6) personality, (7) psychopathological symptoms, (8) minority stress, (9) gender euphoria/dysphoria, and (10) future perspectives. The sections related to identity and coming out (3) were used for this study. Prior to data collection, the study was reviewed and approved by the Regional Ethics Committee of Lazio Area 1 (Prot. n. 0609, 24 November 2022). This study was conducted in accordance with the guidelines of the Declaration of Helsinki. As part of this process, individuals were invited to provide their data for research purposes. All participants provided informed consent for their data to be used for research purposes.

Sample

The sample consisted of 129 TNB participants. Of these, 53.5% were assigned male at birth. Concerning gender identity, 50.4% identified as trans women, 27.1% as trans men, and 22.5% as nonbinary. The age range was from 18 to 58 years, with a mean of 26.3 years (SD = 8.5). Most participants reported a medium (51.9%) or low (31.0%) socioeconomic status, while smaller proportions reported very low (6.2%), high

(10.1%), or very high (0.8%) socioeconomic status. Regarding sexual orientation, at the time of assessment administration, 63.8% of participants identified as LGB+, while 36.2% identified as heterosexual. Among the participants who identified as heterosexual, 69.6% identified as trans women and 30.4% as trans men: It should be noted that this variable was assessed in relation to participants' affirmed gender, rather than their gender assigned at birth.

Consistent with their identified gender, nonbinary participants did not report heterosexual orientation. Among the participants who identified with an LGB+ sexual orientation, 38.8% identified as trans women, 35.0% as nonbinary, and 26.3% as trans men. In the LGB+ category, we aggregated all labels used to describe non-heterosexual sexual orientations; for further details, see Table 1.

Instruments

To collect data on sexual orientation coming out, the Sexual Orientation and Disclosure Questionnaire (D'Augelli & Grossman, 2001) was used to investigate whether and when participants have come out as non-heterosexual throughout their lives. The questionnaire asked for information on the age at which they became aware of their sexual orientation, the age of first self-definition, and the age of the first coming out, specifying with whom it occurred. We asked participants about the age at which they came out to specific targets, including their mother, father, siblings, children, grandchildren, grandparents, best friend, supervisor, colleagues, neighbors, religious community, and primary care physician.

The questionnaire also included a specific item asking participants to indicate, on a scale from 0% to 100%, the proportion of people with whom they perceived they had come out to about their sexual orientation. In addition, it gathered information on the age of their first sexual experience with men, women, or trans/nonbinary individuals. For gender identity disclosure, the Baiocco and colleagues (2023a) questionnaire was used, which follows a similar structure. Participants reported the age of awareness of their gender identity, the age of first self-definition, the age of first coming out, the people involved, and the detailed targets, specifying for each the age at which the coming out occurred.

Table 1 Distribution of sexual orientation across gender identity groups

Sexual Orientation	Trans Women	Trans Men	Nonbinary
Asexual	1 (1.7%)	5 (15.2%)	7 (27.1%)
Bisexual	11 (18.6%)	9 (26.5%)	7 (28.0%)
Gay	–	3 (9.1%)	3 (11.5%)
Heteroflexible	2 (3.1%)	–	–
Heterosexual	32 (49.6%)	11 (31.4%)	–
Lesbian	6 (10.0%)	–	3 (11.5%)
Other (Aromantic, Demisexual, Sapiosexual)	3 (4.5%)	5 (14.5%)	6 (31.6%)
Pansexual	11 (18.6%)	9 (27.3%)	10 (40.0%)

Although the overall sample consisted of 129 participants, 144 responses were reported in this table. This discrepancy is due to 15 participants providing more than one sexual orientation label (e.g., bisexual and demisexual, pansexual and bisexual, heteroflexible and pansexual). Percentages reported refer to the proportion within each gender identity group

Analytical Approach

Data analyses were conducted using statistical software SPSS 23 (IBM Corp, 2015). The data were first analyzed using repeated-measures analysis of variance (ANOVA; Tabachnick & Fidell, 2013) within participants to examine age-related awareness, first self-definition, and coming out for sexual orientation and gender identity. In addition, we compared the mean ages of coming out across different targets (mother, father, brother, sister, grandmother, grandfather, and best friend) to explore potential differences in disclosure timing. Pairwise comparisons were corrected using the Bonferroni procedure to control Type I error. Sphericity was assessed in all models, and the Greenhouse-Geisser correction was applied when necessary.

Continuous variables are reported as means and standard deviations, while categorical variables related to demographics or coming out experiences are presented as percentages. Subsequently, all analyses were replicated using between-subjects ANOVAs (Field, 2023) to examine whether there were any significant differences in mean values across the groups defined by gender identity (i.e., trans women, trans men, and nonbinary individuals). To examine potential differences in the coming-out pathways across gender identities, participants were categorized into two groups (0 = sexual orientation first, then gender identity; 1 = gender identity only), and a Chi-square test of independence was conducted to assess whether the distribution of these groups differed significantly between trans men, trans women, and nonbinary individuals The dataset is publicly available at the following OSF link: https://osf.io/yvg2u/?view_only=3a5390ca8d1348a78eed1fbc99e77946.

Results

Disclosure of Sexual Orientation

Repeated-measures analysis of variance revealed a significant effect of age across the three different stages, $F(1,40, 100.75) = 41.70$, $p < .001$, $\eta^2p = .37$. Pairwise comparisons with Bonferroni correction showed that the age of awareness of one's sexual orientation ($M = 11.16$; SD = 4.53) was significantly lower than the age of first self-definition ($M = 16.40$; SD = 5.42; $p < .001$) and the age of coming out ($M = 17.25$; SD = 6.02; $p < .001$). No significant difference emerged between the age of first self-definition and the age of coming out ($p = .156$).

Table 2 reports the means, standard deviations, and comparisons. These analyses were replicated across subgroups of trans women, trans men, and nonbinary indi-

Table 2 Descriptive statistics and pairwise comparisons of ages across sexual orientation milestones

Milestone	Mean	Standard Deviation	Comparison	*p*
Awareness	11.16	4.53	Awareness vs. Self-definition	<0.001
Self-definition	16.40	5.42	Awareness vs. Coming out	<0.001
Coming out	17.25	6.02	Self-definition vs. Coming out	0.156

Results from a repeated-measures ANOVA showed a significant effect of age across *stages*, $F(1, 40, 100.75) = 41.70$, $p < .001$, $\eta^2p = .37$

viduals, with no significant differences between groups. Concerning the first coming out as a non-heterosexual person, 65.6% ($n = 85$) came out. Among those who did, the majority disclosed to friends (39.8%), followed by parents (11.7%) and partners (8.6%). Lower percentages involved siblings (3.9%) and other figures, such as educators or casual partners (1.6%).

Analysis of coming out ages regarding sexual orientation toward mother and father showed that, for trans women, the two ages were similar (17.5 vs. 17.9 years; $p = .333$). Similarly, for trans men, no significant difference was observed ($p = .09$). In nonbinary individuals, however, coming out to the mother (18.9 years) occurred earlier than to the father (20.4 years), with a significant difference, $F(1,17) = 7.61$, $p = .013$, $\eta^2 = 0.309$. No significant differences emerged for coming out to siblings or grandparents across the three groups. See Table 3 for an overview regarding coming out as non-heterosexual to specific targets.

All the ANOVAs were replicated at the between-subjects level to examine potential differences in the mean age of coming out for sexual orientation among trans men, trans women, and nonbinary patients. Results did not reveal significant effects, as the group means did not differ ($p > .05$). However, for clarity, Table 4 presents the primary means separated by the three groups.

Disclosure of Gender Identity

Repeated-measures ANOVA for gender identity disclosure also revealed a significant effect of age across the three stages, $F(1,34, 151.38) = 46.01$, $p < .001$, $\eta^2 p = .289$. The age of awareness of gender identity ($M = 13.70$; SD = 6.80) was significantly lower than the age of first self-definition ($M = 19.05$; SD = 7.04; $p < .001$) and the age of coming out ($M = 19.37$; SD = 6.88; $p < .001$). No significant difference was observed between the age of first self-definition and the age of coming out. In

Table 3 Targets to whom participants came out as non-heterosexual people in their social environment

Target	*N*	Minimum	Maximum	Mean	Standard Deviation
Mother	66	5	42	17.44	6.09
Father	55	5	42	18.25	5.92
Brother	35	6	39	18.86	7.24
Sister	29	12	37	18.38	5.46
Son	3	19	35	24.67	8.96
Daughter	1	37	37	37.00	/
Nephew / Niece	4	16	31	21.75	6.90
Grandfather	16	5	23	17.19	4.05
Grandmother	15	5	32	17.47	5.82
Friend	72	5	39	17.58	5.83
Supervisor	19	17	40	24.42	5.53
Colleagues	40	12	40	22.48	5.97
Neighbors	8	12	31	20.13	6.45
Religious community	4	16	28	21.00	5.29
Doctor	16	16	41	22.19	6.64
% of coming out	85	5	100	73.87	28.19

The variable "% coming out" refers to the percentage of people in the social environment of TNB patients to whom they have disclosed their sexual orientation. The mean and standard deviation refer to the age at which participants came out

Table 4 Mean ages and standard deviations for awareness, self-definition, coming out of sexual orientation, and sexual experiences

Variable	Total sample	Trans women	Trans men	Non-binary
Awareness	11.16 (4.53)	11.00 (5.28)	11.74 (3.70)	10.92 (4.62)
Self-definition	16.40 (5.42)	17.47 (6.43)	14.74 (2.35)	16.52 (5.53)
Coming out	17.25 (6.02)	18.91 (7.08)	15.29 (2.31)	16.96 (5.69)
Sexual experience with a cis man	16.64 (3.18)	17.06 (3.65)	14.67 (1.21)	16.93 (2.96)
Sexual experience with a cis woman	17.67 (3.38)	18.27 (2.25)	17.50 (2.53)	17.25 (4.77)
Sexual experience with a trans and nonbinary person	20.79 (4.21)	21.60 (5.73)	18.00 (2.00)	22.38 (3.74)

No significant differences were found between the groups for the considered variables

Table 5 Descriptive statistics and pairwise comparisons of ages across gender identity milestones

Milestone	Mean	Standard Deviation	Comparison	*p*
Awareness	13.70	6.80	Awareness vs. Self-definition	<0.001
Self-definition	19.05	7.04	Awareness vs. Coming out	<0.001
Coming out	19.37	6.88	Self-definition vs. Coming out	0.19

Results from a repeated-measures ANOVA *showed* a significant effect of age across stages, $F(1,34, 151.38) = 46.01$, $p < .001$, $\eta^2 p = .289$

Table 5, the means are reported. These analyses were also separately replicated in subgroups of trans women, trans men, and nonbinary individuals, with no significant group differences.

Regarding the first coming out as a trans or nonbinary person, 96.1% ($n = 124$) came out. Among those who did, most disclosed to friends (46.1%), followed by parents (18.8%) and partners (16.4%). Smaller proportions involved siblings (5.5%) and other figures (9.4%). More detailed analyses indicated that the age of first coming out as a trans or nonbinary person did not differ between mothers and fathers, sisters and brothers, or grandfathers and grandmothers, a result likely influenced by the limited data available for these categories (Table 6).

Between-subjects ANOVAs were also conducted to explore whether the average age of gender identity coming out differed across trans women, trans men, and nonbinary individuals. No significant group differences were detected, with comparable mean values across gender identities ($p > .05$). See Table 7 for completeness and a clear overview of the main descriptive data.

Comparison Between Sexual Orientation and Gender Identity Disclosure

The majority of the sample (66.7%) first came out as LGB+ before disclosing their trans or nonbinary gender identity, while 33.3% disclosed their gender identity directly. The crosstabulation and Chi-square test results showed significant differences in the distribution of coming-out groups across different gender identities ($\chi^2(2) = 11.17$, $p = .004$). In particular, trans women were more frequently in the

Table 6 Targets to whom participants came out as trans or nonbinary people

Target	*N*	Minimum	Maximum	Mean	Standard Deviation
Mother	105	4	44	21.37	7.11
Father	76	6	44	21.76	7.18
Brother	42	6	44	22.05	7.53
Sister	44	12	37	21.25	6.27
Son	2	16	19	17.50	2.12
Daughter	2	16	44	30.00	19.80
Nephew / Niece	7	16	30	24.00	5.89
Grandfather	23	13	30	21.57	4.79
Grandmother	28	13	30	21.64	4.64
Friend	103	11	50	20.72	7.09
Supervisor	31	13	50	27.35	8.26
Colleagues	57	14	50	24.21	7.79
Neighbors	21	12	41	24.38	8.00
Religious community	7	16	41	22.43	8.85
Doctor	35	15	45	24.69	7.48
% of coming out	129	5%	100%	72.06%	26.38%

The variable "% coming out" refers to the percentage of people in the social environment of TNB patients to whom they have disclosed their gender identity

group who came out only regarding gender identity (45.5%), compared to trans men (28.6%) and nonbinary individuals (10.7%). In contrast, trans men and nonbinary individuals were more likely to follow the 'sexual orientation first, gender identity later' pathway. Despite these differences, no linear trend was observed across gender identity categories.

One-way ANOVAs compared the mean ages of gender identity disclosure (awareness, self-definition, and coming out) between those who had previously come out as LGB+ and those who had not. The ANOVA revealed a significant effect for trans women at the second stage of identity disclosure, $F(1, 58) = 6.10$, $p = .017$. Participants who disclosed their gender identity without first coming out as LGB+ ($M = 16.42$, SD = 8.41) reported a significantly lower age of disclosure than those who had first disclosed an LGB+ identity ($M = 21.09$, SD = 6.24).

To compare the age of awareness of sexual orientation and gender identity, repeated-measures ANOVAs were conducted for each gender identity group. Among trans

Table 7 Mean ages and standard deviations for awareness, definition, and coming out regarding gender identity

Variable	Total sample	Trans women	Trans men	Non-binary
Awareness	13.70 (6.80)	13.10 (7.05)	14.27 (6.05)	14.57 (7.15)
Definition	19.05 (7.04)	18.90 (7.51)	18.36 (6.48)	20.04 (5.14)
Coming out	19.37 (6.88)	19.95 (7.58)	17.79 (6.04)	20.67 (5.72)

No significant differences were found between the groups for the considered variables

women, awareness of sexual orientation (M = 11.19; SD = 0.8) occurred significantly earlier than awareness of gender identity (M = 14.74; SD = 1.37), $F(1,29) = 8.59$, p = .007, η^2p = .229. In contrast, among trans men and nonbinary individuals, the differences were not significant.

Regarding the age of first definition, sexual orientation was defined earlier than gender identity in all groups: trans women (M = 17.87; SD = 6.74 vs. 21.38; SD = 6,29; $F(1,30) = 22.76$, p = .027), nonbinary individuals (M = 15.52; SD = 2.58 vs. 19.33; SD = 4,74; $F(1,20) = 24.85$, $p < .001$), and trans men (M = 14.78; SD = 2.42 vs. 17.67; SD = 6.45; $F(1,17) = 5.60$, p = .007). For coming out, sexual orientation preceded gender identity in all groups: trans women (M = 18.89; SD = 6.98 vs. 21.17; SD = 6.20; $F(1,34) = 4.24$, p = .047), nonbinary individuals (M = 17.13; SD = 5.75 vs. 20.50; SD = 5.85; $F(1,23) = 24.22$, $p < .001$), and trans men (M = 15.29; SD = 2.31 vs. 18.42; SD = 6.30; $F(1,23) = 8.69$, p = .007).

Discussion

The main aim of the study was to fill a gap in Italian research by analyzing the coming out phases related to sexual orientation and gender identity in a sample of TNB patients. In line with recent literature, the research also explored potential differences between trans women, trans men, and nonbinary patients (Brox & Di Francesco, 2024; Commone et al., 2025). The disclosure process seems to follow a specific timeline for both sexual orientation and gender identity: awareness emerges during early adolescence, but it is followed by a significant gap before self-definition and coming out, which occurs in late adolescence. Specifically, awareness of sexual orientation manifests around age 11, while awareness of gender identity comes around 13–14. However, nonbinary and trans men show no significant difference between these two phases. In contrast, trans women tend to experience a longer interval. A similar result may suggest that identifying as a trans woman, which is less socially valued or more strictly regulated due to the compounded effects of transphobia and sexism, requires additional time for internal recognition and self-acceptance (Levitt & Ippolito, 2014).

Importantly, participants reported waiting until around 16–17 to self-define their sexual orientation, and until around 19–20 to self-define their gender identity. Thus, a gap of approximately 3–4 years may represent a crucial period of inner exploration, information seeking, and risk assessment related to disclosure, consistent with the minority stress model (Meyer, 2003). Our hypothesis is substantiated by the findings, which demonstrate that the interval between self-definition and disclosure is not significant, suggesting that, once individuals identify as LGB + or TNB, they are generally prepared to proceed with disclosure.

Another finding is that the coming out process related to sexual orientation systematically precedes that related to gender identity across all groups analyzed, possibly due to the broader availability and accessibility of social narratives and role models concerning LGB+ identities (Baiocco et al., 2020; Pistella et al., 2020), which facilitate an initial step away from heteronormativity before addressing the complexity of gender-related coming out. Again, the average ages at which TNB patients become aware, self-define, and come out in both processes do not differ significantly

between trans women, trans men, and nonbinary people. Results suggest that developmental trajectories in the coming out processes follow similar timelines among Italian TNB people. The analysis of disclosure recipients confirms the crucial role of friendship (Galupo et al., 2014): for both aspects of sexual identity, friends were the first and most frequent recipients of disclosure, supporting the importance of peers as a fundamental safety net (Pistella et al., 2020). Parents often serve as key figures, while more formal or potentially less safe contexts—such as the workplace or medical setting—tend to be informed much later, typically at the age of 22–24.

Finally, not all TNB patients follow the most common sequence of first coming out as LGB + and later as a TNB individual. In some cases—such as trans women who become aware of their gender identity at an early age—self-definition of sexual orientation develops directly from this identity, without passing through a separate stage of coming out related to sexual orientation. These descriptive findings can help guide clinical psychologists working with TNB patients by providing insights into typical timelines for self-awareness and disclosure, enabling more tailored support and interventions that respect everyone's developmental trajectory.

These findings highlight the need for clinicians, educators, policy makers, and politicians to ensure early, affirming, and accessible support for TNB individuals, as awareness and coming out processes for both sexual orientation and gender identity often emerge early and require supportive and non-judgmental environments across clinical, educational, and societal contexts.

Limitations and Future Directions

Although this study provides novel data for the Italian context, it has some limitations. First, the sample was recruited from a single clinical center in Rome (Baiocco & Pistella, 2019), which may limit the generalizability of the findings to the broader Italian TNB population, as this population may vary in terms of access to resources and sociocultural context. Findings may not be generalizable to all transgender and non-binary individuals, particularly those not accessing clinical services. In addition, as this study was conducted in an adult gender identity clinic, age-related findings may differ from those seen in pediatric settings, where earlier presentations are expected. This context may have influenced both willingness to participate and the content of responses, as participants could have perceived a need to maintain a positive relationship with healthcare providers, potentially introducing response bias despite assurances of voluntary participation and confidentiality. Moreover, Italy is considered a particularly conservative context, strongly influenced by Catholic tradition, which may discourage individuals from seeking healthcare and shape their coming out experiences in specific ways (Rosati et al., 2026).

Second, the data collected are retrospective and based on participants' memories, as reported through self-report questionnaires, which may introduce inaccuracies. Again, the sample consisted of TNB patients during the first stage of affirming pathways at the social, medical, and legal levels. Future research should aim to include larger and more diverse samples. It would also be valuable to adopt longitudinal research designs to follow TNB individuals over time and across cohorts (Puckett et al., 2022), thereby capturing the dynamics of the coming out process more accurately.

Third, this study distinguishes between sexual orientation and gender identity based on the measurement tools used. However, this separation may not reflect the lived experiences of all individuals, particularly those who identify as queer and experience these aspects of identity as interconnected. In the same way, although the study distinguishes between trans women, trans men, and nonbinary individuals, these categories may still oversimplify the diversity of experiences within groups and should not be interpreted as exhaustive or fully representative of the complexity of gender identities. Finally, it would be important to qualitatively explore the reasons behind the observed timelines and the choice of disclosure recipients, to address the limitations of the instruments used in this study and to better understand the barriers and facilitating factors that TNB people encounter in their coming-out journeys.

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Data Availability Data are available upon request from the authors. The dataset used for the study is publicly available at: https://osf.io/yvg2u/?view_only=3a5390ca8d1348a78eed1fbc99e77946.

Declarations

Conflict of interest The authors declare no known conflicts of interest.

Ethical Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee, as well as the 1964 Declaration of Helsinki and its subsequent amendments or comparable ethical standards. Approval was granted by the Regional Ethics Committee of Lazio Area 1 (Prot. n. 0609, 24 November 2022).

Informed Consent Informed consent was obtained from all participants in the study.

Positionality Statement Recognizing that our identities can influence our approach to science (Roberts et al., 2020), the authors aim to provide the reader with information about our backgrounds. The authors of this contribution are clinical and developmental psychologists dedicated to researching and promoting the well-being of LGBTQIA+ individuals. Some team members are socially engaged in improving the living and health conditions of LGBTQIA+ people in Italy through various means, such as creating centers and services for employment and health, and attending conferences and discussions to disseminate knowledge and skills. The research team includes cisgender pansexual, lesbian, and gay individuals. All the team members self-identified as white.

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