Helping Double Rainbows Shine: How Formal and Informal School Structures Support Gender Diverse Youth on the Autism Spectrum

Shelley M. Barber

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Reading Committee:

Kristen Missall, Chair

Felice Orlich

Carly Roberts

Ilene Schwartz

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Abstract

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Shelley M. Barber

Chair of the Supervisory Committee:

Kristen Missall

School Psychology, College of Education

Ten adolescents (14 through 19 years old) diagnosed with autism spectrum disorder (ASD) who identify as transgender/gender diverse were interviewed to better understand their perceptions and interpretations of school experiences as part of a basic qualitative study. Participants were asked to reflect on what helped them feel safe and supported in terms of their gender identity at school, what led them to feel unsafe and unsupported, and what they thought could be put in place to better support their gender identities.

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Acknowledgements

This dissertation is the culmination of a six-year journey full of twists, turns, growth, and learning. While I initially discovered my passion for working with youth on the autism spectrum during a chance practicum, I did not expect that my graduate career and dissertation would also be influenced by a chance encounter. Up until May of 2017, I was sure that I would focus my graduate research on gastrointestinal symptoms within autism spectrum disorder. However, on the very last day of the 2017 International Meeting for Autism Research (IMFAR), which has since renamed to be the International Society for Autism Research (INSAR), I decided to attend the very last presentation set, Sex in ASD. As exhausted as I was from my first four-day research conference, I sat enthralled amongst a crowded room of like-minded attendees. I left feeling emboldened to see what supports were available to youth at the Seattle Children's Autism Center to help them gain understanding of their own body, their own right to consent, and how to navigate the often-ambiguous waters of pursuing intimate relationships of any nature. While I was informed that there were not any groups focused on dating, one of the providers at the Center, Dr. Felice Orlich, worked with transgender and gender diverse youth on the autism spectrum, and I was encouraged to reach out to her. So I did. Little did I know that as I stepped foot inside her office, the first of many to come, my life would be forever changed. I cannot express the gratitude that I feel towards Dr. Orlich for taking a chance on me based on one meeting. Being able to learn from the transgender and gender diverse members of the autism community has truly been a gift, and I can only hope to work to help them flourish and advocate for themselves, while doing my part to advocate for them in the years to come.

While my greatest gratitude is to the youth who took the time to share aspects of their lives and thoughts with me, I also have immense gratitude to the number of women who have

supported me professionally along the way. I am deeply grateful of my advisor, Dr. Kristen Missall. Without her guidance, encouragement, wisdom, and understanding, this process, as arduous as it already is, would have been demonstrably greater. Her support has meant the world to me. Dr. Carly Roberts, Dr. Katie Lewis, and Dr. Kara Jackson, with their knowledge, humor, grace, and kindness, shifted this formerly "staunchly quantitative" researcher, into a qualitative methodologist, something I never thought would happen six years ago. I am appreciative of all three for their guidance through the Qualitative Methodology series, and I am doubly appreciative of Dr. Robert's support throughout this dissertation development process. Without her, this dissertation would not be what it is today. Finally, as I touched on earlier, I have the utmost gratitude for Dr. Felice Orlich, who taught me how to balance the lines between research and clinical work. Without Dr. Orlich's support, encouragement, and belief in me, I do not believe I would have been able to make it to where I am today. I have grown as a researcher, a clinical provider, and, most importantly, as a person under her guidance and mentorship.

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Chapter 1: Introduction

Background

In the past twenty years, research on the lives, experiences, and outcomes of individuals who identify as transgender or gender diverse has made significant advances. In 2014, TransNet, an international collaboration of psychologists, endocrinologists, and other medical providers, was founded in order to better understand the behavioral and medical outcomes of transgender individuals who engaged in psychological, hormonal, and surgical interventions to alleviate gender dysphoria (Olson-Kennedy et al., 2016). However, the research literature still has a long way to go in its aim to better understand this population, as there is very little research conducted with this population compared to with other groups. Questions related to gender identity are rarely included in population-based surveys and studies (Rafferty & Committee on Psychosocial Aspects of Child and Family Health, 2018). For example, in the 2014 Behavioral Risk Factor Surveillance System of the Centers for Disease Control and Prevention, only 19 states included questions on gender identity, and these questions were optional (Rafferty & Committee on Psychosocial Aspects of Child and Family Health, 2018).

It is estimated that between 0.17-1.3% of adolescents and young adults identify as transgender (Connolly, Zervos, Barone, Johnson, & Joseph, 2016; Zucker, 2017). Transgender and gender diverse (i.e., genderqueer, non-binary, agender, other non-binary gender identities) students report more hostile school experiences than cisgender lesbian, gay, bisexual, or queer students, with students who identify as transgender reporting more hostile school environments than gender diverse students (Kosciw, Greytak, Zongrone, Clark, & Truong, 2018).

Issues regarding the use of bathrooms by students who identify as transgender or gender diverse have become contentious issues for many state legislatures and school boards, some of

which have put forth regulations for (Kosciw et al., 2018). In 2016, North Carolina passed House Bill 2, which required individuals to use the restroom that corresponded to the sex listed on an individual's birth certificate (Bishop, 2016), while a letter from the Obama administration's Department of Education issued a letter that schools may not require such things (Lhamon & Gupta, 2016). Since then, changes of administration have thrown further ambiguity onto this issue. However, in 2019, Crissman, Czuhajewski, Moniz, Plegue, and Chang conducted a qualitative study with individuals between the ages of 14 and 24 to gain a better understanding of youth perspectives on this issue. Of the 683 participants, 79% viewed that bathroom use by transgender individuals should not be restricted. Four specific rationales were given for this reasoning: 1) using the bathroom is a private experience and should be a personal decision; 2) being able to choose a bathroom is an issue of equality, freedom, and human rights; 3) transgender individuals are not sexual predators; and 4) it puts a transgender individual at risk when forced to use a particular bathroom (Crissman et al., 2019).

Despite research showing that sexual and gender diverse youth face challenges and risk factors, it can be expected these challenges would be exponentially compounded for youth who have multiple marginalized identities, such as race, gender, and/or disability. Little research has been conducted describing the experiences of adolescents with disabilities who identify as a sexual minority (Duke, 2011; Harley, Nowak, Gassaway, & Savage, 2002; Thompson, Bryson, & de Castell, 2001), and the little that has been conducted often defines individuals with multiple marginalized identities down to a one-dimensional aspect or assumes that one identity is superior to others (Gutmann Kahn & Lindstrom, 2015). Rather than defining individuals with one primary identity, it is important that research begins to recognize and examine how different, intersecting identities influence individuals' experiences.

Research has shown that youth with disabilities and youth who identify as lesbian, gay, bisexual, transgender, queer, and other gender/sexual minorities (LGBTQ+) face significant risk factors, such as bullying, substance abuse, depression, suicide/suicidal ideation, discrimination, school dropout, and other negative life outcomes (Kosciw, Greytak, Bartkiewicz, Boesen, & Palmer, 2012; Mishna, 2003; Murray, 2003; Robinson & Espelage, 2012; Sadowski, 2008). There is a need for research to understand the experiences of youth who have multiple marginalized identities to better support those youth and counteract risk factors. The current research study addressed this gap in the literature by focusing on the school experiences of youth with disabilities who identify as gender diverse.

Although most of the published literature in this area has included participants with a wide range of disabilities, such as physical, learning or mental health disabilities (Henry, Fuerth, & Figliozzi, 2010; Morgan, Mancl, Kaffar, & Ferreira, 2011), few of the participants in the studies were diagnosed with autism spectrum disorder (ASD; Gutman, Kahn, & Lindstrom, 2015; Miller, 2015). Gutmann et al. (2015) conducted a qualitative research study with high school students with disabilities who identified as a sexual or gender minority utilizing an intersectional framework as their theoretical framework. Their participants had various disability identities, from physical disabilities to invisible disabilities (e.g., anxiety) but only two participants in their study had a diagnosis of ASD. This is concerning given that the social communication challenges present for individuals with ASD may be amplified or experienced in a different way when an individual also identifies as transgender and/or gender diverse. Thus, this study focused exclusively on individuals with ASD who identified as transgender and/or gender diverse. This research study adds to the literature by exploring the perceptions of the school environment and experiences within the school environment of students with ASD and

who identify as transgender and/or gender diverse. Findings contribute to understanding how students with multiple marginalized identities navigate their gender expression.

Chapter 2: Literature Review

To understand the experiences of individuals with ASD who identify as transgender and/or gender diverse, it is important to review relevant literature pertaining to the identity development and school experiences of (a) LGBTQ+ students, particularly transgender and/or gender diverse students, (b) students with ASD, and (c) students with ASD who identify as transgender and/or gender diverse.

Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ+) Populations

Gender development in neurotypical individuals. The process of gender identity formation has been conceptualized as a normal developmental process through which all children determine their place in a gender group (Berenbaum, Martin, & Ruble, 2008). Gender development scientists have examined age-related changes in gender typing (i.e., how individuals identify themselves by gender), as well as the emergence and pattern of gendered behaviors and thinking (Martin & Ruble, 2010). By 3-4 months, infants can distinguish between categories of male and female faces (Quinn, Yahr, Kuhn, Slater, & Pascalis, 2002). Infants generally show the ability to discriminate between the faces and voices of males and females by 6-11 months (Martin, Ruble, & Szkrybalo, 2002), and habituate to the faces of both sex and make associations between the faces and voices (Fagan & Singer, 1979; Younger & Fearing, 1999). It is around 10 months that infants begin to form stereotypic associations between male and female faces and gender-typed objects (e.g., a dress, a hammer; Levy & Haaf, 1994). Even though these infants can create these associations, researchers have suggested that these associations do not carry the same conceptual or meaningful associations that older children or adults would give to these associations (Martin et al., 2002).

Most children develop the ability to label gender groups and use gender labels in their speech between 18- and 24-months of age (Martin & Ruble, 2010). Early research in gender development held that children labeled and understood gender around 30 months of age, but more recent research has suggested the age is earlier, although a consensus has not been formed (Martin & Ruble, 2010). One study using a preferential looking paradigm found that roughly half of the 18-month-old girls in their study showed they understood gender labels while the boys did not, and that half of the 18- and 24-month-old boys and girls showed above-chance understanding of the label "boy" (Poulin-Dubois, Serbin, & Derbyshire, 1998). Zosuls et al. (2009) found that, on average, girls produced gender labels by 18-months, one month earlier than the boys. Stennes, Burch, Sen, and Bauer (2005) found that 24- and 30-month-old children knew to what gender groups they and others belonged using another non-verbal testing method. When experimenters verbally provided gender labels, most children 24- and 28-months of age were able to select the corresponding picture to the label (Campbell, Shirley, & Caygill, 2002; Levy, 1999). It is generally held that typically developing individuals develop the ability to distinguish their own gender by age 3 (Berenbaum et al., 2008).

As children begin to develop awareness of their own self around 18-months, they begin to seek out information about what these gendered terms mean and how they should behave (Baldwin & Moses, 1996). Children who knew and used gender labels at 18-months were more likely than other children to show increases in gender-typed play with toys (Zosuls et al., 2009). Children begin to develop rudimentary gender stereotypes by 2-years-old (Kuhn, Nash, & Brucken, 1978) which develop into a basic stereotype by age 3 (Signorella, Bigler, & Liben, 1993). This is manifested as an understanding of sex differences associated with adult possessions (e.g., shirt and tie), physical appearance, gender roles and activities, toys, and a

recognition of more abstract associations with gender, such as associating "being tough" with males and associating "being gentle" with females (Leinbach, Hort, & Fagot, 1997; Weinraub et al., 1984).

Gender stability is the concept that an individual's gender remains stable over time, and gender constancy is the concept that one's gender is a "fixed and immutable characteristic not altered by superficial transformations in appearance or activities" (Berenbaum et al., 2008, p. 649). Gender constancy is believed to become established around age 5 (Kohlberg, 1966; Nijiokiktjien et al., 2001; Ruble, Martin, & Berenbaum, 2006). Typically developing children display the most rigidity in gender-related beliefs between the ages of 3 and 5 (Ruble et al., 2006). This rigidity peaks around age 5 and decreases after that (Ruble et al., 2006). It has been found that typically developing children generally follow the same normative path across gender development, despite varying levels of rigidity in terms of gender-related beliefs or when this rigidity starts (Trautner et al., 2005). However, researchers have found that children's spontaneous associations with boys and girls stay consistent up through roughly the 5th grade, with girls spontaneously associated as being nice, wearing dresses, and liking dolls and boys associated with having short hair, playing active games, and being rough (Miller, Lurye, Zosuls, & Ruble, 2009).

As children grow older, the range of stereotypes about gendered interests and activities (e.g., sports, occupations, hobbies, and school tasks) expand, and the associations between these stereotypes and gender become more sophisticated (Sinno & Killen, 2009). In early childhood, children make vertical associations between the category label (e.g., "girls," "boys") and qualities (e.g., "boys like fire engines") but are slower to make horizontal inferences, such as recognizing that fire engines, airplanes, and trucks are associated with being "masculine" which

appears around age 8 (Martin & Ruble, 2010). Children as young as 6 years old have been found to understand that jobs that are more likely to be held by men (e.g., CEO) are higher in status than female-typical jobs (e.g., teachers), but only older children (e.g., 11-year-olds) associated fictitious "male" jobs as being higher in status (Liben, Bigler, & Krogh, 2001). A notable increase in the beliefs that males are granted more power and respect than females was found to occur between the ages of 7 and 15 (Neff, Woodruff, & Cooper, 2007).

Gender dysphoria in neurotypical individuals. In the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), Gender Dysphoria (GD) is defined as distress caused by a persistent incongruence between one's natal sex and expressed gender (APA, 2013). Even broader, *gender variance* and *gender diverse* are terms used to describe any variability between assigned sex and experienced or expressed gender. GD was not always referred diagnostically by this label. In the DSM-5, the diagnostic label was adjusted to GD from the previous diagnostic label, Gender Identity Disorder (GID). The diagnosis of Gender Identity Disorder (GID) in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR) was characterized by a strong and persistent cross-gender identification as well as a persistent discomfort with one's biological sex and a sense of inappropriateness in the gender role of that sex (APA, 2000). There are few differences between the criteria for GID and GD, but the name change serves as a step toward de-pathologizing gender diverse identities. By removing the term "disorder" from the label, it counters the notion that being transgender is a mental illness, while still allowing clinicians to provide a label which is often needed to receive insurance coverage of services for those who may be suffering psychological distress due to gender-related challenges (Lawrence, 2010). The World Professional Association for Transgender Health (WPATH) also issued a statement that the

diagnostic label change in the DSM-5 from the DSM-IV-TR label was a significant improvement (De Cuypere, Knudson, & Bockting, 2010).

In the past two decades, the number of children and adolescents seeking treatment of gender dysphoria has steadily increased and at younger ages (de Vries & Cohen-Kettenis, 2012). Despite this, no large-scale prevalence studies among children and adolescents have been conducted (Rafferty & Committee on Psychosocial Aspects of Child and Family Health, 2018). Data extrapolated from adults who identify as transgender or gender diverse suggests that the US prevalence is 0.6% (1.4 million), ranging from 0.3% in North Dakota to 0.8% in Hawaii (Flores, Herman, Gates, & Brown, 2016). Based on this data, it has been estimated that 0.7% of youth ages 13 to 17 years (~150000) identify as transgender (Herman, Flores, Brown, Wilson, & Conron, 2017). Additionally, the 2014 Behavioral Risk Factor Surveillance System, found that those 18 to 24 years of age were more likely than older age groups to identify as transgender (Flores et al., 2016). In 2009, it was estimated that GID occurrence ranged from 1:10,000-1:20,000 in natal males and 1:30,000-1:50,000 in natal females (Zucker & Lawrence, 2009). Youth have reported being aware of gender incongruence at an early age. Children who later continued to identify as transgender or gender diverse reported first recognizing their genders as different around the average age of 8.5; however they expressed that they did not disclose these feelings to their families until much later, an average of 10 years later (Olson, Schrager, Belzer, Simons, & Clark, 2015).

It should be noted that most children who experience gender dysphoria will stop experiencing gender dysphoria upon reaching puberty, referred to as “desisters” in some literature, whereas adolescents who continue to experience gender dysphoria will likely pursue gender affirmation therapy (including cross-hormones and sex reassignment surgery) well into

adulthood, referred to as “persisters” in some literature (Cohen-Kettenis & Pfafflin, 2003; Wallien & Cohen-Kettenis, 2008; Zucker & Bradley, 1995). One study of pre-pubertal natal male and female children with GD who were followed-up roughly 10 years later found that only 27% of the children continued to demonstrate GD (Wallien & Cohen-Kettenis, 2008). It is common for gender identity to evolve up until puberty, with most children who had early questions about their gender identity identifying as their natal gender by the end of adolescence (de Vries & Cohen-Kettenis, 2012). It is possible that neurotypical youth showing gender concerns before the onset of puberty may represent a developmental process related to both gender and sexuality (van Schalkwk, Klingensmith, & Volkmar, 2015).

Gender diverse children may experience social challenges from a very early age. Children begin to show preference for selecting same-sex peers as early as age 3 (La Freniere, Strayer, & Gauthier, 1984) and begin to preferentially allocate resources to their own-sex group around the beginning of preschool (Yee & Brown, 1994). Due to preschoolers holding rigid views of gender norms, it has been proposed that most preschoolers would react negatively to gender norm violations (Martin & Ruble, 2010). One study videotaped 3- to 5-year-olds playing with either a male- or female-typed toy (e.g., soldiers, dolls) in the presence of a same-sex peer and found that children were socially punished (i.e., ridiculed) by the peer when the child played with a cross-sex toy (Langlois & Downs, 1980). Teachers report that kindergarten children tend to react in one of three ways to gender norm violations: correction (“Here’s a girl puppet because you’re a girl.”), ridicule (“You’re a girl, so you *have* to have a girl puppet.”), and “identity negation” (e.g., “Tom’s playing with a girl doll. Tom is a girl;” Kowlaski, 2007). These reactions are also well identified by preschoolers, as well as who are the children most likely to enforce gender rules and gender-segregated boundaries (McGuire, Martin, Fabes, & Hanish,

2007). This type of behavior could significantly impact the social functioning and personal well-being of gender diverse children. Children who have greater exposure to peers who enforce gender rules are more likely to limit their play to same-sex peers (McGuire et al, 2007). Children who exhibit cross-sex behaviors, especially children who display behaviors that are very associated with the opposite sex, are teased and rejected by peers, and this is particularly salient with natal males (Zucker & Bradley, 1995). Gender diverse children may find themselves struggling to fit in with their assigned-gender peer group and experience bullying (Jacobs, Rachlin, Erickson-Schroth, & Janssen, 2014).

Treatment guidelines. Several standards of care have been developed for neurotypical youth who identify as gender diverse, such as those outlined in the WPATH "Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People" (Coleman et al., 2012) and the Practice Parameter on Gay, Lesbian, or Bisexual Orientation, Gender Nonconformity, and Gender Discordance in Children and Adolescents (Adelson & American Academy of Child and Adolescent Psychiatry Committee on Quality Issues, 2012). These guidelines hold that gender-nonconforming (GNC) youth and their parents need psychoeducational and social support, and that these youth should have a careful psychological evaluation for GD (Adelson & American Academy of Child and Adolescent Psychiatry Committee on Quality Issues, 2012; Coleman et al., 2012). During these evaluations, it may be determined that physical or medical interventions are appropriate and necessary for certain youth who meet criteria for GD so that they are able to have healthy psychological adjustment. The following treatments are available to youth who have GD or are GNC: puberty suppression beginning in early puberty, cross-sex hormones in later adolescence, and gender-affirming surgical procedures (Strang et al., 2018a). Many types of procedures fall under gender-affirming

surgical procedures, which are usually available when a young person reaches the legal age of majority to give consent or when parents approve of the surgical procedure.

Challenges LGBTQ+ Students Face in Schools

Students who identify or are identified by others as LGBTQ+ often face challenges in school due to longstanding social prejudices and discrimination (Fisher et al., 2008). Hostile school environments have a negative impact on LGTBQ+ student's well-being in several domains.

Externalizing and Academic Challenges. LGBTQ+ students in grades 9 through 12 reported statistically higher truancy, higher rates of high school dropout, and lower rates of attending a four-year college (Aragon, Poteat, Espelage, & Koenig, 2014). High school age LGBTQ+ students are more likely to skip school to avoid bullying and hostile environments, which negatively impacts their grades. Students who experienced higher levels of victimization based on sexual orientation reported lower grade point averages (GPAs) than heterosexual peers (2.8 vs. 3.3; Kosciw, Greytak, Palmer, & Boesen, 2014). Having lower grades may be a reason why fewer LGBTQ+ secondary students attend a four-year college.

Internalizing challenges. Along with negative academic risk factors, LGBTQ+ victims of harassment and homophobic bullying have also been shown to have an elevated incidence of depression, anxiety, suicidality, substance use, and risky sexual behaviors (Bontempo & D'Augelli, 2002; Espelage, Aragon, Birkett, & Koenig, 2008; Kosciw, Greytak, Diaz, & Bartkiewicz, 2010; Robinson & Espelage, 2013). This relates to the research on bullying which finds that experiences of bullying victimization are associated with academic difficulties and internalizing mental health problems, including anxiety, depression, and suicidal ideation (Alsaker & Valkamover, 2001; Boivin, Hymel, & Bukowski, 1995; Boulton & Underwood,

1992; DeRosier, Kupersmidt, & Patterson, 1994; Hanish & Guerra, 2002; Kaltiala-Heino, Rimpela, Marttunen, Rimpela, & Rantanen, 1999; Kochenderfer & Ladd, 1996; Myklebust, 2002).

Among a diverse sample of high school age LGBTQ+ youth, the prevalence of mental disorders was higher than the national average, although it was comparable to rates of mental disturbances among urban, racial/ethnic minority youth (McCabe, Rubinson, Dragowski, & Elizalde-Utnick, 2013b). Compared to heterosexual identified youth, LGBTQ+ identified youth from grades 7 to 12 were found to be at greater risk for suicidal thoughts and suicide attempts (Robinson & Espelage, 2011). Even after accounting for victimization, lesbian/gay identified youth in grades 7 to 12 remained 3.8 times as likely to attempt suicide compared to their heterosexual peers, and bisexual identified youth remained 4 times as likely to exhibit suicide-related risk factors compared to demographically similar heterosexual peers (Robinson & Espelage, 2012).

Bullying and victimization. Many children have experiences with bullying. A World Health Organization international study found that out of 134,000 children 11-15 years old, roughly one-third reported occasional bullying perpetration or victimization, with roughly 10% reporting chronic perpetration or victimization (Molcho et al., 2009). Bullying and harassment are systemic problems in schools, especially for LGTBQ+ identifying youth (Wernick, Kulick, & Inglehart, 2013). Students who identify as LGBTQ+ experience higher rates of victimization by bullying than do their heterosexual peers (Robinson & Espelage, 2012). In the 2013 National School Climate Survey (NSCS) for students attending a K-12 school at least 13 years of age, 85% of students surveyed had been verbally harassed in the past year, with 39% experiencing physical harassment and 59% experiencing sexual harassment (Kosciw et al., 2014). Even more

troubling is the fact that, to LGBTQ+ youth, teachers often appear to be silent bystanders abetting the homophobic bullying that pervades in secondary schools (Kitchen & Bellini, 2012). Nearly 60% of students in the 2013 NSCS results also reported that teachers never intervened when homophobic language was used in their presence (Kosciw et al., 2014). When teachers do nothing to address homophobic rhetoric, they send the message that the speech is acceptable (Zack et al., 2010). When used as part of bullying, homophobic epithets may represent one way by which to stigmatize victimized students irrespective of their actual sexual orientation because sexual minorities remain a stigmatized and oppressed group in society (Poteat & Rivers, 2010).

Negative school climate. Schools are social establishments that reflect the normative values of the society in which they are located (McCabe, Dragowski, & Rubinson, 2013a). LGBTQ+ students experience discrimination from teachers and peers, and from school policies as well. Fifty-six percent of students in the 2013 NSCS results reported that schools restricted student expression, prohibited LGBTQ+ curricular content, or enforced traditional gender norms (Kosciw et al., 2014). The combination of a permissive heteronormative school environment and frequent bullying lends itself to LGBTQ+ students having a negative perception of school climate. Most students, 69%, in the 2013 NSCS results reported that they felt unsafe at their schools, and this perceived lack of safety led them to miss at least one day of school per month (Kosciw et al., 2014). Transgender and gender diverse (i.e., trans*, genderqueer, non-binary, agender, other non-binary gender identities) report more hostile school experiences than LGBQ cisgender students, with transgender identifying students reporting more hostile school environments than gender diverse students (Kosciw, Greytak, Zongrone, Clark, & Truong, 2018). Students' perceptions of their school climates are associated with psychosocial and academic adjustment (Toomey, McGuire, & Russell, 2012). Experiencing a negative school

climate puts LGBTQ+ identifying students at greater risk for negative academic, behavioral, and social-emotional outcomes.

Autism Populations

Autism spectrum disorder (ASD) is a neurodevelopmental condition characterized by social and communication deficits, as well as restricted, repetitive behaviors and interests (American Psychiatric Association [APA], 2013). The Centers for Disease Control and Prevention (2014) reported that current rates of ASD diagnosis are 1 in 42 for boys and 1 in 189 for girls. Two separate studies found that roughly 70% of their ASD sample had at least one comorbid psychiatric disorder (Leyfer et al., 2006; Simonoff et al., 2008). Leyfer et al. (2006) found their sample had an average of three psychiatric diagnosis, while Simonoff et al. (2008) reported that 41% of their sample had two or more co-occurring psychiatric disorders. In some situations, the behavioral symptoms of co-occurring disorders are of greater concern than the symptoms related to the primary diagnosis of ASD (Pearson et al., 2006). One diagnosis increasingly reported to be co-occurring with ASD is GD.

Increasingly, there has been interest in the co-occurrence of ASD and GD, reflecting in the increase of published case studies and empirical, quantitative studies (Skagerberg, Di Ceglie, & Carmichael, 2015; Tateno, Teo, & Tateno, 2015). ASD and GD share several characteristics. Both populations are highly diverse in their presentations, as indicated by Dr. Stephen Shore's famous phrase, "If you've met one person with autism, you've met one person with autism" (Shore, 2018). Both disorders are often evident beginning in childhood. Researchers have proposed that there are biological factors, such as genetics, prenatal intrauterine hormones, and environmental toxins that influence the expression of both disorders (Bejerot, Humble, & Gardener, 2011; Swan et al., 2010). Both communities have vocal lobby groups that advocate

against what they perceive to be natural variances of the human experience (Jacobs, Rachlin, Erickson-Schroth, & Janssen, 2014). The prevalence rates of both disorders have been thought to be increasing, with gender identity clinics reporting an increase in referrals (Aitken et al., 2014), although it has been debated whether this reflects a true increase or reflects that there is now greater visibility and more acceptance of identifying as transgender, making it easier to seek transgender care (Van der Miesen, Hurley, & de Vries, 2016). Additionally, individuals ASD and individuals with GD face misconceptions by the general public and have frequent difficulties with organizations of power (e.g., medical structures that utilize a medical model of disability) that impact their ability to access desired interventions and services.

It is recognized that the co-occurrence of ASD and GD creates difficulties diagnostically and with developing appropriate treatment (Van der Miesen et al., 2016). Challenges include inconsistent appointment attendance (Perera, Gadambanathan, & Weerasiri, 2003), difficulty expressing self-concept and feelings of being disappointed with their gender (Mukkades, 2002), atypical gender expressions of affirmed gender (Van der Miesen et al., 2016), and getting a clear clinical picture of GD due to possible complications caused by ASD symptoms (De Vries, Noens, Cohen-Kettenis, van Berckelaer-Onnes, & Doreleijers , 2010). In 2018, an initial clinical treatment guideline for individuals with ASD who identify as transgender or gender diverse was established based upon the clinical experience and knowledge of 40 experts in the field (Strang et al., 2018a).

ASD and gender development. It is possible that individuals with ASD may follow similar trajectories in their gender narratives as their typically developing peers but follow a different timeline in reaching gender development milestones due to reduced social interaction and fewer opportunities to explore their own sexual identity (van Schalkwyk, Klingensmith, &

Volkmar, 2015). Unlike typically developing children who begin to grow more flexible regarding gender-related beliefs after age 5, it has been speculated that individuals with ASD may not reach this level of flexibility until adolescence or older (de Vries et al., 2010). Social and psychological theories have been used to try to connect ASD and GD. It has been proposed that the formation of a clear gender identity may depend upon cognitive, social, and communication skills (Jacobs et al., 2014). Abelson (1981) found evidence that children with ASD had the potential to develop a gender identity through his finding of a significant positive correlation between successfully performing the Michigan Gender Identity Test (MGIT; Paluszny et al., 1973) and the Gesell Question ("Are you a little boy or a little girl;" Gesell et al., 1940). On the MGIT, children sort pictures of boys and girls wearing gender conforming clothing into groups of boys and girls (Paluszny et al., 1973). However, Abelson (1981) also found that children with more profound cognitive deficits had trouble establishing and articulating a consistent gender identity, such as not understanding the Gesell Question. Another study compared children with ASD to developmentally delayed children matched for age and verbal ability and found that the children with ASD spoke less often and not as in depth about topics related to their self-concept compared to the matched children with developmental delays (Lee & Hobson, 1998). Researchers have suggested that confusion in the development of a gender identity, or an altered development of gender identity, may increase the feelings of GD in children with ASD (Tateno et al., 2008). The following factors have been suggested to play a role in the development of gender identity in individuals with ASD.

Biological and cognitive factors.

Extreme male brain theory. Several studies have theorized that ASD is a result of an "extreme male brain" (EMB; Baron-Cohen, 2002, p. 248), and thus supports the co-occurrence

of ASD and GD (de Vries et al., 2010; Jones et al., 2012). According to EMB theory, women have a stronger drive to empathize whereas men have a stronger drive to systemize (Baron-Cohen, 2009). Furthermore, people with ASD are thought to present with an extreme of the male pattern and thus show impaired empathizing and enhanced systemizing abilities (Baron-Cohen, 2009). Individuals on the autism spectrum of both genders display more lateralization of the brain, similar to typically developing males, which has led to the suggestion that prenatal testosterone levels are linked with traits of autism (Auyeung et al., 2009). EMB theory posits that prenatal testosterone may lead to a greater predisposition toward developing ASD, but also GD, as an expression of extreme male characteristics (Van der Miesen et al., 2016). Some research has shown that typically developing natal females with GD exhibited more ASD symptoms compared to typically developing natal males with GD (Jones et al., 2012). Although EMB explains why natal females with ASD would have a greater predisposition of developing GD, the theory does not explain the higher prevalence rates of GD in natal males (Van der Miesen et al., 2016). Some studies have found that natal males with GD and ASD were overrepresented (de Vries et al., 2010) or did not find any difference between natal males and natal females with GD in ASD symptomology (Pasterski, Gilligan, & Curtis, 2014; Skagerberg et al., 2015). Although there has been some evidence for the EMB theory, the latest research on co-occurring ASD and GD do not present results that are consistent with the theory (Van der Miesen et al., 2016).

Theory of mind deficits. Many individuals with ASD have difficulties with empathy and Theory of Mind (ToM), which "describes the ability of the mind of the developing child to create an (image) of the emotional state and experience and intent of another" (Baron-Cohen, 1991). ToM has been suggested to have implications for the development of gender identity. Children begin to develop basic gender identity in the first three years of life, during which they learn

from the people in their environment about the expression and meaning of gender (Jacobs et al., 2014). It has been suggested that children with ASD may experience a disrupted sense of self and that there may be differences in how children with ASD develop their sense of gender as it relates to others (Pasterski et al., 2014). As such, adolescents with ASD may struggle to recognize or understand their gender concerns until later in development, often around the onset or after puberty (Strang et al., 2018a).

Jacobs et al. (2014) noted that each of the two individuals in their case study exhibited features such as ToM impairment, an intolerance for ambiguity, difficulty articulating their inner experience of gender, and persistent deficits in social communication and interaction. It was thought the individuals' challenges with ambiguity could be interpreted as a manifestation of cognitive rigidity. Adolescents with ASD may present with more binary, "black-and-white" thinking regarding gender (Strang et al., 2018a). One of the individuals described in the Jacobs et al. (2014) case study requested to be referred to by his given name and male pronouns, despite the authors noting that it is typical for individuals transitioning from male to female prefer a female name and pronouns. This individual wanted facial laser hair removal treatments because of a social phobia and a need to conform to social norms, rather than to diminish an inner experience of gender dysphoria, because the individual understood that women typically did not have beards and having one would attract unwanted attention if he began transitioning while keeping his beard (Jacobs et al., 2014). For this individual, it was paramount to begin laser treatments at the very beginning of his transition which would lessen his sense of ambiguity, allowing him to be able to begin to see himself as female. These ASD-related cognitive flexibility challenges may limit an individual's ability to accept and embrace the concept of a gender spectrum or that gender can be fluid (Strang et al., 2018a).

Social factors. Strang et al. (2014) suggested that ASD related social communication deficits could lead to children missing social cues about another's gender presentation, which may increase the likelihood of the child to develop GD. One study found that mothers of children who displayed greater degrees of gender nonconformity rated their children to be higher in autistic symptoms than mothers of children who displayed less cross-gender behaviors (Shumer, Roberts, Reisner, Lyall, & Austin, 2015). Shumer et al. (2015) suggested that maternal social responsiveness may be involved in the child's gender expression, but no significant relationship was found between gender nonconformity and the maternal social responsiveness score as rated by the child's father. Another study suggested that rather than ASD increasing the likelihood of individuals identifying as GD, symptoms of GD increase social difficulties, which lead to greater social challenges and increase the level of reported ASD symptoms (Skagerberg et al., 2015). Skagerberg et al. (2015) acknowledged it was unclear whether these "autistic features" were symptoms on GD or part of a separate diagnosis.

Psychological factors. It has been suggested that there is a link between GD and unusual interests and preoccupations (Van der Miesen et al., 2016). In a case study of two boys with ASD and persistent cross-gender behavior, Mukaddes (2002) interpreted their interests as characteristic of ASD rather than true GD. Another case study presented two men with ASD who initially presented with feelings of GD, but these feelings were found to be transient (Parkinson, 2014). Parkinson cautioned that in individuals with ASD, GD may be a temporary preoccupation, so care needs to be taken to examine these feelings before medical treatment is pursued. This concern is echoed in the clinical treatment guidelines which suggest an extended assessment timeline so that ASD and GD symptoms can be appropriately assessed and diagnosed (Strang et al., 2018a). Children referred for GD were found to have elevated symptoms of

obsessions and compulsions referred to non-referred controls, and in natal males, the reported intense or obsessional interests were more often gender-related themes than in the non-referred controls (Vanderlaan, Leef, Wood, Hughes, & Zucker, 2015). The authors proposed three possible explanations for these findings: 1) children with GD may have intense interests and obsessions around cross-gender activities or objects (e.g., natal males with GD interested in long hair), which may lead to symptoms of ASD but are a manifestation of GD, 2) children with ASD might inversely express GD symptoms by showing cross-gender interests, or 3) there are one or more underlying additional variables that may influence GD, as well as ASD, such as neurobiological underpinnings (Vanderlaan et al., 2015).

Sexual orientation. De Vries et al. (2010) found that most of the adolescents with co-occurring GD and ASD (5 out of 9) were not sexually attracted to individuals of their natal sex. This differs from studies of neurotypical adolescents with GD who were found to most often be attracted to members of their natal sex (Smith, van Goozen, Kuiper, & Cohen-Kettenis, 2005). Adults with GD who reported sexual attraction to individuals of their affirmed gender had significantly greater autistic symptoms than those who reported sexual attraction to members of their natal sex (Pasterski et al., 2014). An earlier study had found similar results, although the differences were only statistically significant for natal males (Lawrence, 2010).

GD symptoms in ASD. De Vries et al. (2010) found a considerable amount of variation regarding the clinical presentation of their participants with co-occurring GD and ASD. At the time of the study, their participants had a wide range of ASD severity (i.e., autistic disorder, Asperger's disorder), age of onset (i.e., before or after puberty), persistence of cross-sex behavior (i.e., ceasing or persisting), and natal sex (de Vries et al., 2010).

Youth with ASD have also shown similar patterns in persistence of GD symptoms akin to neurotypical youth. Children with co-occurring ASD under the age of 12 were found to have their gender dysphoria alleviated by the time they reached adolescence, but those who experienced gender dysphoria as adolescents were shown to have persistent feelings of gender incongruence (Wallien & Cohen-Kettenis, 2008). Neurotypical children have shown to have gender dysphoria persistence rates into adulthood of only 12-27% (Drummond, Bradley, Peterson-Badali, & Zucker, 2008; Wallien & Cohen-Kettenis, 2008), but a follow-up study of 70 adolescents who were diagnosed with GD in adolescence found that all continued to experience GD into adulthood and pursue gender affirmative medical care (de Vries, Steensma, Doreleijers, & Cohen-Kettenis, 2011). However, the symptoms of GD displayed in the de Vries et al. (2010) study varied greatly. The study notes that the individuals found to have ASD were frequently receive a Gender Identity Disorder – Not Otherwise Specified (GID-NOS) diagnosis rather than a firm GD diagnosis. Based upon a review of records, de Vries et al. (2010) found that the GID-NOS diagnosis was given when cross-gender behavior and interests were subclinical (i.e., primarily found in children), atypical, or unrealistic. One of their participants who received an ASD diagnosis, reported that he had always felt different from his peers, perceived this feeling of isolation was explained by gender dysphoria, despite a lack of history of childhood cross-gender behavior, and hoped that taking estrogen would ameliorate his communication challenges (de Vries et al., 2010).

Other research has found that older adolescents and adults with ASD who did not have a GID diagnosis frequently report cross-gender interests and behaviors (Hellemans, Colson, Verbraeken, Vermeiren, & Deboutte, 2007). The question has been raised whether the frequency of these reported cross-gender interests and behaviors represent GD or are more related to

sensory input preferences. For example, are natal males with ASD and GD who have traditionally feminine interests, such as soft fabrics, glitter, and long hair expressing their gender incongruence with these interests or are these interests a part of their sensory preferences? Individuals who have ASD, as well as those who identify as transgender, often have preoccupations that shape their experiences, which may extend to their gender identity issues (Williams, Allard, & Sears, 1996). In lieu of these questions, researchers and clinicians agree that having that having ASD does not preclude gender transition and that individuals with high functioning ASD can make informed decisions regarding their medical care and life choices (Jacobs et al., 2014; Strang et at., 2018).

Challenges students with ASD face in schools. As with the co-occurrence of medical comorbidities, the co-occurrence of psychiatric disorders within ASD has been observed (Gillberg, 1989; Lainhart & Folstein, 1994; Towbin, Pradella, Gorrindo, Pine, & Leibenluft, 2005). Parents of children with autism have been found to be more likely to report parental aggravation and frustration than parents of typically developing children (Schieve et al., 2012). It has also been suggested that ASD symptom severity is positively impacted by these emotional comorbidities (Matson & Nebel-Schwalm, 2007; Perry, Marston, Hinder, Munden, & Roy, 2001). Over a 12-month period, children with ASD were found to be far more likely than children without ASD to need treatment or counseling for an emotional, developmental, or behavioral problem (75.4% compared to 7.0% respectively; Gurney, McPheeters, & Davis, 2006).

Externalizing behaviors. Research regarding the prevalence of challenging behaviors has shown that individuals with an ASD diagnosis are more likely to engage in challenging behaviors than typically and atypically developing peers without an ASD diagnosis (Hartley,

Sikora, & McCoy, 2008; Horovitz, Matson, Rieske, Kozlowski, & Sipes, 2011; Matson, Wilkins, & Macken, 2008). Youth who met DSM-IV and DSM-5 criteria for ASD were reported to exhibit more externalizing behaviors than youth without ASD, especially in terms of aggression (Turygin, Matson, Adams, & Belva, 2013), with children with ASD having higher prevalence of behavioral or conduct problems compared to children without ASD (58.9% compared to 5.2% respectively; Gurney et al., 2006). Common challenging behaviors associated with ASD are self-injury, aggression, non-compliance, stereotypies, and compulsions (Baker et al., 2003; Bodfish, Symons, Parker, & Lewis, 2000; Dawson, Matson, & Cherry, 1998; Duncan, Matson, Bamburg, Cherry, & Buckley, 1999; Matson et al., 1997a; Matson, Kiely, & Bamburg, 1997b; Matson & Nebel-Schwalm, 2007; Paclawskyj, Matson, Bamburg, & Baglio, 1997). A recent study found that 68% of reporting parents indicated that their child with ASD had demonstrated aggression to a caregiver and 49% reported that their child had shown aggression to non-caregivers (Kanne & Mazurek, 2011).

In general, research has not found significant gender differences in aggression, temper tantrums, or anger irrespective of age or cognitive ability (Carter et al., 2007; Horovitz et al., 2011; Kozlowski, Matson, & Rieske, 2012; Mandy et al., 2012; Mayes & Calhoun, 2011; Murphy, Healy, & Leader, 2009; Quek, Sofronoff, Sheffield, White, & Kelly, 2012; Worley & Matson, 2011). Teachers report more appropriate classroom behavior for girls with ASD, having less concern for their social skills and externalizing behaviors than boys with ASD (Hiller, Young, & Weber, 2014; Mandy et al., 2012). For children with ASD ages 3-18, teacher report on these externalizing behaviors and social functioning concerns appear to be consistent (Mandy et al., 2012).

Internalizing behaviors. Along with externalizing behaviors, youth on the autism spectrum also struggle with internalizing behaviors. High functioning children with ASD have been found to suffer from greater levels of anxiety than typically developing peers (Gillott, Furniss, & Walter, 2001), with children with ASD having higher prevalence of depression and anxiety than children without ASD (38.9% compared to 4.2% respectively; Gurney et al., 2006). Depression and anxiety have been found to be among the most common ASD psychiatric comorbidities (Simonoff et al., 2008), with children and adolescents with ASD without intellectual disability, regardless of age, IQ, or ASD symptoms being found to be at increased risk for depression and anxiety symptoms (Strang et al., 2012). In their sample of 95 children and adolescents (age 6-12, n = 54; age 13-18, n = 41), Strang et al. (2012) found that 44% of their sample had borderline or clinical levels of depression symptoms on the Achenbach Child Behavior Checklist (CBCL; Achenbach & Rescorla, 2001), with 30% having symptoms levels in the clinical range. This greatly exceeded the estimated rate of 6% of the general population of children and adolescents meeting the clinical threshold for depression (Shaffer et al., 1996). Ghaziuddin, Weidmer-Mikhail, and Ghaziuddin (1998) found that 37% of children with ASD in their study also met the clinical threshold for depression. Strang et al. (2012) also found increased rates of anxiety in their sample, with 56% in the borderline or clinical range and 35% in the clinical range, compared to the estimated 24% of the general population of children and adolescents meeting the clinical threshold for anxiety (Shaffer et al., 1996).

Young people with ASD have been found to exhibit increased rates of depression (Ghaziuddin et al., 1998) and increased self-report of depression (Vickerstaff, Heriot, Wong, Lopes, & Dossetor, 2007) as they enter adolescence. Higher age has been correlated with elevated parent report of anxiety and depression in children and adolescents with ASD across a

broad cognitive range (Lecavalier, 2006; Mazurek & Kanne, 2010). These comorbidities have been found to significantly predict life functioning, with increased levels of depression and anxiety related to poorer life functioning for individuals with ASD (Mattila et al., 2010).

Research has yielded inconsistent results regarding gender differences in internalizing behaviors within ASD. Parents have reported more internalizing problems for girls with ASD than boys with ASD on the CBCL (Duvekot et al., 2017), and Hartley and Sikora (2009) specifically found that parents rated females with ASD higher in anxiety on the CBCL than males with ASD. However, some studies found no differences between the levels of internalizing behavior challenges for males with ASD and females with ASD (Lai et al., 2011) or that males with ASD had higher levels (McLennan, Lord, & Schopler, 1993).

It has been suggested that these inconsistencies in the research findings may be influenced by the children's ages, which differed across studies. Some research has found that during childhood, females with ASD were reported to display more depressive symptoms than either males with ASD or typically developing girls when they were younger, but as children with ASD grew older, there were no differences between the depressive symptoms of males and females (Oswald et al., 2016). Similar patterns were also found for anxiety symptoms, with younger females with ASD reporting greater levels of anxiety than males, but those significant differences disappeared by adolescence (Oswald et al., 2016).

Bullying and victimization. Research literature on bullying has found that individuals with special needs, such as ASD, intellectual disabilities, learning disabilities, language impairments, and other health care issues, are at significantly greater risk for both bullying victimization and perpetration (Davis, Howell, & Cooke, 2002; Estell et al., 2009; Norwich & Kelly, 2004; Perry, Kusel, & Perry, 1998; Rose, Espelage, & Monda-Amaya, 2009; Saylor &

Leach, 2009; Sterzing, Shattuck, Narendorf, Wagner, & Cooper, 2012; Van Cleave & Davis, 2006). Results indicate that children and youth with ASD experience increased rates of perceived physical, verbal, and relational forms of bullying, relative to their typically developing peers (Cappadocia, Weiss, & Pepler, 2012; Carter, 2009; Kowalski & Fedina, 2011; Little, 2002; Rowley et al., 2012; Sofronoff, Dark, & Stone, 2011; Symes & Humphrey, 2010; Twyman, Saylor, Taylor, & Comeaux, 2010; Van Roekel, Scholte, & Didden, 2010; Wainscot, Naylor, Sutcliffe, Tantam, & Williams, 2008; Zablotsky, Bradshaw, Anderson, & Law, 2013). The first study of victimization experiences in individuals with ASD looked at parent report of 411 children aged 4-17 and found an overall prevalence rate of 94%, with nearly 75% of mothers reporting that their child had been physically hit in the past year and 75% reporting that their child had experienced emotional bullying (Little, 2002). Compared to typically developing peers, students with ASD were found to be four times as likely to report being bullied (Wainscot et al., 2008). When asked why they thought that other students did not like them, students with ASD reported that they perceived experiences of being ignored, teased, and physically bullied more than their typically developing peers, with 40% of students with ASD reporting daily victimization and 33% reporting it occurring 2-3 times per week compared to 15% and 15%, respectively, of typically developing peers (Wainscot et al., 2008).

Students with ASD tend to exhibit risk factors associated with victimization and lack protective factors against it (Schroeder, Cappadocia, Bebko, Pepler, & Weiss, 2014). Several characteristics of ASD may increase the likely of being involved in bullying perpetration and victimization (Schroeder et al., 2014). Research has shown that having friends or supportive peers are protective factors for bullying (Bauminger & Kasari, 2000; Chamberlain, Kasari, & Rotheram-Fuller, 2007; Estell et al., 2009; Hodges & Perry, 1999; Martlew & Hodson, 1991).

Youth with ASD have difficulty forming and maintaining positive peer relationships and friends, and they tend to be marginalized by peers, which places them at high risk for being bullied by others (Schroeder et al., 2014). When youth with ASD are marginalized by their peers, they have fewer opportunities to engage in social interactions and practice their social skills, which further exacerbates their social communication deficits (Schroeder et al., 2014). For example, mothers of children with ASD reported that their children received one or fewer birthday invitations in the past year and were typically selected last for team sports (Little, 2002).

ToM deficits and communication challenges associated with ASD have also been thought to contribute to increased rates of bullying victimization. The ToM deficits in youth with ASD make it more challenging to understand social cues than their typically developing peers, increasing the likelihood of marginalization and conflict with peers (Schroeder et al., 2014). Since youth with ASD have difficulty understanding the thoughts of others, their ability to monitor feedback from others on how their behavior is perceived, further increases the risk of social misunderstandings and becoming a target for bullying (Schroeder et al., 2014). Because assertiveness and effective communication have been found to be protective factors for coping during bullying (Arora, 1991; Haq & Le Couteur, 2004; Sharp & Cowie, 1994), it is thought that that communication difficulties with ASD may increase the risk of victimization (Schroeder et al., 2014).

Behavioral and emotion regulation difficulties common for those who have ASD may also increase rates of bullying victimization. Individuals with a tendency to exhibit strong emotional and behavioral reactions (e.g., crying, visible signs of anxiety or distress) during bullying, such as those with ASD, may be at increased risk of bullying as these reactions have been found to encourage bullying perpetrators (Boivin, Hymel, & Bukowski, 1995; Gray, 2004;

Mahady Wilton, Craig, & Pepler, 2000). The restricted and repetitive behaviors and interests (RRBIs) for those with ASD may likely be perceived as odd or different by some peers, which would add further risk to marginalization and targeting by aggressive peers (Boivin et al., 1995; Boulton, 1999; Dunn, Saiter, & Rinner, 2002; Gazelle & Ladd, 2003; Gray, 2004; Haq & Le Couteur, 2004; Hodges & Perry, 1999; Schwartz, McFadyen-Ketchum, Dodge, Pettit, & Bates, 1999). Overall, research studies indicate that children with ASD experience frequent and high levels of victimization at the hands of peers compared to victimization rates in the general population, and these experiences of bullying victimization may compound social-emotional challenges (Schroeder et al., 2014).

Gender Diverse Youth with ASD

Historical and current prevalence rates of GD in ASD. In 2005, gender identity clinics started to report an overrepresentation of individuals with ASD in their referrals (Robinow & Knudson, 2005). Several cases studies have supported co-occurring ASD among clients with GD, as well as clients with ASD who had co-occurring GD (Gallucci, Hackerman, & Schmidt, 2005; Jacobs et al., 2014; Kraemer, Delsignore, Gundelfinger, Schnyder, & Hepp, 2005; Tateno, Tateno, & Saito, 2008).

In the first published study systematically examining co-occurrence of ASD and GD, De Vries et al. (2010) examined rates of suspected ASD symptoms among patients of a gender identity clinic. Prior to the publication of this study, case reports had only described the co-occurrence of gender identity disorder (GID) and autism spectrum disorder. A total of 204 children and adolescents (n = 108 children [M_{age} = 8.06, SD = 1.82], 96 adolescents [M_{age} = 13.92, SD = 2.29]) participated in De Vries et al.'s 2010 study. Out of these 204 participants, 7.8% (n = 16) met criteria for an ASD diagnosis based on the Dutch version of the Diagnostic

Interview for Social and Communication Disorders (10th rev., DISCO-10; Wing, 1999; Van Berckelaer-Onnes et al., 2003). At the time of the study, the incidence rate of 7.8% ASD in the gender identity clinic referred participants was ten times higher than the general population's prevalence rate of 0.3-1.16% for ASD (Baird et al., 2006; Elsabbagh et al., 2012; Fombonne, 2005).

Methods of measuring prevalence rates. Standardized parent report measures of autism symptom severity have been used in many research studies of adolescents who have been referred for consultation around gender (Shumer et al., 2016; Skagerberg et al., 2015; van der Miesen et al., 2018). Some researchers have raised concerns that autism screeners used in some of these prevalence studies have poor specificity for determining ASD (Turban & van Schalkwyk, 2018), which may be obfuscating the actual prevalence rates of co-occurring ASD and GD.

Some studies have looked to examine rates of gender variance among participants with ASD by utilizing the CBCL. Item 110 of the CBCL 6-18 asks parents to rate on a 3-point Likert scale how often their child expresses "wishes to be the opposite sex" (0 = Never True, 1 = Sometimes True, 2 = Very True). Strang et al. (2014) found that 5.4% of the subjects diagnosed with ASD had parent report of gender variance, as indicated by a 1 or 2 on item 110. This was significantly greater than the 0.7% indicated in the general population normative sample of the CBCL (Achenbach & Rescorla, 2001). Endorsement of "sometimes true" or "very true" on CBCL item 110 has been found to be strongly correlated with clinical diagnoses of gender related issues (Cohen-Kettenis, Owen, Kaijser, Bradley, & Zucker, 2003).

In 2016, Janssen, Huang, and Duncan replicated this method with 492 children and adolescents (409 natal males and 83 natal females) who received a diagnosis of ASD at the New

York University Child Study Center. They calculated the odds ratio of endorsement on item 110 and found that those diagnosed with ASD were 7.76 times more likely to report gender variance than the CBCL normative sample, which was statistically significant (Janssen et al., 2016). Roughly 5.1% of the parents in the ASD group and 0.7% of the CBCL normative group endorsed 1 or 2 (i.e., sometimes or often) on item 110, and 5.1% of natal males and 4.8% of natal females endorsed item 110 (Janssen et al., 2016). Neither gender nor age influenced the rate of endorsement. At the time of the study, there was no evidence to suggest a difference in prevalence rates of gender variance between natal males and natal females with ASD.

Given the complexity of accurately diagnosing ASD and GD, the results of these studies where only CBCL item 110 was used to measure gender variance should be met with caution. In 2003, Cohen-Kettenis noted that caregivers were the primary informants for the CBCL ratings and cannot be taken as entirely independent from the DSM diagnosis that was given. This suggests that they warn against using the CBCL as an independent measure of gender variance, which has been used in later studies, such as Janssen et al. (2016). Future researchers could utilize CBCL items on gender identity and role expression, but in order to make findings more appropriate and valid, additionally measures of gender variance, such as DSM diagnosis by an appropriately trained psychologist or medical professional, questionnaires that explicitly examine gender variance and gender dysphoria, and a detailed clinical history, should also be incorporated.

Research examining the perspectives and experiences of gender diverse youth with ASD. Strang et al. (2018b) wrote, “Taken as a whole, this prevalence literature suggests an over-representation of ASD among adolescent gender-referrals, but there remains a lack of clarity regarding the nature of this co-occurrence such as the qualities of gender-diversity and/or gender

dysphoria that these young people experience" (p. 40). Thus, while there is need to better understand the prevalence rates of youth experiencing co-occurring ASD and GD, researchers are beginning to call for research that examines the personal experiences of this specific population. Both quantitative and qualitative approaches are important to gathering information to better serve this population. Øien, Cicchetti, and Nordahl-Hansen (2018) advocated for qualitative studies of lived experiences of individuals with ASD and GD to develop better understanding and clinical practices.

One clinical guideline for working with youth with ASD and GD has been the published (Strang et al., 2018a). However, these proposed best practices were based solely on the knowledge and feedback of clinical experts. Development of the practices did not directly involve or incorporate feedback from youth with ASD and GD. Individuals with co-occurring ASD and GD have a broad spectrum of gender-related needs and experiences (Strang et al., 2018b). Because of this, research needs to be conducted to better understand participants' needs and experiences (van Schalkwyk et al, Klingensmith, & Volkmar, 2015). Qualls, Hartmann, and Paulson (2018) also advocated for qualitative research with individuals with ASD or higher Broader Autism Phenotype (BAP) who identify as LGBTQ+ to help mental health providers better understand and treat their unique mental healthcare needs.

Little research has been conducted that examines the personal perspectives and experiences of youth who have ASD and identify as transgender or gender diverse (Bontinck et al., 2018). The first study that produced empirically-based research with adolescents with ASD who identified as transgender or gender diverse was a qualitative interview study conducted by Strang et al. in 2018(b). This study drew upon the work of prior qualitative research that examined the experiences and concerns of other subgroups within the autism community. The

Strang et al. study (2018b) included 22 adolescents with ASD who identified as transgender or gender diverse and examined themes that emerged from these youth's reported experiences and recollections. Framework analysis (FA), a rigorous qualitative data analysis method, was used to analyze findings. Strang et al. (2018b) chose this analysis method due to its use in prior qualitative research studies with individuals with ASD (Bargiela, Steward, & Mandy, 2016).

Several themes emerged across the participants' interviews. One primary theme was the recalled experiences of gender nonconformity prior to the onset of puberty (Strang et al., 2018b). Although most participants reported first remembering they might *be* another gender during middle school, most recalled that their earliest memories of gender nonconformity occurred during or prior to elementary school (Strang et al., 2018b). Although the remembered signs of gender nonconformity varied across participants, the most commonly reported signs were greater comfort being around and/or associated with others of another gender, interest in activities that were stereotypically associated with another gender, and preference for cross-gender expressions (e.g., clothing, hair style), and aversion to expressions associated with sex assigned at birth (Strang et al., 2018b). The degree to which participants outwardly displayed their affirmed gender was reported to be influenced by several factors, such as youth motivation, the availability of settings where displaying their affirmed gender would be accepted, and participants' perceptions of whether it was safe to publicly affirm their gender (Strang et al., 2018b).

Another theme that most participants described experiencing was gender dysphoria and they were able to do so with vivid detail (Strang et al., 2018b). It was important to nearly all of the participants to be able to live as their affirmed gender, and many reported that it was an urgent need for them (Strang et al., 2018b). It should also be noted that some participants

indicated they had a need or wish to explore various gender options (Strang et al., 2018b), indicating the varied needs of gender-related services and supports for these adolescents with ASD. Participants were also fearful of expressing their affirmed gender due to perceived social animosity toward individuals who were trans and nonconforming to heteronormative gender expressions (Strang et al., 2018b). Many participants also reported that they faced unique challenges that arose from the intersecting identities of gender and neurodiversity, but some perceived their intersecting identities could be helpful (Strang et al., 2018b). For instance, many participants described challenges verbalizing and advocating for their gender needs due to their ASD-related social communication differences (Strang et al., 2018b).

Gender diverse youth with ASD in schools. Youth with ASD who identify as transgender or gender diverse may perceive and experience heightened social challenges and hostile climates within school contexts compared to students who identify only as having ASD or being transgender or gender diverse. Strang et al. (2018) proposed that youth with these dual identities (i.e., ASD and identifying as transgender or gender diverse) may have even greater challenges navigating their gender presentation at school. However, little research has been conducted describing the experiences of youth with ASD who identify as transgender or gender diverse, especially regarding experiences in school. This research study sought to add to this knowledge gap by conducting qualitative research interviews with these youth asking about their school experiences regarding their gender identities.

Conceptual Framework

To recognize and honor the multiple marginalized identities of research participants, a conceptual framework was created from two primary theoretical frameworks: an intersectionality framework and the social model of disability.

Intersectionality Framework

Intersectionality as a framework was proposed as a response to feminist and anti-racist discourse which was considered to have excluded women of color, particularly Black women (Crenshaw, 1991). Although intersectionality was initially centered on Black women, Crenshaw (1991) considered intersectionality as a provisional concept, one that could and should be expanded upon to include other identities that face marginalization. Since then, intersectionality has been defined as the study of how facets of identity are sites for privilege and oppression (e.g., race, class, gender, ethnicity, age, sexual orientation, ability, education), and influence individual experiences (Bowleg, 2008; Crenshaw, 1991; McCall, 2005). Researchers from across disciplines have utilized an intersectionality framework to understand individuals who have multiple identities and how different environments may influence these identities due to related systems of oppression.

Garcia and Ortiz (2013) suggested that education and disability researchers should utilize an intersectionality framework to understand the political, social, cultural, and historical contexts of disability and its effect on school experiences. An intersectionality framework draws from disability studies and queer theory by focusing on how identities are fluid and complex, as well as how "normalcy" is a socially-constructed concept (Gutmann Kahn & Lindstrom, 2015). Crenshaw (1991) noted that the way members of oppressed groups identify may be a form of resistance. She wrote:

> "We all can recognize the distinction between the claims 'I am Black' and the claim 'I am a person who happens to be Black'. 'I am Black' takes the socially imposed identity and empowers it as an anchor of subjectivity…'I am a person who happens to be Black', on the other hand, achieves self-identification by straining for a certain universality (in

> effect, 'I am first a person') and for a concommitant dismissal of the imposed category ('Black') as contingent, circumstantial, nondeterminant. There is truth in both characterizations, of course, but they function quite differently depending on the political context." (Crenshaw, 1999, p.1297).

In the current study, an intersectionality framework was used to note when participants used language to indicate different facets of their identity, such as their ASD diagnosis, which may influence the salience of their gender identity.

Previous disability research has used an intersectional lens. Using an intersectionality approach allows researchers to understand intersections of identity that form between multiple social categories rather that treating social categories as singular, independent facets of an individual's identity (Gutmann Kahn & Lindstrom, 2015). Gutmann Kahn and Lindstrom (2015) used an intersectional lens in their work interviewing individuals who identified as having a disability and being a member of the LGBTQ+ community. An intersectional lens allowed them to better understand the unique experiences and perspectives of these two identities. The current research study utilized this same intersectionality framework and expanded upon prior disability studies research that used this framework. In the current research study, an intersectionality framework was used as a base in conceptualizing how identity was experienced and understood, similar to past research studies. Although Gutmann Kahn and Lindstrom's study used an intersectional lens in their analysis of the experiences of individuals with a variety of disabilities, this study focused on individuals with ASD as their primary disability. Because study participants had ASD and identified as a gender minority, both identities may influence and interact with one another, especially in environments like school. As youth, ASD identities may be more salient in the context of school, which may impact how they think about and experience

their gender identity. An intersectionality framework allowed for the possibility that these two identities impacted one another, rather than functioning as isolated facets of identity.

An intersectionality framework also supports the use of interviews rather than observations because identities are an unobservable part of the human experience; it is only by asking an individual about their identities, how the identities influence one another across contexts, and how the identities influence perception will this information be gathered. Research using only observations to answer research questions regarding experiences will be unable to provide information into why a participant is behaving a certain way. In such a study, the researcher would be making assumptions of the participant's motivations and identities, maintaining a system of marginalization and oppression, particularly for youth who have multiple, marginalized identities. Interviews influenced by an intersectionality framework allow for the researcher to acknowledge and validate multiple identities in an individual and how these identities may influence each other, as opposed to only focusing on one facet to an individual's identity, which may marginalize the individual's other identities. For example, Gutmann Kahn and Lindstrom (2015) intentionally utilized an intersectional lens in their approach to interview questions in order to gain a greater understanding of how individuals who identified as having a disability and as a member of the LGBTQ+ community, experienced each identity and how these identity facets informed and influenced each other. Using an intersectionality framework to inform interview question, allows researchers an anti-ableist and anti-heteronormative paradigm to gain knowledge that adds to current understanding of individuals with multiple, marginalized identities. This current study, through the use of interviewing informed by an intersectional lens, allowed for a greater understanding of how transgender or gender diverse adolescents with a diagnosis of autism experience these facets of their identity.

Social Model of Disability

Disability has been conceptualized in many different models. This study draws upon the *social model of disability*. The social model of disability defines disability as a social construct, drawing distinction between disability and impairment (Artiles, 2013). This is a "discourse of opposition, directed primarily against societal oppression" (Schillmeier, 2010, p. 4). This discourse has focused on barriers upheld by an "ableist society, prejudices and biases against disability, and deficit models that dismiss the lived experiences, viewpoints, potential, and contributions of disabled people" (Artiles, 2013, p. 331). The social model of disability holds that impairment does not necessarily lend itself to disability. Disability stems from "society's ableist assumptions and practices about what is considered normal" (Artiles, 2013, p, 335). For example, a person who is neurodiverse is only disabled when the environment (e.g., classroom, public space, work space) is unaccommodating to their needs (e.g., requiring individuals to stay still for long periods of time, narrow range of accepted ways to show knowledge). Rather than focusing on "fixing" disabled bodies, the social model of disability advocates for societal social and physical structures to be fixed (Crossley, 1999). A student who receives accommodations that help support their impairments will not be "disabled." Drawing upon the social model of disability, I look for ways in which my participants reference their environments. This includes references to social environments (e.g., classrooms, social interactions) and physical environments (e.g., schools, classrooms). It is possible that environments that better support participants' gender identities minimize the social and emotional impairments that may arise from navigating through a heteronormative space.

Taken together, intersectionality framework and the social model of disability help prioritize the participants' personal experiences and the role different environments play in

bringing different identity facets into prominence. For example, an African American, transgender student may feel their gender identity is more salient while in a classroom with primarily cisgender peers but may feel their racial identity more strongly if they were the only student of color in the school's Gay Straight Alliance (GSA) group. It is possible that a transgender or gender diverse student with autism may feel one identity more strongly in a school context, depending on how the environment supports them. Because of this, intersectionality framework and the social model of disability were necessary to conduct this study and to inform the study's research questions.

Research Questions

This basic qualitative study sought to answer three primary research questions: 1) How do gender diverse youth with ASD perceive that formal and informal school structures influence their perceptions of safety and support in school?, 2) How these students perceive that formal and informal school structures influence their perceptions of feeling unsupported in their gender identities in school?, 3) How do these students perceive that their gender identities and those of other students could be better supported in school?

Chapter 3: Method

Current Study Design

This basic qualitative research study utilized information gathered during qualitative interviews with participants with ASD who identify as transgender or gender diverse. In general, the goal of basic qualitative research is to understand how individuals make meaning of their lives and experiences (Merriam & Tisdell, 2016). Because this study sought to understand the internal cognitive and emotional perceptions and experiences of youth with ASD who identify as transgender or gender diverse, qualitative interviews were the most appropriate method of collecting this type information. The study used a subset of data from a larger study, but the data collected and analyzed for the current study are new and unique.

Study Design of Larger Study

The larger study included 30 participants divided into three groups: neurotypical transgender or gender diverse, cisgender ASD, and transgender or gender diverse ASD. Participants were between the ages of 14 and 19 years old to capture students of high school age. The larger study answered two primary research questions: 1) How do youth with Gender Dysphoria and/or ASD conceptualize about gender and their own gender identities?, and 2) What do transgender or gender diverse youth and cisgender youth with ASD think about three questionnaires used during the gender affirmation therapy readiness assessment process?

In the larger study, qualitative interviews were conducted with all 30 participants. While participants were being interviewed, participants' caregivers completed a demographic form, the Social Responsiveness Scale – Second Edition (SRS-2; Constantino & Gruber, 2012), the Achenbach Child Behavior Checklist 6-18 (CBCL 6-18; Achenbach and Rescorla, 2001), and the Recalled Childhood Gender Identity/Gender Role Questionnaire-Parent Report (RCGIE-GS-

Parent; Berg, DeWitt, Spencer, & McGuire, 2006). Adolescent participants in the two groups with ASD diagnoses were not re-administered the Autism Diagnostic Observation Scale-Second Edition (ADOS-2; Lord et al., 2012) because each was assessed with the ADOS-2 at the Children's Hospital Autism Center on a previous occasion. Rather, the SRS-2 was used as a measure of autism symptom severity.

The two groups of participants with diagnoses of ASD returned for a second study visit where adolescent participants completed questionnaires and forms used in the Children's Hospital gender affirmation therapy readiness assessments. The adolescent participants were asked to give their feedback on items to guide development of future gender affirmation therapy (e.g., assistance with social transitions, hormone blockers, cross-sex hormones) readiness assessment forms and questionnaires designed specifically for individuals with ASD.

In the larger study, a unique purposeful sampling strategy was utilized which is most appropriate to examine phenomenon that are uncommon (Patton, 2015). Participants were purposefully chosen because they have unique characteristics (Patton, 2015). In the larger study, individuals were purposefully sampled who either identified as transgender or gender diverse, had a diagnosis of ASD, or had an ASD diagnosis and identified as transgender or gender diverse. Participants either received or had a confirmed diagnosis of ASD from the Children's Hospital Autism Center. Additionally, participants were self-identified as transgender or gender diverse and sought some form of gender affirmation therapy from the Children's Hospital Gender Clinic. In order to control for cognitive and adaptive functioning, participants were required to spend roughly 80% of their time in a general education setting appropriate for high schoolers. This criterion was set to rule out significant expressive or receptive language difficulties, which would impact the interview process.

All research was conducted at the Children's Hospital's main campus or at its Autism Center in the Pacific Northwest. Participants chose the location for their interview. These settings were selected for participants' familiarity. It was thought that the participants would be less anxious in these setting because they were familiar with them. Interviews took place in either a clinical office or testing room, depending on which was available the day of the study visit. Each room offered a private, confidential space to interview participants. Additionally, participants were provided water and light snacks in case they got hungry or thirsty during the interview.

Current Study Participants

The current study involved a subset of 10 participants from the larger study who identified as gender diverse and had a diagnosis of ASD. These ten participants are referenced henceforth as: Ben, Poppy, Will, Matt, Rio, Morgan, Hazel, Brittany, Keanu, and Emi (all pseudonyms; see Table 1). These ten participants were selected because of their unique dual identities of having ASD and identifying as transgender or gender diverse. All participants identified as White and were between the ages of 14 and 19 years old at the time of the interview. Five of the participants identified as transgender males (i.e., Ben, Will, Matt, Rio, and Keanu), three as transgender females (i.e., Poppy, Brittany, and Emi), one as gender fluid (i.e., Morgan), and one as non-binary (i.e., Hazel). In terms of sexual orientation, three identified as gay (i.e., Will, Matt, and Rio), two as bisexual (i.e., Poppy and Emi), and three as pansexual (i.e., Morgan, Hazel, and Brittany). One participant, Keanu, was unsure of their sexual orientation, trying to determine if they identified as either as gay or pansexual, and Ben stated that he did not know his sexual orientation. Two participants had recently graduated from high school (i.e., Brittany and Keanu), and the remaining participants were completing their high school

education. Six participants attended public school (i.e., Ben, Poppy, Matt, Brittany, Keanu, and Emi), two attended an alternative school (i.e., Rio and Morgan), Will attended school online but had formerly attended public school, and Hazel was homeschooled but had some public school experience. A summary of participant demographics can be found in Table 1.

Measures

Data were collected from semi-structured interviews collected during the larger study, which is a primary method of data collection for qualitative analysis (Braun & Clarke, 2013). Researchers seeking to find out "what is in and on someone else's mind" utilize interviews (Patton, 2015, p. 426) because participants are viewed as the experts on their personal experiences, views, and practices (Braun & Clarke, 2013). An interview protocol was developed for the larger study with questions to draw on participants' expertise and make their experiences known.

Interview protocol development. The author of the current study constructed the interview protocol for the larger study. Additionally, the interview protocol included questions about different systems in which participants lived and the role that gender played within those systems. For example, participants were asked how they thought their gender identity influenced their family relationships, their relationships with friends, their relationships with classmates and teachers, and school experiences. The interview protocol was approved by the larger study's principle investigators and the Children's Hospital Institutional Review Board (IRB). See Appendix A for the complete interview protocol.

Drawing upon an intersectionality framework, questions were designed to elicit how participants thought autism played a role in how they experienced their gender identity. For example, participants were asked how they thought autism influenced how their gender identities

informed their gender expression. They were also asked what role they thought autism had in how they navigated their gender in different environments, such as how they thought autism influenced how they expressed their gender in schools.

Questions were also developed using the social model of disability to inquire how environments influenced participant experiences. This was accomplished with questions that asked what helped students feel safe and supported in their gender identities, what influenced participants to feel unsafe and unsupported, and how they wished environments were different in order to feel safer and more supported. Participants were asked these questions across domains, such as with their families, friends, peers, teachers, and schools.

Utilized consultation. Three constituent groups were consulted during protocol development: LGBTQ+ subject-matter experts, ASD subject-matter experts, and qualitative methodology experts.

As part of protocol development, members and experts of the LGBTQ+ community were consulted about interview content and question phrasing. In particular, the author sought out gender diverse members of the LGBTQ+ community and gender subject-matter experts for consultation. Consultation took place in one-on-on interviews and via email. Overall, the individuals consulted agreed that the interview protocol had natural, respectful flow and phrasing. They reported it focused on topics that would elicit important and relevant data. None of the LGBTQ+ consults disclosed that they had ASD or identified as autistic. Individuals with ASD were also consulted.

ASD researchers, clinical providers, individuals with ASD, and other ASD subject-matter experts were consulted regarding questions, possible prompts for participants, and integrating the topic of autism into the interview. For example, consultation was sought on how to format

questions around the abstract concept of gender into more concrete, ASD-friendly phrasing. Sometimes questions were abstract given the nature of their subject matter; experts provided feedback that follow-up prompts would be helpful to participants, such as giving concrete examples of what type of information was desired. Overall, ASD-related experts reported that the interview protocol was appropriately worded for interviewing individuals with ASD.

Additionally, experts in qualitative methodology were consulted. These experts were university professors of qualitative methodology courses, and one was a clinical researcher at a Children's Hospital who regularly conducted qualitative research. Qualitative consultants provided written and in-person feedback on the interview protocol's structure and form. For example, feedback was given on how questions could be adjusted to be more open-ended, allowing for a greater opportunity to collect information-rich, descriptive data. Feedback was also provided on structuring interview topics in a logical, naturalistic fashion. Qualitative experts gave their approval for the final interview protocol's format, structure, and content.

Procedures

Interviewing is one of the best techniques for conducting in-depth case studies of a few selected individuals (Merriam & Tisdell, 2016). A semi-structured interview approach allows researchers to respond in the moment to information provided by participants, adjust the order of conversation topics to match the conversation, and adjust the phrasing of questions as needed for each participant (Merriam & Tisdell, 2016; Roulston, 2010). While the interview questions served as anchors to the interview, the researcher attended to idiosyncratic answers and asked follow-up questions. These follow-up questions frequently yielded rich descriptions of the participant's thought processes around how an experience was perceived. For example, several participants answered that some teachers they interacted with were "nice" and "supportive." By

asking the participants to tell more about this, the researcher was able to draw out what each participant viewed as "supportive," which ranged from explicit actions taken by others to interpersonal characteristics.

Every qualitative interview was completed by the author of the current study. Each interview typically lasted between one to two hours, but the interview length varied by participant, depending on how much the participant had to share and their rate of speech. At the beginning of every interview, several points were discussed including the study's purpose, the author's intentions and motives, the use of pseudonyms to protect participants' identities, participant reimbursement, study logistics, and who would have final say over the study's content (Taylor & Bogdan, 1984). Each participant was presented with the consent/assent form (see Appendix B), encouraged to ask questions, and asked to sign the consent/assent form. Throughout the consenting process, participants were reminded that: participation was voluntary, they could choose to leave the study at any time, leaving the study would have no impact on their care at the Children's Hospital, and they were free to decline to answer any questions asked of them.

Research Positionality

The author of this study has several identities and philosophical orientations that influenced her positionality as a researcher. First, the author identifies as a White, non-disabled, bisexual, cisgender woman who is formally educated. For many of these identities, the author is in a position of power and privilege. The author recognized that she has several internalized heteronormative biases that arise from growing up in a heteronormative society. As such, she tried her best to reflect back what she had understood the participants to share so to minimize her personal interpretations of what the participants had intended to communicate. However, the

author cannot remove her identities from how she initially views and interprets the world. By being mindful of these identities, though, she hoped to bring awareness to her own biases and actively work to make sure they were either minimized or actively countered.

Philosophically, the author utilizes a social constructionist orientation to her views on research. As a social constructionist, she views that there is no single, true reality that can encapsulate an experience. Individuals each have their own truth and reality that is influenced by their own experiences and interpretations. As such, the author's philosophical orientation influences her to view that the results of these interviews cannot be interpreted as representative of all individuals who identify as transgender or gender diverse who have a diagnosis of autism, but the author took steps to establish that the results of the interviews are trustworthy and credible.

Establishing Trustworthiness and Credibility

To help establish rapport with participants, the author of the current study was as transparent as possible about her identities and her "outsider" status compared to the identities of the participants. During the interview, the author shared her identities (e.g., White, cisgender woman, non-disabled) and explicitly acknowledged that the participants were the experts on their experiences, as they were not the author's experiences. She stated that there were no correct and/or expected answers to any of her questions. She created space for the participants to speak in their own way by stating language that may not be appropriate in schools or with professionals (i.e., cursing) was acceptable. A few participants shared that they did not curse, and the author validated those behaviors as well. She encouraged participants to ask questions if they did not understand the question or the author's intent. When the author misspoke, she openly addressed her mistake and tried to react to imperfections with compassion, grace, and humor. The author's

demonstration of humor appeared to be effective in establishing a positive rapport with participants.

Adequate engagement in data collection. Throughout the interview, the author made it clear that she valued participant's opinions and wanted to hear their thoughts and perspectives. Merriam and Tisdell (2016) noted, "This stance will go a long way in making the respondent comfortable and forthcoming with what he or she has to offer," (p. 128). By putting participants in the role of "expert," the author hoped to encourage participants to share their thoughts and be comfortable doing so. Participants were asked about topics such as their identities (e.g., gender identity, disability identity), their gender identity development over the course of their lifetime, their personal experiences of realizing they were gender diverse and the reactions of those around them, and their school experiences regarding their gender identity.

Triangulation. Triangulation includes using multiple methods to gather data, multiple sources of data, multiple investigators, and/or multiple theories to confirm emerging findings (Denzin, 1978). When a qualitative researcher utilizes multiple methods to gather data, she or he primarily utilizes observations, interviews, and document review to see if there are common themes connected to the topic of the research study found by each method (Merriam & Tisdell, 2016). Qualitative researchers conducting interviews with individuals with different perspectives, at different times, at different places, or over a period of time allows for multiple sources of data, which could yield findings about a "consistent view of reality" (Merriam & Tisdell, 2016). Patton (2015) holds that triangulation increases the quality and credibility of a qualitative research study by "countering the concern (or accusation) that a study's findings are simply an artifact of a single method, a single source, or a single investigator's blinders" (p. 674). When multiple sources and means of data are used, there is a stronger argument for the

credibility of a qualitative study's research findings. For this study, interviews from ten different participants were gathered, with each participant being different from one another in one or multiple ways way (i.e., age, school setting, identified gender). Interview data from each was then triangulated in order to detect commonalities amongst the participants.

Member checks. Additionally, a-priori member checks were intentionally integrated throughout the interview. The interviewer would regularly use reflective summaries of participant answers, confirming intention and understanding of the participants' responses. The interviewer would also check for understanding by asking follow-up questions and request for elaboration if misunderstandings were detected. Additionally, at the end of each interview topic, the interviewer would summarize participant responses to serve as additional member checks. Finally, at the end of the interview, participants were asked for feedback on the interview questions, topics, interviewing style, and the interviewer herself. This was done to ensure that relevant topics were addressed and that subsequent interviews would address topics previous participants had stated to be of importance to ask.

Data Analysis

Once the interviews were completed, the audio recordings of participant interviews were transcribed for analysis. When analyzing transcripts, an inductive and comparative approach to analysis was used (Merriam & Tisdell, 2016). Glaser and Strauss (1967) proposed the constant comparative method of data analysis as a means of developing grounded theory. In the constant comparative method, researchers code and analyze data simultaneously in order to develop concepts (Taylor & Bogdan, 1984). As researchers continually compare data points, they are able to refine concepts, identify their properties, explore relationships between concepts, and build these concepts into a larger explanatory model (Taylor & Bogdan, 1984). Since its inception, the

constant comparative method has been utilized by qualitative researchers to generate findings (Charmaz, 2014).

The University of Washington IRB Human Subjects Division was contacted, and it was determined that the current study's design did meet the federal and state definitions of human subjects research. It was determined that the current study did not need to be reviewed and approved by the University of Washington IRB. See Appendix C for the University of Washington IRB Human Subjects Division decision letter. Upon receiving this determination, data analysis was initiated.

Data analysis began with open coding of two participants', Matt and Morgan, interview transcripts. Matt and Morgan's interviews yielded rich, detailed information, and it was decided that using these two interviews as the starting point for open coding would be the most efficacious in developing a coding scheme. Open coding involved reading over each transcript and taking note of any piece of data that may have been potentially relevant for understanding the current study's research questions. Interviews were read multiple times to detect and identify possible codes. For example, one possible code was a reference to a positive emotion, so notes were taken whenever either of the participants referenced a positive emotion. This was then broken down for references to the participant experiencing a positive emotion or labeling others with a positive emotion. This type of open coding was done for anything that the participant discussed or shared. These open codes were further refined into a coding scheme, informed by the frequency and emotional valence of descriptions and the current study's conceptual framework. Qualitative research methodology experts were consulted during the development of the coding scheme, and their feedback was incorporated into the final coding scheme. Each of

the remaining eight interview transcripts were then coded using this coding scheme. See Appendix D for the coding scheme created from Matt and Morgan's interviews.

Axial coding (Charmaz, 2014; Corbin & Strauss, 2015) was then utilized with the coded transcripts. Coded pieces of information were grouped together based on their similarity in meaning and the author's interpretations. These "categories" or "clusters" formed the basis of concepts that were further analyzed. For example, several of the participants described themselves experiencing positive feelings, as well as describing others in a positive light or exhibiting positive characteristics. These were initially separate groupings, but upon reanalyzing the transcripts, positive characteristics of others appeared to be intimately linked with participants describing feeling positive emotions. Participants describing others in a positive light appeared to be a more salient, appropriate category to answer the first research question. Thus, analysis began to focus on when participants were describing others positively and who they were mentioning.

After axial coding was conducted, thematic analysis was utilized in order to detect commonalities and themes that emerged across the formed categories. The categories were examined regarding their content, context, relationships to one another, and their connections to the current study's conceptual framework. Themes were identified for each category, and each theme was based on their descriptors, as well as their relation to the current study's conceptual framework. The themes that emerged were used to gain insight into the perceptions and interpretations of the participants' school experiences. For example, the category of "positive characteristics" was analyzed in order to detect more salient themes. Several common characteristics described by participants was revealed in this analysis, such as "chill", "open", "friendly", "warm", which were linked to descriptions of elicited feelings of support and safety

from participants. These were then noted to be specifically used by participants when describing teachers that they perceived to be supportive. Themes such as this were then looked at and compared with one another, and from there, it was determined the themes that arose could be divided into two broad categories: formal school structures and informal school structures.

Chapter 4: Results

While participants had their own personal school experiences, they shared formal and informal school structures that bolstered and diminished their feelings of safety and support in school. From these formal and informal school structures, several distinct facets emerged for each structure. Within formal school structures, five common themes emerged across participants: (a) ability to transfer schools, (b) use of preferred name and pronoun (c) inclusive anti-bullying policies, (d) access to gender-neutral bathrooms, and (e) presence of Gay Straight Alliances (GSAs) and other LGBTQ+ student groups. Four distinct facets of informal school structures were identified in the interviews of participants: (a) giving room for student agency, (b) upholding and enforcing formal and informal school policies, (c) personal characteristics of teachers and school staff, and (d) the ways in which teachers and school staff supported LGBTQ+ youth. For each of these identified themes, their presence was found to be what participants said would help their and others' gender identities be better supported in schools, which was what the third research question looked to answer.

Additionally, all participants expressed that the interviewer accurately understood what they shared and addressed pertinent topics to their experiences in schools. Finally, participants also expressed common thoughts around their autism identity and its relationship to disability identity and gender identity. While this information did not directly answer the three primary research questions, given the author's positionality that identity influences perceptions and experiences, this information may give personal context on the personal identities which may have influenced the participants' perceptions of school experiences.

Formal School Structures of Support

Ability to transfer schools. Several participants shared that transitioning between academic years (e.g., transitioning during the summer between grades) or transferring schools aided in their social transitions. When asked which teachers Brittany came out to, she replied, "Actually, at that point, I was starting to move into a different school, and so it was kind of a good time…All the new teachers, I could just start with, I'm Brittany." The physical school transition allowed Brittany to immediately introduce herself with her name, without having to correct others' misgendering or explain her gender identity. She only had to disclose her gender status once in her file rather than with each teacher. Brittany appeared to greatly appreciate the ease of this transition. None of the staff members asked her questions. Brittany did not have to "prove" her identity. The ease of this social transition allowed Brittany to focus on making new friends and settling into her new school, rather than concern herself with how to "come out." Brittany also expressed that transferring schools helped decrease her symptoms of depression and anxiety. Transferring schools allowed Brittany to avoid having to navigate socially transitioning with teachers and students who knew her by her former name and gender.

Poppy shared a similar experience as Brittany. Poppy never had to "come out" to her teachers as her name was changed in school records before starting her new school. Matt chose to transition during the summer before his 8th grade year in order to make the social transition as smooth and straightforward as possible.

Use of preferred name and pronouns. Every participant brought up the importance of the use of their preferred name and pronouns in school. This included being able to change these identity markers in the official school administration system to teachers and staff members actually using participants' names and pronouns on a daily basis.

Many of the participants brought up changing their names in official school systems. It was important and meaningful for participants that this process was simple and easy. Ben described that all he had to do at the beginning of the year was to check a box with his preferred name and gender.

> **Ben**: "Getting my official gender changed in there was literally…submit a form every year…and one of those was just our basic information, including a little box for gender. So when that came around, we just changed it."
>
> **Interviewer:** "And any further forms or was that it?"
>
> **Ben**: "It was just that."

Brittany also appreciated the simple process of changing her name and gender in the school file system. A change at this level ameliorates potential issues with substitute teachers misgendering or misnaming transgender or gender diverse students, allowing them to feel safe, seen, and supported even when their primary teachers are absent. Will described the impact that changing his name in the school system had on his comfort at school and his attendance.

> **Will**: "Once my school changed my dead name to my preferred name, I definitely felt a lot better going into class because a lot of time I wouldn't go to class because I didn't like being called she, and I didn't like being called my dead name. So once they changed it, that's when I started going to my classes a bit more because I felt a lot better about doing so."

Rio also shared how his mother assisted in getting the school to change his name in their system, as well as to allow other accommodations for his gender.

> **Rio**: "She spoke to the school about me getting changing room accommodations so that I could change in the nurse's bathroom for P.E. [Physical

> Education]. And then I think there was something about name. She asked to have it changed."

Will expressed a similar sense of appreciation for his name changing at school.

> **Interviewer**: "What would you say to your current teachers or school staff?"
>
> **Will**: "I would probably say thank you for changing my name into the name that I prefer. It feels good to be called Will because that's just who I am. It's who I've always been. It's what I like. So happy that people are doing that."

Neo shared that when he asked his teachers to use different pronouns for himself, they generally responded with an accepting, "Oh, okay." They did not ask Neo further questions and in Neo's terms "didn't really care." It was a non-issue to these teachers, and they did what Neo asked them to do. However, Neo also experienced a teacher who actively denied Neo's identity despite several attempts from Neo to advocate for his identity.

> **Neo**: "I told her on the first day and it was like, 'Okay, blah blah blah.' I told her several different times in the class, so everyone heard me. It wasn't private or anything. I explained the name thing and everything many different times. She just completely flat-out ignored me. She would just completely go on and not even hear me."

Neo took this ignoring very personally. As he was retelling the story, he became more agitated, which he showed through his volume rising and his gestures becoming more erratic. Eventually, Neo decided to drop the class because he could not withstand his identity, name, and pronouns being denied.

Rio also discussed how having teachers call him by name made a noticeable difference to him.

> **Interviewer**: "With your preferred name, did teachers actually use it?"
>
> **Rio**: "Yeah, they did, and so that was also helpful. And then so that was the whole thing. Not a lot of effort, but it was definitely a noticeable amount of effort that made things easier."

Rio acknowledged that it did not take a lot of effort to call him by his name, but the effort that was given made school more comfortable and accessible to him. Additionally, Brittany shared that she would tell her school administrators and teachers to call her by name and use she/her pronouns.

Presence of anti-bullying policies. Some participants were unsure of the presence or extent of their school's anti-bullying policy. Poppy shared that she did not know her school's policies, adding, "I mean, the teachers aren't allowed to do much that stop kids." When Brittany was asked about whether her old school had an anti-bullying policy, she replied, "It was a Montessori school." Her response implied that Montessori schools or private schools do not have anti-bullying policies. While this assumption is not always correct for private schools, as Rio and Morgan attended a private school which had an anti-bullying policy, it does indicate a belief about private schools. Brittany's response can be compared to her subsequent description of whether her current, public school had an anti-bullying policy. "Pretty sure all the schools have got to have an anti-bullying policy—I think every school has an anti-bullying policy, if I think about it. I don't think any tolerate bullying." When asked if the school's anti-bullying policy explicitly included bullying or harassment based on actual or perceived gender identity or expression, Brittany replied that none of them tolerated it. While it is positive to hear that

bullying based on actual or perceived gender identity or expression is not tolerated, there is no indication of formal policy protections from transphobic or homophobic bullying or harassment. If there are no formal structures in place, school staff members do not have any formal structures to call upon to issue consequences with. However, even participants who stated that their schools have anti-bullying policies that include such protections, it is the implementation of and adherence to policies that appear to influence feelings of safety.

Although Will attended school online, he also felt schools needed to make new rules to make sure that bullying did not happen. Additionally, Will shared that students often made homophobic and transphobic comments in the guise of "jokes" which were often unrecognized as offensive and educational staff were unresponsive.

> **Will**: "Maybe there needs to be more strict rules about bullying and what counts as it [bullying]. Because a lot of the time, people joke about people and that may not be getting them in trouble, but it probably should be. Because it's still sort of harassing—making fun of somebody like that. So maybe have more stricter rules just so that people that are diverse or LGBTQ+ or anything like that, it makes them know everything's okay, and that if something does happen, you can go to the counselor and something will actually come out of it. Because a lot of schools don't do that, for some reason. Nothing will happen. I mean, they'll just keep going the same way because they won't listen, which is stupid."

Access to gender-neutral bathrooms. The majority of participants expressed the importance of having access to a gender-neutral bathroom. One of the most common answers to the question, "What would help you feel safe and supported in schools in regard to your gender

identity?" was access to a gender-neutral bathroom. Brittany, Poppy, Neo, Will, Matt, and Morgan mentioned it.

Poppy expressed that access to a gender-neutral bathroom would be a "god-send." She described the negative impact of having to navigate binary-gender bathrooms had in her school experience.

> **Poppy**: "For example, at my old school, I could use the guys' bathroom, and that day I would feel shitty but no one's going to question me…At my new school, I *hate* going to the bathroom. I just try not to go to the bathroom at school. If I absolutely have to, I use the guys' bathroom and feel like shit. Using the guys' room gives me hella dysphoria. Using the girls' room gives me super-duper anxiety, which is harder to deal with in the moment."

In Poppy's situation, choosing between binary-gender bathrooms negatively affected how the rest of her day at school. Poppy intentionally avoided using the restroom at school, which put her at risk for urinary tract infections and other medical conditions. When she "absolutely" had to, she could use the restroom that matched her assigned-birth gender and avoid being questioned about being there, but at the cost of feeling terrible for the rest of the day. The emotional cost was higher in the long run, but easier in the moment; choosing the girls' restroom may minimize the emotional toll of potential dysphoria experienced, but provoked unmanageable anxiety. If Poppy had access to a gender-neutral bathroom, she could use a restroom setting that may not trigger her dysphoria, minimize anxiety, and reduce the chances of developing a urological condition.

However, even if one of the participants' schools had a gender-neutral bathroom, it was frequently described as being logistically inaccessible. Neo shared that his school had two gender-neural bathrooms that could only be accessed if you talked to a staff member who had the key. Neo was able to locate one, as it was right next to the main bathrooms. It was a former family bathroom that was converted into a gender-neutral bathroom. He did not know where the second gender-neutral bathroom was located, and he did not know who had the access key. Neo's description highlights multiple barriers that exist to accessing gender-neutral bathrooms, even in a school that contains two. Information on bathrooms location, as well as who must be seen to get the key, was not clearly disseminated to students and access was limited. However, even if a student has this information, it is not guaranteed that the student can find the teacher, use the restroom, return the key, and get to class within the short time allowed for bathroom breaks during class or transitions between class periods.

Additionally, some participants explained the only gender-neutral bathroom was in the school office, the nurse's office, or an obscure location. Many of these participants also discussed the inaccessibility of being able to make it to these bathrooms and back to class within the finite amount of time between periods. Poppy gave a personal account of the barriers that hindered her from accessing her school's gender-neutral bathroom.

> **Poppy**: "We have one [gender-neutral] bathroom, but it's in the nurse's office on the second floor. And when I'm out of class, right next to the courtyard on the first floor, and I have to be back to class in, like, five minutes, then I'll be late."
>
> **Interviewer**: "It's not reasonable."

Poppy: "Yeah, I've never used that bathroom because it's too inconvenient. I don't have time [to go there]."

Additionally, some participants noted that it felt socially uncomfortable to have to go into the office to use the restroom. They wished for a gender-neutral bathroom located by the bathrooms so that going to a gender-neutral bathroom was not a "big deal."

Gay Straight Alliances (GSAs) and other LGBTQ+ student groups. Several of the participants brought up the presence of GSAs and other LGBTQ+ student groups in their schools. For Will, his school's GSA served as a safe space on campus where he could try out and explore pronouns.

Will: "My school had a GSA that I went to for a while, and I used 'they/them' for a while there."

At Brittany's school, the LGBTQ+ student group was called Pride Group. This official school club allowed for Brittany to get to know others, build social relationships, and feel supported. "I made a ton of friends through that group. And I went to every single meeting, and it was super fun. I loved it." Brittany appreciated being surrounded by people she felt like she could relate to.

However, the presence of a LGBTQ+ student group at a school is not enough to influence a safe and supportive school climate. The group itself needs to have structure, guidance, attendance, and a school-wide presence. This structure appears to be particularly important for transgender or gender diverse students with ASD. Brittany described the first meeting she attended. "I remember the first meeting I was super uncomfortable. I had no idea what I was doing or who anyone was." This would be expected for any new student to a group, but these social experiences may be even more palpable and challenging for students with ASD. Brittany

continued by sharing how the group navigated social introductions. “But they were very well organized. And they made sure to introduce me and introduce everyone else. So that helped a lot.” Brittany’s discomfort at the first meeting did not keep her away thanks to the group structure and intentional introductions.

Brittany shared how a LGBTQ+ group at her old school felt uncomfortable because of its lack of structure. “I went to the GSA there once, and it was super awful. It was super unstructured.” Brittany only attended this unstructured GSA once. Daisy shared similar experiences and feelings. Poppy added that the teachers who seemed to have a personal investment in the GSA appeared to be more involved than teachers who did not seem quite as invested.

> **Poppy**: “Well, last year, it was my history teacher who was gay. But he left…So this year, it’s just two teachers who wanted to teach miscellaneous subjects like health and stuff. They’re really nice. I like them, but yeah…”

Although Poppy acknowledges that she thinks both new teachers supervising the GSA are nice and liked, her nonverbal behavior and final word choice lessened the impact of these statements compared to how she described her old history teacher. While Poppy did not appear to mean that teachers supervising the GSA needed to be part of the queer community, it appears that teachers who had more of a connection to and an explicit desire to support LGBTQ+ students, rather than “teach miscellaneous subjects,” may have an even greater impact on students’ GSA experiences.

Informal School Structures of Support

Giving room for student agency. Teachers respecting and honoring students’ personal agency and choice to discuss gender status appeared to contribute to a positive school climate.

Nearly all of the participants described moments when they were given agency on whether to disclose their gender identity or described moments when they had a desire to have such agency.

Neo reported that having a teacher who distributed and collected a form for students to indicate their preferred pronouns helped him feel more comfortable in his school. The teacher would send it to other teachers if a student asked. In particular, Neo appreciated the teacher asking him if he would like her to send out emails to the other teachers for him. Neo expressed that he cannot write his own emails, and he prefers having someone guide him on the best way to write what he wants to say. This was seen as a very supportive action by Neo.

> **Neo**: "I'm pretty sure she asked 'Would you like me to send an email?' just like that. She didn't say it in a rude way. She was giving me a choice and everything."

This teacher acknowledged and respected Neo's personal agency in choosing where to send his gender and pronoun information. By offering Neo an option, Neo was allowed to make the decision himself. Additionally, this aspect of choice also supported and accommodated of Neo's difficulty with communication.

For Matt, after realizing and affirming his transmasculine identity in the middle of his seventh-grade year, he decided he would socially transition during the summer before his eighth-grade year. It was very important to him that he had a fresh start in high school as Matt.

> **Matt**: "I had sent an email out to my teachers a couple days before the school year started…They all replied. They were chill with it. Started calling me Matt…"

Before the school year had begun, each of Matt's teachers acknowledged, accepted, and honored Matt's wish to be called by his name. "Chill" was a term that Matt and Morgan used

often when describing a relaxed, positive, accepting atmosphere or emotional valence. With Morgan, he described how he told one of his teachers at his current school.

> **Morgan**: "I was just like, 'Hey, I'm using he/him they/them.' And they're like, 'Cool'."

Morgan's teacher immediately responded with validating Morgan's identity. Morgan then described how the teacher followed up by asking if Morgan would like the teacher to send out an email informing the other teachers. Morgan said yes, appreciating that he did not have to. "So that was the extent of that, and from then on, they just use the right pronouns."

In both cases, the teachers responded to and affirmed Matt's and Morgan's personal agency. By not pressing Matt to share more information than he wanted, his teachers fostered a supportive atmosphere which gave Matt personal agency over his gender identity. Morgan's teacher asked if Morgan would like the teacher to contact the other teachers about his name, gender identity, and pronouns. The teacher did not say that he was immediately going to do it. By asking Morgan, the teacher created space for Morgan to decide what he wanted, allowing Morgan to have personal agency in the disclosure of his gender identity status.

Matt went on to describe how on the first day of eighth grade, each of his teachers called him Matt. By following through with behaviors that honored Matt's desire, his teachers both showed their support for Matt, as well as created informal classroom cultures which created the expectation that Matt's gender identity would be supported and honored.

> **Matt**: "All the teachers were calling me Matt, and the classmates were kind of like, "Oh, okay. That's your name now. That's cool." So, they all were calling me that."

In his classrooms, Matt did not have to take on the burden of creating the environment where his gender identity would have to be presented publicly, where it could potentially be questioned by peers. His teachers helped set the precedent of affirming Matt's wishes by enforcing and supporting an informal environment where this was fostered.

Matt's school did not have a formal policy put in place for this. Any of Matt's teachers could have chosen to react differently and approach Matt's personal affirmation and desires in an invalidating way, which would have negatively impacted his feelings of support and safety in school. For example, Matt described the actions of his language arts teacher from the year before in seventh grade.

> **Matt**: "My seventh-grade language arts teacher came up to me one day and was like, "Hey, are you sure that your name is this and you want to be called a girl? Because I can kind of tell that you're not being much of a girl."

In comparison to Matt's teachers the following year, this teacher put Matt on the spot to answer her questions, which stemmed from her assumptions based on Matt's gender expression. While Matt agreed with her and disclosed his gender identity to her, the teacher created a situation in which she, intentionally or not, denied Matt personal agency in the timing of disclosing his gender status. Her approach created a power dynamic in which Matt's personal choices were not primary. This interpretation was later reflected by Matt himself.

> **Interviewer**: "Did you appreciate your language arts teacher coming up to you, or would you have wished that she hadn't?"
>
> **Matt**: "I was appreciative that she noticed that I wasn't being feminine and stuff. I think that just the way she went about it was not that good. She's just not good with people that much…Well, she's kind of good with people, I

> guess, but she doesn't go that well with LGBT stuff. She tries to be accepting, and I could tell that she was trying to be accepting, but the way she did it was like, "Oh, so, I've been talking with other teachers and we noticed that you don't act like a girl." And I was like…thumbs up [made thumbs up gesture], but weird way to go about it."

In this interaction, the teacher communicated that she was trying to be supportive of Matt and his gender identity, but the way she went about it left Matt feeling uncomfortable and unsupported. Matt was able to express how he wished the interaction would have gone.

> **Interviewer**: "What would you have wanted that interaction to look like?"
>
> **Matt**: "I still would have wanted her to come up to me and ask. Just probably be like, "Hey, is there a different name or pronoun that you want to go by instead of her?" I don't care that my teachers were talking about me, but I didn't want to know."
>
> **Interviewer**: "It sounds like you would have liked for her to ask, 'What would you like?' Am I off on that?"
>
> **Matt**: "No. That would have been a lot better."

Being asked, "What would you like?" puts the power and agency on the students, allowing them to make the decision whether to disclose any of their personal information or choices in that moment. It also signifies to students that their desires are important to the teacher. Even if a student is not comfortable at that time to express an undisclosed pronoun preference or preferred name, the teacher has created an environment where the student may feel more comfortable in the future to communicate their needs.

Matt described how only two teachers in his high school knew his transgender status. One knew because she knew Matt from middle school, while Matt chose to disclose to the other. In both instances, Matt's personal agency was honored.

> **Matt**: "The teacher [from middle school] who does know, she doesn't bring it up, and I like that."

Matt appreciated that this teacher respected his personal decisions on how much to share about his transgender status, and he preferred not be openly identified as trans at school. In the case of the other teacher, Matt felt comfortable to share his personal gender identity information with her for a writing assignment.

> **Matt**: "And even when one of them did figure out, when I told her, she didn't change her opinion towards me or anything. She's treating me the same."

By continuing to interact with Matt as she had been, this teacher maintained the supportive cultural climate of her classroom. She did not place performative burdens or expectations on Matt, and by doing so, she sustained an environment of normalcy. Again, the power and agency rested with Matt, which allowed him to be in the high school environment and present himself as he wished.

While Matt acknowledged that he was self-conscious about his height, fearing that it and other physical characteristics, such as vocal tone, could signal to others that he is not cisgender, he did not share that any of his other teachers openly questioned his gender in the way that his seventh-grade teacher did.

> **Matt:** "The teachers who don't know just assume that I'm this cisgender guy who's just kind of shy, and isn't like other guys, and is more into school

> than friendship and stuff. So, that's just normal for me…overall, the teachers are chill."

These teachers supported Matt's personal agency without realizing. The informal practice of just "being with students" and not asking questions based on internal assumptions and assessments allowed Matt to feel supported in his gender identity, even when he was not openly out at school. This indicates that informal supportive environments serve to those openly out as gender diverse, as well as those who may choose not to be out at school. Allowing for students' personal agency with their gender identity supports all students, not simply those who will later come out.

Upholding and enforcing formal and informal school policies. All participants believed their schools had some form of anti-bullying policy, even if they could not describe the policies. Overall, the majority of participants felt their schools were supportive, safe places for their gender identities. Matt described how at his school, his gender identity is not an issue.

> **Matt**: "When people do know [Matt's gender status], they just keep quiet about it…With teachers, when a teacher finds out, they're just chill about it, and they don't treat you differently. And I like how [Matt's high school] is an accepting place. Even if people don't know you're trans, they're still respectful about other trans people. And if feels nice to know that you're at a place where if those people would know, they'd at least still be nice to you."

While participants endorsed that their schools had formal anti-bullying policies in place, it appears the effect of these policies on school climate were mediated by teachers' implementation of policies. For example, although Matt perceived his high school as an

accepting place, he still remarked that he observed transphobic and homophobic rhetoric made by peers.

> **Matt:** "In my gym class…it's a ton of macho guys who are mean to each other. A lot of times people are calling each other faggots in class and making a ton of jokes about gay people. And a lot of kids in that class were saying how much they hate gay people."

Matt then shared about a bisexual female friend who was in the class with him and experienced verbal harassment from these peers.

> **Matt**: "But luckily, our gym teacher talked to the guys and then they got a lot nicer. But they're still jerks."
>
> **Interviewer**: "Had the gym teacher observed this harassment, or did he have to be told about it?"
>
> **Matt**: "Both. He had noticed it, and then when it didn't stop, my friend talked to the gym teacher, and then he talked to the guys."

In Matt's story, the gym teacher, knew there was an anti-bullying policy, but just observed the student behavior. He did not take action to correct the students' behavior, remind them of the policy and its consequences, or implement the policy when he observed the behavior to continue. It was only when the victimized student talked to the teacher, expressing her distress and victimization that the teacher implemented any corrective behavior toward the students. Fortunately, the students appeared to correct their behavior, but it is lamentable that these behaviors could have stopped earlier if the gym teacher had immediately implemented the formal anti-bullying policy.

Matt later described how different teachers appeared to have different tolerance levels. For example, Matt shared about a math teacher he found supportive.

> **Matt**: "In school, there's still a lot of people using slurs and saying gay people are gross, and that trans people aren't legit, and they're just predators. And I wish that people would stop saying that. What I like is that, especially in my math class, whenever my teacher hears someone call something gay, he's like, he just snaps down on it. And he's like, "Yeah guys, that's not cool."

In comparison to the gym teacher scenario, this teacher is described as immediate and direct. While the teacher does not explicitly bring up an anti-bullying policy, his immediacy of correction is an informal implementation of that policy. By making these corrective remarks for intolerant, ignorant comments, the math teacher is creating a cultural climate of support and tolerance for LGBTQ+ students, which Matt expressed that he liked. The manner and description of the math teacher's comment, "that's not cool" also matches the relaxed manner that Matt reported he enjoys from his teachers, being relaxed and "chill." Matt did not need the corrective feedback to be dramatic, shame provoking demonstrations. The immediacy, the "cracking down," appeared to be most salient.

Following up on his description of his math teacher, Matt shared how some teachers differed in their responses to witnesses students engaging in homophobic and transphobic behaviors and commentary.

> **Matt:** "Some teachers are way too lenient on stuff like that, and a lot of substitute teachers just ignore that."

Matt was then asked if the "cracking down" was to only more overt forms of bullying and harassment or if it included more subtle forms, such as slang and off-hand comments. Matt replied, "It varies, I guess, depending on the teacher." Matt continued to describe a gym teacher that was at the school prior to the one he had described earlier.

> **Matt**: "He was super against all the slurs, and whenever he heard people, like calling someone a bitch or calling someone a fag, he'd crack down on it really hard and be like, "Hey guys. I'm going to send you to the principal if you don't stop this kind of language, and if you don't stop this BS."

Again, Matt described a teacher who actively, directly, and immediately responded to inappropriate language. The language Matt used indicates the teacher's level of assertiveness, as well as an implicit implementation of the anti-bullying policy. It is also important to note that this gym teacher gave an immediate corrective comment followed up with a natural consequence if the correction was not followed. Matt and Morgan both expressed that they supported giving a corrective warning to students, rather than a zero-tolerance policy, for verbal acts of harassment and inappropriate language.

In immediate contrast to this assertive gym teacher, Matt shared two other examples of teacher reactions. "But other teachers kind of just say, "Guys, stop swearing." And some teachers just kind of sit there and watch stuff happen." Matt described two lower levels of engagement from teachers. The teachers in his example addressed the student behaviors, but in a passive way. The teachers do not state a consequence if the students do not comply with the command, essentially leaving ambiguity on whether there would be a consequence. With no further follow up, there is no reference to the anti-bullying policy and no fostering of a supportive classroom culture regarding sexual and gender identities. Further, when teachers do not address any action

or comment that could be offensive to others, they limit the effectiveness of a formal anti-bullying policy. Teachers who are direct and active in their confrontation of behaviors that could make others feel unsafe or distressed, appear to be the most effective in helping to bolster a supportive, safe school climate.

Unlike Matt, Morgan could not describe an instance of observing transphobic/homophobic remarks in school. However, he did share how he would want teachers to respond if they witnessed bullying or harassment based on gender identity or expression. “I think it would be good as an educator to be the one educating people. Instead of doing what a lot of schools do where they just give you a slap on the wrist, or if you mess up they go, ‘Go to the office, you’re suspended,’ …say, ‘You’re not a bad person, you’re just misinformed. Let me take you aside and teach you why because I’m a teacher.” In Morgan’s view, punishment without any corrective comments or education “doesn’t solve the problem that happened.” “It just creates more. It just tells the student that they’re a bad person, and then that’s it.” As with Matt, Morgan wanted teachers to take active roles in offering corrections of behavior. Morgan furthered Matt’s comments by adding in the importance of education in correcting behaviors.

Brittany shared that she had an experience with a bully. She was unsure if she was targeted because of her transgender identity or because she was an easy target. Brittany described how her bully intentionally verbally annoyed, distracted, or bothered her (e.g., repeating anything Brittany said), and physically harassed her (e.g., threw erasers at Brittany from the back of the room). However, Brittany felt safe and secure enough in her school environment to report the bully’s actions to one of the school’s administrators. The response from the school was immediate. While Brittany did not know what was said or done to the bully, she reported that the bullying stopped immediately after reporting the behavior. In this situation, administrators were

available to listen to Brittany's concerns, intentionally, and they took direct to resolve the situation.

When participants were asked what they wished teachers did when witnessing a bullying situation, nearly every participant wanted immediate, direct responses. Brittany answered "intervene," "Bring down the hammer." For Brittany, "bringing down the hammer" looked like that teacher directly addressing the perpetrator and saying, "I know who you are. I know your name. You better stop it."

Brittany also thought giving space for a corrective statement was also important before a punishment was administered.

> **Interviewer**: "What do you think would be an appropriate consequence?"
>
> **Brittany**: "It depends on if it [the bullying] continues. I think you should always get a free pass the first time but…Really different things depending…There's suspension, expulsion, detention…I think detention, where you're put in office, is fair punishment [for verbal bullying]."

For Brittany, she desired teachers immediately and directly respond to the bullying. She did not demand an immediate punishment, but she did want the teacher to give a corrective statement and follow through with a punishing consequence if the bullying continued. Brittany's thought process about consequences also indicated a recognition and support for a multi-tiered list of consequences that are based upon the frequency and severity of the bullying behaviors.

As with Brittany, Neo wished that teachers would immediately respond to homophobic or transphobic comments. Additionally, he recognized that a tiered system of consequences may be more successful than only one set consequence, especially if that one consequence had not been shown to have any influence on the perpetrator's behavior. Neo shared about a situation where

the class had watched a video about transgender identities and following the video some students immediately started making transphobic comments. While Neo wished those students had received a consequence for their behavior, Neo was unsure what he wished the consequence was.

> **Neo**: "Okay. You clearly don't care…I think they've been sent to the office before, and they don't really care! So, I don't think really sending them to the office is really useful in that sense…I have no idea [what would get the students to care]."

Neo noticed that for some students, being sent to the office may not be an effective means for behavior correction, especially if it does not appear to have any influence on their behavior. Neo also recognized an affective aspect to behavior change. These students did not care about being sent to the office, so it had no impact on their behaviors. In this situation, a tiered system of consequences may have been helpful in order to get the students to care about their behaviors, thus eliciting a change in behavior. A formal tiered consequence system may give teachers a policy foundation to rely on, which may help them feel more efficacious in addressing bullying. Instead of perceiving that sending students to the office was not successful and developing a passive response to the behaviors, a teacher may feel bolstered by being able to remind perpetrators that if they continue these behaviors the consequences will continue to intensify.

In Emi's old school, she found that it was "hard to be LGBTQ+" because of the lack of support from teachers and staff to address the homophobic and transphobic comments that were used frequently by many students.

> **Emi**: "My old school, the teachers seemed to do nothing about it [the use of homophobic/transphobic slurs]. They'd listen to it, and they just wouldn't say anything…My school seemed to do nothing about the jokes."

Emi wished that her old school had directly addressed students. She perceived that teacher's lack of direct intervention and addressing of the comments signified teacher's unspoken agreement with the homophobic/transphobic comments.

> **Emi**: "They didn't say anything to people. I feel like they should be like, 'Hey, people are actually that [LGBTQ+], and you don't want to scare them.' Because it was kind of scary for me because those people there would say stuff, and teachers wouldn't do anything, so it was kind of like the teachers agreed with what they [the students] were saying at some point, so it was kind of hard."

Emi's thoughts reflect the importance of direct action. Her reflection that she perceived teachers who did nothing to be in agreement with the students' slurs may not be accurate of the teachers' true personal thoughts, but teachers' inaction communicated to Emi that they did not accept or view LGBTQ+ identities as valid and important.

Will agreed with similar sentiments to the other participants that schools may have the rules in place against bullying, but may not be drawing upon them to respond to infractions of those rules.

Personal characteristics of teachers and school staff attributing to school climate. Matt recognized that teachers can only address behaviors they witness. "When there's less obvious [bullying], like, if someone's spreading mean stuff about you, teachers won't notice it, and it's kind of up to the students to sort that out. But if it ever gets really bad, you can bring it

up to some teachers." While Matt had already described teachers positively as "chill," he also often referenced that the teachers he saw most favorable and felt safest with were the ones that he also described as "open," "genuine," and "warm." Matt brought up his current language arts teacher as a someone that he felt comfortable talking to if he felt unsafe. "If you have an issue that's with other students, you can bring it up to her, because she's super chill and really nice, and she can help you sort that out…She's, I think, the nicest teacher I have, and she just super open to everyone, and just really nice. Anyone can go to her if they need help, even if it's not for her class."

When discussing how this teacher demonstrated her being open to students, Matt described how this teacher gave a frank, example presentation about suicide with her students. As the topic of suicide and depression is still considered an uncomfortable topic to some, this teacher demonstrated she was open to serious topics and created a space where such conversations could occur nonjudgmentally. This action fostered an openness regarding topics. Matt continued, going on to describe how this teacher made herself available to students to have these types of conversations with her.

> **Matt**: "After that, she kind of said, "If you guys are ever dealing with this, you can come to me if you don't want to go to anyone else, and I can try to help you, or point you in the right direction."

This teacher made herself available for students to talk, offering and honoring student agency. She also demonstrated authenticity by saying that she can try to help or assist in pointing in the right direction. This teacher did not say that she could solve the problem, but she emphasized that she could assist and support. This demonstration of openness and being genuine was a powerful message of support to Matt. He shared that her spoken messages were also

backed up by action. For example, Matt shared that he wrote about something that required mandated reporting in an assignment for her.

> **Matt**: "She said, 'Hey Matt, I'm a mandated reporter. I'm going to have to tell the school nurse about this'."

In that moment, his teacher could have made the choice, albeit unethically, to not implement the school's formal mandated reporter policy. As with teachers who passively witness acts of discrimination, she could have made the decision to avoid an uncomfortable conversation. She could have engaged moderately by reporting but not including Matt in the conversation, and removing his personal agency. Instead, she included Matt by being honest with him about the steps she was required to take. This direct action was appreciated by Matt.

> **Matt**: "I appreciated that, because at [Matt's last high school], mandated reporting was not done well. So, I appreciated that she was actually doing her mandated report stuff that other teachers probably wouldn't."

By following through on what she said she would do, this teacher fostered a sense of authentic caring and dependability that created a more supportive classroom environment, which extended to the school climate. As Matt shared, this teacher was open to all students, not only those that she personally taught. Morgan also reflected these sentiments with teachers at his own school.

> **Morgan**: "You just see it. They're relaxed and handle serious situations well. But they're also, they take things very seriously and are helpful in that manner."

He described them as relaxing to be around and following through with requests from students. "If you say, 'Help me with this,' they will schedule a time to just sit down with you and

help you. If you have a problem, they will not stop helping you until it's fixed…If you need to talk to someone about something serious, they'll come up to you, or they'll give you resources to medical centers and stuff." Morgan described direct action by teachers, such as coming up to students and providing resources, as positive teacher characteristics that helped him feel safe and supported.

Morgan also described positive teachers similar to Matt. Along with describing teachers as "chill," Morgan also shared that "welcoming vibes" were important to him when choosing a high school.

> **Morgan**: "I was looking for a vibe that just felt correct and not intimidating…It's [Morgan's high school] is a small school with a really tight-knit community of people who want to help you, rather than get paid. It just needed to feel like a safer place, and it [Morgan's high school] totally is."

Morgan also felt it was important that teachers work with students in the classroom, rather than moving students into separated classrooms. As with the social model of disability, Morgan felt that teachers needed to work with students to come up with accommodations and plans to help support students, rather than expecting students to adjust. He then described how his current high school was doing that.

> **Morgan**: "Because of the teachers actually caring about the students, individual students, and helping structure everything around that one student to be helpful for all of them, I think it's made the whole place extremely safe feeling."

Morgan described that structures put in place to support one student actually benefited all students. This is directly in line with the social model of disability and demonstrates how accommodations and support benefit all students, not only the student who requires that support.

Brittany shared that her school counselor was her "favorite person." When asked what made the school counselor her favorite, Brittany described, "the feeling to talk to her. She was super easy-going and super friendly." As with other participants, positive staff members where described as open, warm, and relaxed. Brittany went on to say the school counselor was "really helpful, not just as a counselor but as a friend." Similar to other participants, Brittany described this adult as a "friend" indicating a close personal relationship. Additionally, what made the school counselor helpful was their direct action of support. The first person Brittany confided to about engaging in non-suicidal self-injury was the school counselor, who was able to help Brittany cope with her depression and anxiety.

How to "show" support for LGBTQ+ students. There were many ways participants indicated that acceptance could be perceived in schools. Visual markers of support were one of them. Brittany shared that some teachers and both school nurses had a Safe Zone or other LGBTQ+ support visuals in their classes and offices. When asked how seeing those made her feel, Brittany shared, "Just good to know that there's options. I never used them." Even though Brittany reported never seeking out these school staff for help, she remembered who had them displayed. These possible "options" created a safety network of school staff members that Brittany could have approached.

When asked about what assumptions he thought others had about his gender identity, Matt thought that most people assumed he was cisgender or, if they knew he was transgender, assumed that he was a "social justice warrior" who was similar to media portrayals of

transgender individuals. Matt shared, “Just because I’m trans doesn’t mean I am like every other trans person that you see on TV.” He then referenced a media story where a transgender woman was misgendered in a store and “freaked out” about it and “destroyed the store.” “My family, like they don’t anymore, but they used to assume that I was this hyper-attentive person who would get really mad if someone messed up my pronouns.” While his family no longer made this assumption, Matt felt it was an assumption people still had about him that he had difficulty navigating.

> **Matt**: “I wish that people realized that not all trans people are aggressive about stuff [e.g., prounouns]. That the majority of us are just like, ‘Hey, if you mess up our pronouns, just correct yourself. You don’t need to make a big deal out of it and say, ‘Oh my god, I’m so sorry. I’m a terrible person,’ Because that’s not going to help.”

In this example, Matt is not expecting perfection from everyone regarding pronouns. He recognizes that mistakes are going to occur. What appears most important to Matt is that when those mistakes do occur, they are corrected by the individual in a subtle way that doesn’t make it “a big deal.” In Matt’s example, while the teacher may feel distressed at their own mistake, their response in trying to rectify their mistake or insist that they do support the youth, comes at the cost of putting their own internal feelings above the feelings of the student. It becomes about the teacher rather than the student. While other students may not be as comfortable or confident in their own gender identity as Matt, Matt’s description of the teacher’s response indicates that it makes him uncomfortable. Teachers should be sincere in their interactions with students, and be mindful of what the student needs rather than their own feelings or assumptions of what the teacher “thinks” the student needs.

Additionally, participants demonstrated that perfection is not required to support LGBTQ+ students. For example, Neo accidentally misgendered his friend during his interview.

> **Neo**: "My friend, they didn't know that I was gender fluid at the time, and they were helping me figure this out. So they were actually---he, sorry. I'm getting confused. He at the time was helping me with it [exploring gender identity]."

As Neo himself shows, even LGBTQ+ community members are not perfect when it comes to always using correct pronouns. Neo did not make a big deal out of his misgender. He acknowledged it, corrected himself, quickly apologized, and moved on. Neo demonstrated how to quickly move on from a misgendering situation, appropriately managing it in the moment. While individuals should strive to be as correct as they can be in terms of pronouns, it is acceptable to correct themselves when they are wrong.

Matt was also asked what he wished he could say to his teachers and other school staff if he could say whatever he wished with no repercussions. Matt's first response was, "You don't need to be so kind of assertive that you support LGBT people." Matt shared that there was a way his middle school and high school teachers acted that seemed insincere or forced.

> **Matt**: "It's kind of the way the district makes them say things. They're constantly saying, 'We're always supportive of LGBT people,' And like, we know that. Just kind of the way they say it."

Matt then shared an example from his seventh-grade teacher.

> **Matt**: "Even though she's not like other teachers, she would constantly be trying to make us learn about LGBT things, but it was obvious that it was forced."

Here, Matt notes *how* the teacher tried to integrate LGBT topics into her curriculum as the issue (i.e., "forced"), not that she was trying to include those topics.

> **Matt**: "She made us watch ParaNorman, and there's one gay guy at the end. And she made half of our worksheet for that. Just focusing on the gay guy at the end."

In this example, Matt appears to feel that the amount of attention focusing on this minor character was disproportional to the character's importance to the film. This one identity facet revealed at the end of the movie for a character became the focus of over half the worksheet. It appears Matt perceived this activity to be more self-serving than helpful in facilitating conversations around representation and LGBTQ+ topics.

> **Matt**: "And you could kind of tell that she was trying to prove that she cares, but she's just not good at making it smooth."

How teachers execute integrating LGBTQ+ topics is clearly noticeable and important to Matt and influences how he interprets such actions. As with feeling connected to teachers who were open and genuine, Matt brought up again that he wished teachers acted normally when they knew someone was trans and did not treat them differently or behave differently. Matt wished they [teachers] "just act normally and don't try to be a hyper-activist when they're clearly not an activist." Matt perceived his seventh-grade teacher as trying to be something that she was not, as evidenced by her execution not being "smooth." Compared to his current language arts teacher, his seventh-grade teacher appeared to be trying to convince others that she cared rather than it being a natural, internalized way of engaging with LGBTQ+ topics.

While Matt described how LGBTQ+ topic discussion felt forced and unnatural by teachers, Morgan described how in his middle school LGBTQ+ representation was barely present.

> **Morgan**: "There was one lesbian student in my grade…Other than that, I don't think so. I think around the end of eighth grade during Pride Month, some teachers handed out little rainbow buttons that were like, 'Yeah'."

Morgan did not use the term "forced," but in his description of this, the buttons are handed out with little discussion of what the buttons represented. These buttons are superficial supports lacking any meaningful conversation around them. Morgan continued, "But other than that, I don't know. It wasn't spoken of and taboo. It was just not really something there." As with Matt's description of a forced conversation that felt disingenuous and dismissive, Morgan's description of his middle school lacking any representation also signifies that the school was dismissive of LGBTQ+ students and their need for conversation around their identities and issues.

In comparison to both his middle school experience and Matt's current high school experience, Morgan felt his current middle school incorporated support for LGBTQ+ in a naturalistic, sincere way. Morgan explained that bathrooms were designated as "with urinals" and "without urinals," removing any reference to gender from the bathrooms. When talking about the beginning of the school year, Morgan shared, "When you introduce yourself in class, you do names and pronouns. From the beginning, it's very accepting." This inclusion of pronouns in introductions was done in a very naturalistic way, and the presence of this practice signaled to Morgan that his gender identity was important and would be acknowledged and honored.

Several of the participants recounted experiencing teachers, who knowingly or unknowingly upheld heteronormative values of a binary gender in their teaching practices. Most often these experiences centered around teachers separating the class into "boys" and "girls" or having students pair up "boy-girl."

> **Emi**: "What I don't like is when they [teachers] separate boys and girls specifically, because I've had things where I do theatre or school, and they'd be like, 'Raise your hand if you're a boy, and raise your hand if you're a girl.' That always just felt uncomfortable to me because I never liked being with the boys' side, especially when we did the puberty thing [education on puberty]. And I had to do the boys' puberty [lesson] and the girls [went to the] girls' puberty [lesson]. I don't feel like they should separate genders, and if they do, they should leave an opening…"

For Emi and other participants, teachers who would display more inclusive behaviors that allowed for all gender identities, such as dividing or pairing students based upon descriptions (e.g., height, names that are in the first half of the alphabet) rather than binary gender descriptors would be a way of showing more support for LGBTQ+ students without having to directly identify them in front of others.

Participant Check-In/Member Checks

Throughout the interview process, participants were asked to confirm the interviewer's understanding of the participants' reflections, to identify what topics and questions the interviewer may have missed, and to provide general feedback on the interviewer's style and demeanor. Overall, every participant gave the interviewer positive feedback and felt that the interview touched upon relevant points to their school experiences. For example, Ben answered

that he could not think of any additional information that the interviewer should know that was not addressed in the interview. Ben said, “I can’t think of anything.” Poppy felt similarly. When asked if there was any topic that the interviewer had missed, Poppy replied, “Think I’ve covered everything I can think of already.” The interviewer then confirmed that Poppy’s coverage of topics was due to being asked pertinent questions, to which Poppy said yes. When then interviewer asked if Poppy had anything else that she wanted to add to the interview, Poppy answered, “I don’t think so.” Poppy then thanked the interviewer for the interview, smiling happily at the end.

Brittany shared that she could not think of anything that the interviewer forgot to ask about. She did not have any final thoughts or feedback for the interviewer, simply sharing that the questions were all “really good” and “covered good, important things.” Neo said he “couldn’t think of anything. I don’t think so.” Will remarked that he thought the interviewer had “hit all the points” and didn’t “have anything else to really say.”

Along with asking for feedback on questions, the interviewer also checked in with participants about the interviewer’s phrasing and interviewing style. For example, the interviewer noticed that she was using ‘girl’ and ‘trans girl’ interchangeably while interviewing Poppy. She recognized this and asked Poppy for her thoughts.

> **Interviewer**: I’ve noticed myself sometimes saying ‘girl’ or ‘trans girl’ when referring to you, using one or the other. Has that bothered you?”
>
> **Poppy**: “No. I mean, they’re both accurate to me.”

In this case, Poppy was fine with both terms, but it is possible that Poppy had a preference on those terms. If the interviewer had not asked Poppy her opinion, the interviewer may have unwittingly maintained a barrier between herself and Poppy by continuing to use a

term that Poppy, at best, may have not preferred or at worst, actively disliked and did not identify with.

Autism and Identity

Disability identity and autism identity. When asked if asked they identify as having a disability, nearly all of the participants said they did not identify that way. However, most of the participants followed up with response that indicated that there was a possible difference between identifying as disabled and identifying as being Autistic or having autism.

> **Ben**: "I know that it's a disadvantage for a disability in the context of today's society, but I'd like to think at least we're getting closer to where it's not…I mean, with the way that society functions, it [ASD] could definitely be called a disability. With that said…I prefer differently-abled."

Ben's response indicated that although he does not identify as having autism as being a disability, he is aware that others may have that belief. In part, Ben's preference in the term "differently-abled" corresponds with the social model of disability. Individuals can have differences in their ability to access situations and to function independently depending on the environment.

Brittany also reflected this understanding that individuals can categorize autism differently from each other.

> **Brittany**: "I mean, if you consider autism a disability then yes."

For Brittany, identifying as having a disability hinged on whether autism was considered a disability. She was then asked if she considered autism a disability.

Brittany: "Kind of. It's a disability in some regards, but it's good in other regards because you can focus on things really well, you---I don't know. Maybe the ability to just take things more literally and having to think about things a lot hard than most people do."

Brittany was then asked if she identified more as an individual with autism or as Autistic (e.g., sociopolitical identity) to which she fervently responded, "I'm definitely very Autistic." For Brittany, she identified more strongly as Autistic rather than having a disability. It was only when disability potentially encapsulated her Autism identity that Brittany considered identifying as having a disability.

Similar to Brittany, Will also connected autism with disability and viewed a greater connection to an autism identity rather than fully identifying as disabled.

Interviewer: "Do you identify as having a disability?"

Will: "I think so, maybe a little bit because of autism. Obviously, there is some things that can make it hard for me to understand things sometimes things can be a bit weird for me because I need things---I can take things quite literal sometimes, even if it's just a joke. So sometimes it can be a little hard. So, I don't say it's necessarily a disability, but it can be a little bit hard to work with sometimes.

When Rio was asked if he identified as having a disability he replied, "I mean, that depends on how you identify a disability. Technically speaking, and generally how I identify myself, no. But some people view autism as a disability." Rio did not view having autism as a disability but recognized that other people viewed the two as synonymous. The interviewer asked Rio to speak more on this.

> **Interviewer**: "You bring up a good point. Some people that I've interviewed replied, 'No, I don't politically identify as disabled,' which sounds similar to what you've just told me. But you might identify as, 'I'm Autistic.' I'm curious how you think."
>
> **Rio**: "Yeah, I don't view myself like that. I don't particularly prescribe to thinking of anything as a disability if I can help it. And even trying to—so they move away from considering, say, deafness a disability. Because really, it's not. It just changes your spectrum of capabilities."

In Rio's description, his view of disability aligns with the social model of disability. Rio described "disability" as spectrum of abilities that influence how individuals interact with their environments. For Rio, it appears that he views individuals having challenges interacting with their environments, not that there is a challenge with the individual.

Emi, as opposed to Brittany, did not recognize Autism as part of her identity, viewing it as a diagnosis that she has. "Not really [identifying as being Autistic] …I like to pretend I don't have a disability." When asked to share more of why she liked to pretend to not have a disability, Emi said, "I don't know. It just feels more comfortable to me."

Autism influencing gender identity. Every participant reported that they experienced and recognized ways in which autism influenced how they interacted with the world. However, when asked how they thought autism influenced their gender identity, participants shared that they viewed their gender identity as being separate from their autism identity or diagnosis.

When asked how Brittany thought having autism influenced her gender identity, Brittany shared, "I think that possibly the autism and the difficulty with identifying with other people. I don't know…" Although she offered this thought, she was unsure of her response, appearing not

confident that this answer accurately expressed her opinions. It was possible that she was unsure if she could pinpoint how having autism influenced her gender identity, if at all. Before this question, Brittany had expressed difficulties relating with others. She was then asked if she could speak more to those difficulties.

> **Brittany**: "I never got along with other boys. Like, I did some of the things they did, but not most. I never liked sports. I never liked violent video games. But I loved getting out and being adventurous and nature and stuff…"
>
> **Interviewer**: "Do you think that had to do with autism or just you or---?"
>
> **Brittany**: "I think that was part of the gender identity."

For Brittany, she attributed her experienced social challenges more to her gender identity rather than her autism identity.

Many of the participants gave quick, simple responses. When Will was asked if he thought autism had any influence on his gender identity, he replied, "No, not really." Ben gave a similar response as Will, saying, "I've got no clue…I don't think so, though. Not really." Poppy also answered, "I don't really think so," to autism influencing her gender identity and gender experience. Although Poppy did not think that autism had influenced her personal gender experience, she did note that she was aware of the idea that autism is thought to have an influence on gender identity.

> **Poppy**: "Honestly, I don't really think of my autism that much. I've heard researchers say that young kids with ASD sort of have the best concept of gender than non-ASD kids. I guess that kind of applied to me, too, but I don't feel I was any more woke or anything than most three-year-olds at the time."

Will also expressed that he had come across similar ideas.

Will: "Well, from things I have researched on my own through online things, it seems like people with autism and people who are a bit more neurodiverse usually are more likely to have gender dysphoria, from what I read at least. Not sure if it's actually true or not, but I definitely think since I have autism, it might make a bit more likely for me to identify as transgender."

Chapter 5: Discussion

In their national school climate survey, Kosciw, Greytak, and Giga (2016) found that LGBTQ+ youth who could identify at least one supportive adult ally at their school reported having a more positive view of their school's climate. The experiences that Matt and Morgan shared during their interviews appear to correlate with this finding. In general, the current study's findings on the role of informal school structures (i.e., teachers), framed by an intersectional and social model of disability lens, can help identify what practices are considered "supportive" to LGBTQ+ students and recommendations on how such practices could be learned and implemented.

Implications for Professional Practice

Support and allyship. As Matt noted many times during his interview, the genuine, naturalistic interactions with teachers felt much more supportive than when teachers talked about LGBTQ+ topics in a way that felt "forced." From a social model of disability lens, these positive, natural interactions with teachers served as an accommodating environment to the students' needs. In an appropriately accommodating setting, students should not feel that navigating their gender identity has a negative impact on their ability to function in the environment. For example, a student who feels supported by their teachers may not worry as much about how their peers may interact with them, trusting that their teachers will correct and put forth a consequence if peers make homophobic/transphobic comments. With less worry, a student may be able to feel confident to attend classes and be able to more fully engage in academic work.

There are many ways in which school staff can show support for and be allies to LGBTQ+ youth. The American Psychological Association (APA; 2015) and the National

Association of School Psychologists (NASP; 2014) advocate working with transgender or gender diverse youth in an affirming manner that supports youth in exploring their own identities and accepting those identities. This can be working directly with the student or indirectly. One direct way staff can support transgender or gender diverse youth is by asking students what language, pronouns, and names they would like to be referred by. Matt indicated that this is how he would have preferred to have been directly approached by his teacher. Actions such as these demonstrate how environments can be shifted to be more accommodating of student needs and desires. Additionally, teachers asking students what they would like gives space for the multiple ways in which a student may desire to express their identity. Every student may respond uniquely given their intersection of differing identities. Honoring these multiple and intersecting identity facets gives space for student agency, allowing them to feel more supported and recognized.

Actively responding to harassment and bullying. The degrees to which a student feels connected and safe at school have been identified as protective factors for LGBTQ+ youth (Saewyc, 2011). Anti-bullying policies that explicitly protect individuals based on their actual or perceived sexual orientation, gender identity, and gender expression is one way that LGBTQ+ youth can be supported in feeling safe. Youth in schools that included gender identity and gender expression in their safety policies reported experiencing less harassment, viewed their school climate as more positive, and were less absent at school than youth whose school safety plans did not include gender identity and gender expression (Greytak, Kosciw, & Boesen, 2013; Kosciw et al., 2018; O'Shaughnessy, Russell, Heck, Calhoun, & Laub, 2004; Szalacha, 2003). Schools that include gender identity and gender expression in their safety policies recognize the environmental impact that bullying can have on gender diverse youth. By making the

antibullying policies include discrimination and bullying based on gender, the schools are working to create environments that are safer and more accommodating to gender diverse individuals, aligning with the social model of disability.

While Matt reported that his school had an anti-bullying policy and expected that it included harassment based on gender and sexual identity, he still reported his peers engaged in verbal harassment and used homophobic/transphobic slurs. Research suggests that policies aimed at reducing bullying may not be effective in bringing LGBTQ+ youth to similar psychological and educational outcomes as their heterosexual peers (Robinson & Espelage, 2012). While 82% of students reported that their school had an anti-bullying policy, only 10% reported that the policy specifically mentioned bullying based on sexual orientation or gender identity (Kosciw et al., 2014). This maps onto what Matt reported. A one-size fits all anti-bullying program will not benefit sexual minority youth as much as one that is tailored to fit the school and the needs of all students. Viewing this from a social model of disability lens, schools need to actively include accommodations (i.e., protections in the form of policies) for the unique needs of all students and have teachers implement and uphold these accommodations.

Recommendations for Schools and Practitioners

Professional development training. As with many other school professionals, teachers have reported feeling under-informed and under-prepared regarding the needs of LGBTQ+ youth and how to best serve them (McCabe et al., 2013b). Professional development training on LGBTQ+ topics could be provided by school psychologists or local experts to school administrators and staff themselves (NASP, 2017). These trainings can support educators in developing their own awareness of their own internal biases, building a knowledge base, and understanding the developmental and specific needs of LGBTQ+ youth (Scharrón-del Río,

Dragowski, & Phillips, 2014). From an intersectional lens, these trainings would also serve as opportunities for teachers to think about their own identities, how these identities intersect, and then possibly be able to reflect on how students have their own multi-faceted identities. Regular professional development trainings on LGBTQ+ topics would allow educators and staff the opportunity to develop skills in allyship, as well as stay on top of current LGBTQ+ issues (NASP, 2017). These trainings would aid teachers in being able to engage with these topics more naturally, which would decrease the perception that teachers are bringing up these topics in a "forced" or "awkward" way; thus aiding in the development of a more supportive and genuine classroom environment.

Inclusive anti-bullying policies and implementation. Additionally, research has shown that gender diverse students often feel unprotected by their teachers, with some reporting that their own teachers have harassed them rather than supporting them (Kosciw et al., 2018; O'Shaughnessy et al., 2004). There needs to be a multi-level and systemic approach to preventing and responding to bullying (Wernick et al., 2013). Organizations such as GLSEN and Gender Spectrum offer content on their websites (i.e., www.glsen.org, www.genderspectrum.org) that can be used by teachers, administrators, and school psychologists to develop inclusive anti-bullying policies that includes bullying based on actual or perceived sexual orientation and gender identity, as well as provide training on how to recognize and intervene in bullying situations. Professional educators, such as school psychologists, can educate school staff, students, and families about these anti-bullying policies, behavioral expectations for students and staff, how to respond when acts of bullying are witnessed, how to report violations, and the consequences for violating these policies (NASP, 2017). This type of support would help more teachers develop more active strategies to address bullying, such as the

ones described and preferred by Matt. Incorporating the social model of disability, professional educators can communicate how accommodating environments can increase an individual's ability to function and thrive in differing settings. With an appropriate accommodation (i.e., supported and implemented antibullying policy), an individual's gender identity and expression should not negatively impact their ability to be successful in schools.

Implications for Research

In 2018, Fayette and Bond published a systematic literature review of qualitative studies that had been conducted with students with ASD about their perceptions of their educational experiences since 2000. Results indicated that 12 studies had been published from January 2000 to January 2016 that met that criteria (Fayette & Bond, 2018). Of those studies, each only considered the ASD aspect of participant identities. The studies did not indicate if these participants identified as a sexual or gender minority. This study looked to expand upon these research studies of the past by focusing on students with ASD who also identified as transgender or gender diverse.

Similar to other qualitative research studies that found youth with ASD to discuss the presence of bullying and negative peer interactions (Humphrey & Lewis, 2008; Saggers, 2015), bullying and peer relationships were salient to the participants in this study. While many reported that they had not personally experienced bullying, the presence of a school's anti-bullying policy was enough in the background of their mind that most mentioned it and believed their school had one. Saggers (2015) reported that participants emphasized the importance of teacher characteristics on their perceptions of school success. Although this study did not look directly at the participants' perceptions of academic success, they also indicated the importance of positive

teacher characteristics to their feelings of support and safety regarding their gender identities while at school.

Future research directions. The findings of this research build upon the findings of past research, as well as serves as a foundation for future research. Future studies could replicate this study in different geographical regions in order to see if transgender and/or gender diverse youth in other areas voice similar formal and informal structures that support them. It is entirely possible, however, that this population of youth in other regions may have differing priorities in terms of what they need to feel supported. Extended this line of research would allow for greater triangulation of data, which could further aid the development of programs and curriculums.

While this research focused on students, it did not include the perspectives of the students' teachers, administration, and other school staff. In order to be able to get a more complete perspective of the school environment, future research may want to examine the perspectives of teachers, administration, and other school staff on what they feel supports gender identity in their school. This research may show similarities or differences between their perspectives and students. From there, future research could be conducted to either help bridge possible differing opinions in order for efforts of change to be fully maximized. Being able to better understand the perspective of teacher, administration, and school staff understanding and beliefs around gender identity would also yield opportunities for intervention and professional development.

Design Limitations

While this study design had several strengths, there are also limitations to this design. One limitation to this study was establishing rapport and trust with the study participants. With most participants, we met for the first time on the day of the interview. The amount of time I had

to establish rapport before we started the interview was brief. While my background in mental health care has given me practice at quickly establishing rapport and a comfortable environment, it is possible that participants may have had difficulty feeling comfortable with sharing their true thoughts and experiences. If trust and rapport was not established, my interviews may not be an accurate description of participants' thoughts and experiences, minimizing the validity of findings. As such, great care was taken to make participants comfortable, and it was emphasized to them that their participation was completely voluntary. Participants were frequently reminded that they had permission to not answer any question asked to them. It was thought that by giving explicit control to the participant over what was answered would help to establish trust. It was also thought that this control would encourage participants to share voluntary and accurate information. While it appeared as though rapport was established with every participant, it is still possible that participants held back on what they were willing to disclose during the interview.

My identity may have been a potential barrier to establishing trust. It is possible that participants viewed me as a member of the mental health care profession who may have been trying to use their answers in order to support a heteronormative agenda. While I cannot control how my participants ultimately viewed me, I was transparent in my motivations for conducting this research and about my identities. By acknowledging my "outsider" status, I conveyed that they were the experts on their own experiences, which may have helped participants feel validated and establish rapport.

Another study limitation is that the way interview questions were framed may have not been aligned with how participants conceptualized their experiences. While great lengths were taken to develop interview questions with members of the gender diverse community and experts on autism spectrum disorders, as an outsider to this community, I may have missed asking about

an important aspect of their gender narratives. By asking follow-up questions as participants shared their experiences, I may have minimized this limitation by opening the conversation to related topics that the participants deemed were important to the interview topics.

Finally, the inability to contact participants after data analysis to conduct in-person member checks of data interpretation is a limitation. In the current study, the interviewer conducted in-person member checks as frequently as possible in order to determine that participants' meanings and points of view were understood to the best of her ability. However, it is possible that the grouping of patterns that the interviewer formulated may not completely describe participant feelings and experiences. Bringing participants back to discuss organization of findings would have been an additional way to conduct member checks. In future designs, participants will be contacted after data analysis to ensure participants feel reported findings accurately capture their intentions.

Conclusion

Kosciw et al. (2018) noted that "it remains clear that students in those schools with critical LGBTQ-affirming resources and supports in place do better" (p. xiii). Teachers are uniquely positioned to implement strategies and supports and serve as a support themselves. In this study, intersectionality framework theory and the social model of disability were used to guide interview question development. This study's conceptual framework utilizing the two theories prioritized the personal experiences of the participants and examined the environmental elements that could be adjusted to better support LGBTQ+ youth. Using this approach, the role of the teacher in serving as informal supports for gender diverse students with autism was illuminated. Findings suggest that teachers allowing students to utilize their personal agency, teachers' personal characteristics of warmth and genuineness, and how teachers implemented

formal school policies to support students were salient aspects in how supportive they were to gender diverse students. Future studies could investigate the perceptions of teachers working with transgender or gender diverse youth with autism to see how they thought students could be best supported. These areas of research could lead to the development of training curricula and policies that could better support these students. Will poignantly described the importance of this area of research and why it needs to be conducted in order to help LGBTQ+ students, particularly those with ASD, be able to be safe, happy, and successful in schools.

> **Will**: "Being trans isn't always fun. I mean, it's nice to be proud of who you are and everything like that, but gender dysphoria is not easy to deal with. I wish people would understand that. It's not just a phase or anything. It's like a physical, a mental, an emotional thing. It's something that quite a few people have to deal with. It's something that can only be treated by transitioning, and a lot of people can't transition. It sucks b/c people seem to think, 'Oh it's so cool. It's so fun. It's so aesthetic,' but no. It's [gender dysphoria] something that can be very painful sometimes for a lot of people."

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Table 1
Participant Information Table

Participant**	School Type and Size	Age	Grade	Gender Identity	Pronouns	Sexual Identity
Ben	Urban, public, medium	14	9	Transgender male	They/Them/ He/Him	Didn't know
Poppy	Rural, public, medium	18	12	Transgender female	She/Her	Bisexual
Will	Online school	16	11	Transgender male	He/Him	Gay
Matt	Urban, public, large	15	10	Transgender male	He/Him	Gay
Rio	Urban, alternative, small	17	11	Transgender male	He/Him	Gay
Morgan	Urban, alternative, small	15	10	Gender fluid	He/Him/ They/Them	Pansexual
Hazel	Homeschool, some public high school	18	12	Non-binary	She/Her/ They/Them	Pansexual
Brittany	Urban, public, large	19	R.G.	Transgender female	She/Her	Pansexual
Keanu	Rural, public, large	19	R.G.	Transgender male	He/Him/ They/Them	Unsure: Gay/Pan
Emi	Rural, public, medium	15	9	Transgender female	She/Her	Bisexual

Note. R.G. = Recently graduated
**Pseudonyms
***All participants identified as White/Caucasian

Appendix A

Interview Protocol

Interviewer's introduction

Thank you for participating agreeing to participate in our study. We couldn't do this research without individuals like you who are sharing your experiences/expertise. We are interested in understanding how individuals with Autism and/or identify as trans/gender diverse perceive gender, their gender identity, and how those influence your everyday experiences, like with friends, family, and school. Ultimately, we hope this research helps these youths get access to any services they might need. To answer our research questions, we are interviewing Gender Clinic and/or Autism Center patients and their parents through 1-on-1 interviews and questionnaires. We want to hear your thoughts and perspectives.*

To let you know a little bit about myself, my name is Shelley Barber, and I am a research assistant on this study. I am a graduate student at UW, and I use she/her pronouns. What pronouns do you use?

I have a few logistical pieces that I have to go through before I begin the interview with (Participant's name) and have you (directed to Participant's caregiver) leave the room and complete the questionnaires.

First, I'm going to go through the consent forms, making sure that you understand everything that we'll be doing today. After that, if you still agree to participate, I'll get your signatures and we'll begin the interview.

- Make sure participant has signed their consent or assent form

Thank you so much. (Participant's caregiver), here are the questionnaires that I'd like you to fill out. I'll show you back to the lobby where you can work on them.

- Take participant's caregiver back to the lobby with the questionnaires, two pens, and a clipboard. Return to the interview room.

Thank you so much for waiting. Our interview will last between an hour and two hours. I'll regularly ask if you'd like to take a break, but feel free to ask for one whenever you'd like.

I also want to let you know that what we discuss in here is confidential. I won't be sharing what you say to me with your (participant's caregiver). The only exception is for one of three reasons: if you tell me you are going to seriously hurt yourself, if someone is seriously hurting you, or if you plan to seriously hurt someone else. In those three situations, I have to break confidentiality because I have to keep you and other people safe.

I want to remind you that your participation is voluntary. If there's a question you don't want to answer, you don't have to. Also, you're free to end the interview at any time. Just let me know, and we'll stop the interview.

I will be audio-recording this interview today, as long as that's okay with you. To help protect your confidentiality, when we transcribe the interview, we will not include any information that identifies you. For example, the transcript will have your study ID number on it, rather than your name. So, is it okay with you that I audio-record the session today? If at any point you'd like me to turn off the recorder, just let me know.

Do you have any questions before we start the interview?

I'll start the recorder now, and I'll say for the recorder [either]:

- "This interview is (with [Participant ID #] [if known]) on [date]."

Interview prompts

1. So earlier you mentioned that you use (pronoun). How long have you been using that/those pronouns?
    a. Tell me about a time when people used the right pronoun for you.
        i. How did it make you feel?
    b. Tell me about a time when someone used a different pronoun for you - the wrong pronoun.
        i. What was your reaction?
        ii. How did it make you feel?

2. Great. Now, I'd like to learn about how you identify yourself.
    a. What is your cultural/ethnic identity?
    b. What is your sexual identity?
    c. Do you identify as having a disability?
        i. [If yes]: Tell me about it.
    d. What other ways do you identify?

3. Thank you for sharing that with me. Now, I'm going to say some words, and I would like you to tell me what pops into your mind after I say them. I'll also show you the words on cards.
    a. Gender
    b. Gender Identity
    c. Gender Expression
    d. [Pointing to the cards]: Tell me how these three words are the same to you.
    e. [Pointing to the cards]: Tell me how these three words are different to you.

4. Now I have a few questions, just to help me get to know you a little.
    a. If you had to describe your gender identity in just a few words, how would you describe it?
        i. [Prompt]: In your mind, how do you view yourself?

   b. How does your gender identity influence your gender expression?
      i. [If participant needs examples of what could fall under gender expression]: Gender expression is like how you outwardly present yourself in terms of gender, such as clothing and hairstyle. How does your gender identity influence this for you?
   c. If you were playing a game where you had to pick an avatar, what kind of avatar would you pick?
      i. [Prompt]: Some people tend to choose male or female avatars, while others tend to choose gender neutral ones. What do you think you would pick?
   d. Tell me about a celebrity or fictional character whose gender expression (i.e., how they wear their hair, how their voice sounds, how they dress, body type) you really relate to.
   e. Is there any celebrity or fictional character that you wish you could look like?
   f. How do you think having ASD has influenced your gender identity?

5. Thank you! Now I'd like you to think back to when you started to think about your own gender.
   a. About how old where you?
   b. How were you thinking about your gender?
   c. What kinds of things stood out to you?
      i. [If participant needs a prompt]: Some people have specific memories where being their gender really stood out, like having certain interests or what they wanted to wear. What kinds of memories do you have regarding gender?

6. Now I'm going to ask you to think back to when you were younger.
   a. Think back to when you were 5. How did you think about gender then, if at all?
   b. Now think back to when you were 10. How did you think about gender then?
   c. Now think back to when you really started to hit puberty. How did you think about gender then?

7. Now I'd like to talk about how over your lifetime your understanding of your own gender identity has shifted.
   a. How did your understanding of your own identity has shifted over the years.
      i. Possible probes:
      ii. What kind of changes did you experience when you started to realize you were (participant's identity)?
      iii. Who did you tell first?
      iv. Who else have you told?
      v. Tell me how your family reacted to you realizing you were (participant's identity)?
         1. How were they in terms of accepting and supporting you?
         2. What changes, if any, occurred in the relationship between you and your family?
      vi. Tell me how your friends reacted.

vii. How did your teacher react?
viii. Was it an emotional experience?

8. Thanks for sharing a bit of your story. So now, you identify as (participant's identity). I'd like to ask you some questions on how it's played a role in your life.
    a. Think of a time when your gender identity has influenced an interaction with your family members. Tell me about it.
        i. [If participant needs a prompt]: Some people feel like because they identify as a boy, girl, or gender non-conforming that others treat them in specific ways. Have you had any moments like that?
            1. How, if at all, do you think having ASD influenced this moment?
        ii. Tell me about a time when you felt accepted and supported by your family in regarding your gender identity
            1. Did ASD play any role in this moment?
    b. Think of a time when your gender identity has affected an interaction with friends. What was it?
        i. How, if at all, do you think having ASD influenced this moment?
    c. Think of a time when your gender identity played a role in an experience out in public with people who don't know you
        i. Did ASD impact this moment for you?

9. Now I'd like to talk about how your gender identity has influenced your school experiences.
    a. Tell me about how your gender identity has influenced your interactions with everyday peers at school.
        i. What about with teachers?
        ii. What about with other staff members?
    b. Tell me about a time when you felt safe and comfortable in school, in regard to your gender identity.
        i. What made it feel safe?
    c. What would help you feel safe and supported in school, in regard to your gender identity?
    d. What do you wish was different in school?
    e. How, if at all, do you think having ASD has influenced your gender identity at school?

10. Some trans youth run into difficulties dealing with their gender identity in school, have you had any difficulties like this?
    a. [if yes]: Tell me about a time when you experienced a difficulty at school in regard to your gender identity.
    b. How did ASD, impact this experience for you, if at all?
    c. What were the reactions of those around you?
    d. What helped you get through that moment?
    e. If something challenging happened again in school, who would you talk to about it?

f. What would help you to deal with situations like that in the future if they happened again?
g. What do you wish teachers would do to help?

11. Is gender dysphoria something you've experienced?
    a. [If yes]: Tell me about a time when you experienced gender dysphoria.
        i. How often do you experience gender dysphoria?
        ii. What situations bring it up for you?

12. Now I'd like to ask you about what assumptions you think people might make about your gender identity.
    a. For example, what assumptions do you think your family makes about your gender identity?
    b. What about your friends?
    c. What about peers at school?
    d. What about teachers?
    e. What about strangers out in public?

13. Thank you for sharing that. Now I'd like to hear your thoughts on what you wish people knew about your gender identity. Think of it as, "setting the record straight."
    a. For example, if you could have a moment where you could say whatever you wish to your family about your gender identity, what would you tell them?
    b. What would you say to your friends?
    c. What about to people at school?
    d. What would you say to your teachers or other school staff?
    e. What would you say to strangers out in public?

14. What do you enjoy most about your gender identity?
    a. What are you the proudest of about your identity?

15. We're just about to the end of our interview. But before we end, I want to check with you to see if there's anything that I may have missed. Is there anything important that you think I should know and ask about? Please share with me any final thoughts you'd like to add.

Interview wrap-up

"Thank you so much for your participation today!"
Gift card information / form (if applicable)

Appendix B

Consent/Assent Form

PARENTAL PERMISSION FORM
CONSENT FORM: Ages 18 and up
ASSENT FORM: Ages 14-17

Study Title: Perspectives on Gender Identity from Adolescents with and without Autism Spectrum Disorder.

Principal Researchers: Sara DiVall, M.D. and Felice Orlich, Ph.D.

The Research Team:

Name/Degree	**Phone Number**	**E-mail**
Sara DiVall, M.D.	206-987-2640	Sara.DiVall@seattlechildrens.org
Felice Orlice, Ph.D.	206-987-8080	Felice.Orlich@seattlechildrens.org
Kym Ahrens, M.D., M.P.H.	206-884-1031	Kym.Ahrens@seattlechildrens.org
Shelley Barber, Ed.S.	206-486-0150	Shelley.Barber@seattlechildrens.org
Amy Curtis, M.D.	206-993-1482	Amy.Curtis@seattlechildrens.org
Rachel Earl, Ph.D.	206-998-4742	Rachel.Earl@seattlechildrens.org

If you have questions about your rights as a research study participant, you can call the Institutional Review Board at (206) 987-7804.

1. Researchers' Statement:

You have the option to take part in a research study. The goals of this form are to give you information about what would happen in the study if you choose to take part and to help you decide if you want to be in the study.

Feel free to take notes, write questions or highlight any part of this form.

Potential Participants 18 years and older: This is a consent form. It provides a summary of the information the research team will discuss with you. If you decide that you would like to take part in this research study, you would sign this form to confirm your decision. If you sign this form, you will receive a signed copy of this form for your records.

Potential Teen Participants: This form also serves as an assent form. That means that if you choose to take part in this research study, you would sign this form to confirm your choice. Your parent or guardian would also need to give their permission and sign this form for you to join the study.

Parents/Guardians: You have the option of having your teen join a research study. This is a parental permission form. It provides a summary of the information the research team will discuss with you. If you decide that your teen can take part in this study, you would sign this form to confirm your decision. If you sign this form, you will receive a signed copy for your records.

The word **"you"** in this form refers to your teen.

Joining the study as a parent:
Parents also have the option to take part in this research study. There is an addendum at the end of this form explaining what it would mean to participate as a parent.

2. What you should know about this study:

- This form explains what would happen if you join this research study.
- Please read it carefully. Take as much time as you need.
- Please ask the research team questions about anything that is not clear.
- You can ask questions about the study any time.
- If you choose not to be in the study, it will not affect your care at Seattle Children's.
- If you say 'Yes' now, you can still change your mind later.
- You can quit the study at anytime.
- You would not lose benefits or be penalized if you decide not to take part in the study or to quit the study later.

3. What is the goal of this study?

The goal of any research study is to answer questions. We (the research team listed on the front of this form and our staff) are doing this research study to answer 2 questions:

- How do youth with Gender Dysphoria and/or Autism Spectrum Disorder think about gender and their gender identity?
- How do youth with Autism Spectrum Disorder only or Autism Spectrum Disorder + Gender Dysphoria think about commonly used assessments for Gender Dysphoria?

4. Why do I have the option of joining the study?

You have the option to take part in this research study because you have been diagnosed with Gender Dysphoria (GD) and/or Autism Spectrum Disorder (ASD).

5. How many people will take part in the study?

We think that about 30 people will take part in this research study at Seattle Children's.

6. If I agree to join this study, what would I need to do?

If you decide to take part in this study, we would ask you to come to the Seattle Children's Autism Center or Gender Clinic. We would ask your parent to fill out three questionnaires while you have an interview with one of our research team members about your gender identity and how you think about gender. We would ask you to do this one time. If you only have ASD or have ASD and GD, we would ask you to come back for a second visit to fill out four questionnaires and tell us what you think about the questionnaire questions while you complete them. We expect each visit will take roughly 1 to 2 hours.

Explanation of Research Procedures:

The activities that would be done include:

- Parent completing the Social Responsiveness Scale-2 (SRS-2), a social communication questionnaire, the Achenbach Child Behavior Checklist (CBCL 6-18), a social-emotional questionnaire, and the Parent-Recalled Childhood Gender Identity and Experience-Gender Spectrum, a questionnaire asking parents to remember about your childhood preferences and activities.
- Participants will complete an interview about their gender identity and perceptions of gender. This interview will be audiotaped, transcribed and stored in password protected computer files. The recordings are for research purposes. You would not be named on the recording. A Study ID will be assigned to each participant for use in the transcript and surveys. Data from audio recordings will be transported physically, on a digital audio recorder, and downloaded onto the SCH (Seattle Children's Hospital) internal shared drive. It will be uploaded to a transcription service via their secure website.
- For participants with ASD only and ASD + GD, at the second visit, you would complete a cognitive interview, which means that you would fill out four questionnaires (the Achenbach Youth Self Report (YSR), the Recalled Childhood Gender Identity and Experience-Gender Spectrum questionnaire, the Utrecht Gender Dysphoria questionnaire, and the Body Image Scale-Gender Spectrum questionnaire) while telling us your thoughts about each questionnaire item.

Research Study Visits:

Visit #	**Procedures**	**Location**	**How much time the visit will take**
Visit 1	• Parent completing SRS-2, CBCL 6-18, and the Recalled Childhood Gender Identity and Experience-Gender Spectrum questionnaire • Gender Perception Interview	**Seattle Children's Gender Clinic or Autism Center**	**1-2 hours**
Visit 2 (For Participants with ASD only and ASD + GD)	• Cognitive interview	**Seattle Children's Gender Clinic or Autism Center**	**1-2 hours**

7. How long would I be in the study?

If you choose to take part in all the study visits, you would be in the study until September 2019.

If you join the study, you can decide to stop **at anytime for any reason**. If you decide to leave the research, there would be no negative consequences. If you decided to stop, you would need to talk with one of the research team members so that they can remove you from the study.

The research study doctor could also decide to take you out of this study. Possible reasons for this could be if you cannot come to enough study visits or if you cannot answer most of the interview questions. If we ask you to leave the study, we would always explain why.

8. What are the potential harms or risks if I join this study?

There are potential harms or risks if you take part in this study. You may feel uncomfortable answering some of the questions asked in the interview or on the questionnaires. You can skip any questions you do not want to answer.

There is a risk that your confidentiality or privacy could be breached. This would mean that someone other the research team or our collaborators may find out that you were in the research or see your answers or medical information. However, we will take every precaution to make sure that this does not happen.

9. What are the potential benefits if I join this study?

Potential Benefits for You:

We do not expect this study to benefit you.

Potential Benefits for Others:

We hope to use information we get from this study to benefit others who have Autism Spectrum Disorder and/or Gender Dysphoria.

10. What other options do I have?

You can choose not to participate in this study.

11. How would you keep my information confidential?

If you take part, we will make every effort to keep your information confidential.

You have certain privacy rights with regards to your health information, and only with your permission may we collect, use, or share your health information for this study. The following describes the type of information the study will create, use or share, who may use it or share it, and the purposes for which it may be used or shared.

This information may include things like:

- Past or future medical records,
- Research records, such as surveys, questionnaires, interviews, or self-reports about medical history
- Medical or laboratory records related to this study, and
- Information specific to you like your name, address, or birthday

This information may be used by or shared with:

- Researchers (such as doctors and their staff) taking part in this study here and at other centers,
- Research sponsors – this includes any persons or companies working for, with, or owned by the sponsor,
- Review boards (such as Seattle Children's Institutional Review Board), data and safety monitoring boards, and others responsible for watching the conduct of research (such as monitors),
- Governmental agencies like the U.S. Food and Drug Administration (FDA) and the Department of Health and Human Services (DHHS), including similar agencies in other countries, and
- Public health authorities to whom we are required by law to report information for the prevention or control of disease, injury, abuse, or disability.
- ***If the sponsor pays any of your medical expenses, we may be required to give the sponsor your name, date of birth, and Medicare ID or social security number.***

This information may be used or shared to:

- Complete and publish the results of the study described in this form,
- Study the results of this research,
- Check if this study was done correctly, and
- Comply with non-research obligations (if we think you or someone else could be harmed).

You may look at or copy the information that may be used or disclosed. However, for certain types of research studies, some of the research information may not be available to you during the study. This does not affect your right to see what is in your medical (hospital) records.

There is no time limit for the use or sharing of your information. Researchers continue to analyze data for many years, and it is not always possible to know when they will be done. If your information will be banked as part of this study, it may be used in the future for other research. We would not ask for your permission prior to this future research.

Your permission for the use or sharing of your information will not expire, but you may cancel it at any time. You can do this by notifying the study team in writing. If you cancel your permission, no new information will be collected about you, but information that has already been collected may still be used and shared with others.

The use or sharing of your information will follow privacy laws, but these laws only apply to doctors, hospitals, and other health care providers. Some people who receive your health information as part of this study may share it with others without your permission if doing so is permitted by the laws they must follow.

If the results of the study are published, information that identifies you would not be used.

Your permission is documented by signing this form below. If you decide that we cannot use or share your information, you cannot participate in this study.

The following section in *italics* will be completed by different individuals depending on the age of the minor participants. Because adolescents may agree to the use or sharing of certain kinds of information on their own, adolescents fitting the criteria below will complete this section for themselves. For all other minor participants, the parent/legally authorized representative providing permission will complete this section on behalf of the child.

Please consider whether we may use or share the information listed below for this research. If you agree, please mark your permission with your initials.

____ *Behavioral or mental health/illness (13 and above)*
____ *Drug or alcohol abuse, diagnosis, or treatment (13 and above)*

12. Would it cost me money to be in the study?

If you take part in this study, there would be no cost to you and no cost to your insurance company.

13. What if I were injured because I joined the study?

If you think you have been harmed from this study, please call Dr. DiVall at 206-987-2640 or Dr. Orlich at 206-987-8080.

14. Would I be paid if I join this study?

To thank you for taking part in the study we would give you $30 after the first visit. We would also give your parent $10. Additionally, if you are one of the participants who is asked to come back for a second visit, we would give you an additional $30 after you complete the second visit. You would receive the payment on a Seattle Children's reloadable debit/gift card called a ClinCard. The study staff will provide you with additional information about how the ClinCard works. It is important that you do not lose the ClinCard. Costs for replacing a lost or stolen ClinCard will be your responsibility. The cost to replace the ClinCard is $7.

The IRS has certain rules about paying people who take part in research studies. If you took part in this study, we would ask you to provide your name, mailing address, and social security number so we could pay you.

You can be in this study even if you do not give us this information. If you decide not to give us this information, you could receive a gift card or no payment.

The payments you would receive for being in this study might be taxable. Seattle Children's is required to report to the IRS study payments of $600 or more made to anyone in any year.

Your data and/or samples may be used to make new products, tests or findings. These may have value and may be developed and owned by the research team and/or others. If this happens, there are no plans to pay you.

15. Who do I contact if I have problems, questions or want more information?

If I have questions or would like to know about …	**You can call …**	**At …**
• **Emergencies** • **General study questions** • **Research-related injuries** • **Any research concerns or complaints**	**Dr. Felice Orlich**	**Phone: 206-987-8080**
• **Emergencies** • **General study questions** • **Research-related injuries** • **Any research concerns or complaints**	**Dr. Sara DiVall**	**Phone: 206-987-2640**
• **Your rights as a research participant**	**Institutional Review Board This is a group of scientists and community members who make sure research meet legal and ethical standards**.	**Phone: (206) 987-7804**

FUTURE CONTACT

Future Research Studies

Would you like to know about future research studies? We would like to contact you in the future to tell you about other research studies you might want to take part in. Research is always a choice. We are only asking you, if you would like to hear about other studies.

What happens if I check "YES"? If you check the "YES" box, you are allowing us to contact you if a study that you could take part in comes up. You can decide to stop allowing us to contact you at any time. You would need to contact Dr. DiVall or Dr. Orlich and let us know if you did not want to be contacted in the future.

What happens if I check "NO"? Deciding not to take part will NOT affect your care at Seattle Children's Hospital. There will be no penalty or loss of benefits to you for deciding that you do not want to be contacted in the future.

Your contact information will not be shared with anyone outside this XX.
□ Yes, it is okay for you to contact me about future research studies.
□ No, please do not contact me about future research studies.

Please tell us what would be the best way to contact you.

□ Phone: _____

□ E-mail: _____

16. If I join the study, can I stop?

Yes. Taking part in research is always a choice. If you decide to be in the study, you can change your mind at any time. We ask that you tell Dr. DiVall or Dr. Orlich. You can contact Dr. DiVall by phone at 206-987-2640 and Dr. Orlich by phone at 206-987-8080.

If you choose to leave the study, it will not affect your care at Seattle Children's. You will not lose any benefits or be penalized if you choose to leave the study.

17. What would my signature on this form mean?

Your signature on this form would mean:

- The research study was explained to you.
- You had a chance to ask all the questions you have at this time. All your questions have been answered in a way that is clear.
- You understand that the persons listed on this form will answer any other questions you may have about the study or your rights as a research study participant.
- **You have rights as a research participant. We will tell you about new information or changes to the study that may affect your health or your willingness to stay in the study.**
- By signing this consent form, you do not give up any of your legal rights. The researcher(s) or sponsor(s) are not relieved of any liability they may have.
  - You agree to take part in the research study.
  - If the person reading this form is a parent/guardian, you agree to have your child take part in this research study.
  - You permit the creation, use, and sharing of your health information for the purposes of this research study as described in Section 11 above.

Please Note: If the person taking part in this research study is a foster child or a ward of the state, then please tell the researcher or their staff.

_____

Printed Name of Research Participant

_____

Signature of Research Participant (required if 14 years or older)

_____ _____

Date *Time*

_____

Printed Name of Parent or Legal Guardian

_____

Signature of Parent or Legal Guardian

_____ _____

Date *Time*

18. Researcher's Signature

I have fully explained the research study described by this form. I have answered the participant and/or parent/guardians questions and will answer any future questions to the best of my ability. I will tell the family and/or the person taking part in this research of any changes in the procedures or in the possible harms/possible benefits of the study that may affect their health or their willingness to stay in the study.

_____

Printed Name of Researcher Obtaining Parental Permission or Consent

_____

Signature of Researcher Obtaining Parental Permission or Consent

_____ _____

Date *Time*

Original form to:
Research Team File

Copies to:
Participant
Parents/Guardians

PARENT PARTICIPANT ADDENDUM

Parent Participants

Why do parents have the option of taking part?
As a part of this research study we would like to ask you some demographic questions. We plan to use this information to better understand the family background of our participants, such as racial, ethnic, and SES backgrounds. Your part in the study should take place during the first study visit and is estimated to take about 30 minutes.

Do parents have to take part?
Taking part in research is optional. If you decide not to join you will not be penalized or lose any benefits that you are otherwise entitled to.

What are the possible risks?
The main risk of participating as a parent in this study would be breach of confidentially.

What are the possible benefits?
We do not expect you to benefit.

Can I change my mind?
You can decide to take part and change your mind at anytime. If you change your mind, please contact Dr. DiVall or Dr. Orlich and your information will not be used in the study..

If you have questions about the study, your rights, or feel you have been harmed by the study, please contact the study team members listed on the front of this form.

What would my signature mean?

- You agree to take part in the research study.
- You keep all your legal rights. The researcher(s) or sponsor(s) are not relieved of any liability they may have.

_____

Printed Name of Parent or Legally Authorized Representative

_____

Signature of Parent or Legally Authorized Representative

_____ _____

Date *Time*

_____

Printed Name of Parent or Legally Authorized Representative

_____

Signature of Parent or Legally Authorized Representative

_____ _____

Date *Time*

Appendix C

University of Washington IRB Determination of Not Human Subjects Research

UNIVERSITY of WASHINGTON
HUMAN SUBJECTS DIVISION

November 27, 2019 Dear Shelley Barber:

NOT HUMAN SUBJECTS

On November 27, 2019, the University of Washington Human Subjects Division reviewed the following application:

Type of Review:	Initial Study
Title of Study:	Helping Double Rainbows Shine: How Formal and Informal School Structures Support Gender Diverse Youth on the Autism Spectrum
Investigator:	Shelley Barber
IRB ID:	STUDY00008880
Funding:	None
IND, IDE, or HDE:	None

The Human Subjects Division determined that the proposed activity is research that does not involve human subjects, as defined by federal and state regulations. Therefore, review and approval by the University of Washington IRB is not required.

This determination applies only to the activities described in this application.

Depending on the nature of your study, you may need to obtain other approvals or permissions to conduct your research. For example, you might need to apply for access to data or specimens (e.g., to obtain UW student data). Or, you might need to obtain permission from facilities managers to conduct activities in the facilities (e.g., Seattle School District; the Harborview Emergency Department).

If you need to make changes in the future that may affect this determination or are not sure, contact us to see if you need to submit a new application.

We wish you great success!

Sincerely,

Dana Gold, MA
IRB Administrator, Committee D Email: deg4@uw.edu
Phone: 206.543.5602

4333 Brooklyn Ave. NE, Box 359470 Seattle, WA 98195-9470
main 206.543.0098 fax 206.543.9218 hsdinfo@u.washington.edu www.washington.edu/research/hsd Implemented 04/12/2019 – Version 1.9

Appendix D

Coding Scheme

Code Name	Code Description
Acting Differently from Stereotyped Gender Expectation	References behaviors that do not align with the stereotyped gendered expectations of the gender binary (Ex: Assigned males wearing dresses)
ASD Influencing Experience	References where ASD characteristics impact an experience/interaction
Assumptions	Reference to assumptions being made by others; assumptions vocalized by participant
Change	Reference to change
Description of Friends	Participant is describing friends
Description of Peers	Participant is describing peers/schoolmates (i.e., same age, but not friends)
Description of School	Participant is describing an aspect of the school (e.g., climate, demographics, size, building, curriculum)
Description of Teachers	Participant is describing teachers
Differential Treatment (?)	Reference to participant perceiving or reported that they were treated differently than others
Elementary School	Reference to Elementary School
Expression of a Desire/Want	Participant expresses a desire/want/hope that they have
Family	Reference to Family
Feelings of Connection	Reference to feelings of closeness and connection, being part of something
Gender Binary	Reference to the Gender Binary (Ex: Gender = Male or Female)
Gender Spectrum	Reference to the Gender Spectrum (e.g., gender is along a continuum)
Group Activities	Reference to activities where there are multiple participants
High School	Reference to High School
“I don’t know (and/or why)”	Participant being unable to describe experience or reason why
Identity Facet	Reference to a facet of a participant’s identity
Identity Shift Over Time	Reference to an identity shifting over time (Ex: Bisexual → Pansexual)
Intentions	Reference to intent or intentions of participant or another
Interactions with Family	Reference to an interaction with family
Interactions with Friends	Reference to an interaction with friends
Interactions with Peers	Reference to an interaction with peers
Interactions with Teachers	Reference to an interaction with teachers
Invalidation of Gender Identity	Reference to gender identity being denied, corrected, invalidated
LGBTQ+ Representation/Portrayals	Reference to LGBTQ+ visibility in real life and media

Matching Stereotypes/Gender Expectations	Behavior corresponds with the expectations of stereotyped gendered expectations of the gender binary (Ex: Assigned females liking makeup)
Middle School	Reference to Middle School
“Never really thought about it”	Participant saying that they did not think of something
“Normalcy”	Reference to “being normal,” “the same as everybody else,”
Noticing Differences from Peers	Participants noticing differences between themselves and peers/friends
Observable Expressions of Gender	Expressions of gender that are visible (e.g., voice, clothing, behaviors)
Other’s Observations	Reference to a verbal comment made by others to the participant
Participant Experiencing Negative Emotions	Reference to the participant experiencing a negative emotion or having a negative emotional valence (Ex: Mad, frustrated, depressed, “not good”)
Participant Experiencing Positive Emotions	Reference to the participant experiencing a positive emotion or having a positive emotional valence (Ex: Happy, excited, “yay”, “good”, “nice”)
Participant Needed Clarification	Participant did not understand what the interviewer was asking
Personal Agency/Autonomy	Reference to the participant being the one to make decisions/choices
Pronoun Use/Usage	Reference to pronouns, pronouns being used, pronouns being chosen
Self-Exploration/Self-Reflection/Knowing Oneself	Reference to the participant thinking and reflecting on their identities, wants, and goals
Sexuality/Sexual Orientation	Reference to sexual orientation/identity
Slurs/Offensive Remarks	Reference to slurs, offensive remarks and/or comments
Thinking about Gender	Reference to thinking about gender
Unobservable Expressions of Gender	Expressions of gender that are not visible (Eg: thoughts, personal identity, labels, motivations and choices)
Validation of Gender Identity	Reference to gender identity being accepted and acknowledged