The Experiences of Autistic Transgender and Gender-Diverse Young People

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Abstract

There is a dearth of research in the UK eliciting the voices of autistic gender-diverse young people exploring their lived experiences, including their educational experiences. This research explored the experiences of autistic young people in the UK who are gender-diverse (participants were transgender, non-binary or gender questioning), related to gender identity and autism, particularly looking at their experiences of education. Semi-structured interviews were conducted with six autistic gender-diverse young people (aged 16 to 26 years old), which were analysed using Interpretative Phenomenological Analysis (IPA). This qualitative approach examines how individuals make sense of their life experiences. Five superordinate themes emerged from the analysis: *My identity – understanding me, acceptance & rejection*; *Emotional & mental health challenges; Emotional, social, & physical transition*; *School (& College) stressors*; and *Supportive solutions at school*. Findings are discussed in relation to psychological research and theory, several areas for future research are identified. Findings are relevant to professionals, so that the needs of these young people are better understood, particularly those that work in education including school staff and Educational Psychologists (EPs). EPs are well positioned to offer children and young people (CYP) support at an individual and systemic level, including sharing their knowledge with school staff to help ensure gender-diverse autistic young people's needs are better met.

Keywords: Trans, transgender, gender dysphoria, gender diverse, Autistic Spectrum Disorder, Autistic, ASD, neurodiversity

Student Declaration Form

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List of Abbreviations

ASD: Autism Spectrum Disorder
BPS: British Psychological Society
BRIEF: Behaviour Rating Inventory of Executive Function
CBCL: Child Behaviour Checklist
CSBQ: Children’s Social Behaviour Checklist
CYP: Children and Young People
DSM-4: Diagnostic and Statistical Manual of Mental Disorders (fourth edition)
DSM-5: Diagnostic and Statistical Manual of Mental Disorders (fifth edition)
EA 2010: Equality Act 2010
EP: Educational Psychologist
EPS: Educational Psychology Service
GD: Gender Dysphoria
GID: Gender Identity Disorder (no longer a diagnosis)
GIDS: Gender Identity Development Service
GRA 2004: Gender Recognition Act 2004
GRC: Gender Recognition Certificate
HRA 1998: Human Rights Act 1998
IPA: Interpretative Phenomenological Analysis
LGBT: Lesbian, Gay, Bisexual & Transgender
LGBTQI+: Lesbian, Gay, Bisexual, Transgender, Queer (or those questioning their gender identity or sexual orientation), and Intersex
LSA: Learning Support Assistant
NHS: National Health Service
OCD: Obsessive Compulsive Disorder
PE: Physical Education
PBs: Puberty blockers
PCP: Personal Construct Psychology
RSHE: Relationships, Sex and Health Education
SRS: Social Responsiveness Scale
ToM: Theory of mind
UEL: University of East London

Chapter One: Introduction

1.1 Overview of Chapter One

This chapter provides an explanation of the key terms used, then explores the current context and background relating to gender identity and autism relevant to young people. National policy outlines the rights of gender-diverse autistic young people. The researcher's position is then set out. Finally, theoretical frameworks used are explained, leading to the rationale and aims for the research.

1.2 Explanation of Key Terms

Language around gender and neurodiverse identities continues to evolve, it is key that the person and community being addressed are asked their preferences. Definitions of some of the key terms used in this research have been taken from 'Trans and Autistic' by Adams & Liang (2020) who are themselves gender-diverse and neurodivergent. *Transgender* is defined as 'a person who experiences a different gender identity than the one they were assigned at birth' (p. 11). In this study, *trans* and *transgender* are used interchangeably. *Cisgender* is 'Not transgender. A person whose gender assigned at birth and their current understanding of their gender identity match' (p. 10). *Identity-first* (e.g. autistic person) and *person-first language* (e.g. person with autism) is debated within the autistic community, '…no consensus exists, and the ultimate choice is each individual's, there is a general preference within the autistic community towards identity-first language…' (p. 10) seen as accepting and even celebratory of identity; person-first language is often used by professionals (Adams & Liang, 2020, p. 10). *Gender identity* is '…a person's sense of their own gender, which may or may not coincide with sex assigned at birth' (Warrier et al., 2020, p. 2). *Transsexual,* described in the Stonewall (2020) glossary, 'to refer to someone whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth' however state that this was '…used in the past as a more medical term (similarly to homosexual)' and *Gender Dysphoria* is used to describe the experience of discomfort or distress because there is a mismatch between sex assigned at birth and gender identity.

Non-binary (including genderfluid, genderqueer and other labels) means not fitting exclusively into a binary gender, this may involve a 'single fixed gender position other than male or female, no gender, a combination of male and female or other genders, or move between male, female and other genders…' (Mermaids, 2021). The researcher recognises that the term *transgender* comes under the umbrella of *gender-diverse*, however purposefully chose to use both words in the title with the aim that it may be more searchable (as *transgender* is perhaps more widely used). *Gender-diverse* includes those with a non-cis gender identity, and those beyond the binary framework of male or female, including those who are *non-binary*.

Neurodiverse is 'a concept where neurological differences are recognised and respected in the same way as any other human differences' (*Stonewall,* 2020). The neurodiversity movement, primarily a social justice movement, aims to end default pathologization of neurodivergence, instead seeks to promote acceptance, and accommodation, of human neurodiversity (Chapman, 2021).

1.3 Context & Background

Warrier et al. (2020) investigated whether transgender and gender-diverse individuals have elevated rates of autism traits, when compared to cisgender individuals, through utilising cross-sectional databases containing 641,860 individuals. They found transgender and gender-diverse individuals have on average higher rates of autism (and other neurodevelopmental and psychiatric diagnoses). Both autistic and non-autistic individuals, who are transgender or gender-diverse, score higher, on average, on self-reported measures of '…autistic traits, systemizing, and sensory sensitivity, and, on average, lower on self-report measures of empathy' (p. 1). Both groups are more likely to have suicidal ideation, self-harm, and suicidal behaviours. Current understanding and support are inadequate, the 'intersection of autism and gender diversity can be doubly distressing if adequate safeguarding and support are not provided' (p. 7). Warrier et al.'s (2020) study highlights the need for specific support and better access to mental health services aimed at autistic gender-diverse individuals.

There is a variability of reported percentages of autism spectrum disorder (ASD) in gender-diverse individuals, likely due to selection methods and diagnostic criteria. Strang et al. (2018b) specify ASD occurs in 6.3%-13.3% of gender-referred young people across clinics, while van der Miesen et al. (2016) conclude about 20% of those clinically assessed at gender identity clinics had reported features of ASD. Kaltiala-Heino et al. (2015) cite 26% of adolescents at their gender identity service to be diagnosed on the autism spectrum. A third of autistic gender-diverse adolescents reported having their gender identity questioned due to their autism diagnosis (Strang et al., 2018b).

Stonewall (2018) surveyed over 800 trans and non-binary people, in which 53% of young trans adults had experienced a hate crime based on their gender identity in the last 12 months, 40% of trans people adjust the way they dress because of fear of discrimination or harassment, 14% of trans people are not open about their gender identity to anyone in their family (24% of non-binary people), 25% of trans people have experienced homelessness, almost half of trans people who want medical intervention say the long waiting times prevent them from accessing treatment. Stonewall calls for allies, including schools, to break down barriers.

Hebron & Humphrey (2014) report mental health difficulties in young people with autism in secondary schools including: ‘significantly greater anxiety, depression, anger and lower self-concept’ (p. 22) than those without additional needs. Holt et al. (2016) identified that a significant proportion of CYP that were referred to the Gender Identity Service (GIDS), were autistic, and reported low mood/depression, self-harm and bullying. Gender-diverse autistic adolescents are at marked risk of mental health difficulties, particularly internalising disorders (Mahfouda et al., 2019).

Zablotsky et al. (2014) found 63% of children with a diagnosis of autism had experienced victimisation, those in an inclusive school setting were at most risk. Nahata et al. (2017) identified 58.2% of transgender adolescents reported school victimisation. Those who are gender-diverse and autistic are at higher risk of bullying, exploitation and being victims of violence (Strang et al., 2018a).

Highly relevant are recent legal changes to accessing puberty blockers (PBs) for young people under 16 years old. This involved the recent case of Bell verses The Tavistock and Portman NHS Foundation Trust in December 2020 (Royal Courts of Justice, 2020). The court concluded it highly unlikely a 13 year old would be Gillick competent to give consent to PBs, and was very doubtful 14 or 15 year olds would understand the long term risks to be able to give consent. In response the NHS suspended PB referrals for those under the age of 16, a court order is now required to receive PBs. For 16 and 17 year olds no court application would be required, as long as they have mental capacity. In March 2021, a high court then ruled that young people can access puberty blockers if parents give consent and practitioners support this (Royal Courts of Justice, 2021).

The Gender Identity Development Service (GIDS), England's only NHS clinic for CYP, was rated inadequate in January 2021 (Quality Care Commission, 2021). This rating was given due to its difficulty to access (with over 4600 CYP on the waiting list and the wait was over two years for the first appointment), risk was not assessed or managed well (many on the waiting list were described as vulnerable and at risk of self-harm), waiting lists meant staff were unable to assess risk, and caseloads for staff were high.

Referrals have increased from 1408 in 2015-2016, to 2728 in 2019-2020 (GIDS, 2020), in contrast in 2009-2010 there were only 97 referrals. There are now more than twice as many referrals made by those assigned female at birth than those assigned male at birth (Clyde, 2019). Long waiting lists are adding to emotional and mental health pressures that gender-diverse young people (many also autistic) are facing.

Carmichael et al. (2021) examined short-term outcomes of pubertal suppression in 12-15 year olds with persistent gender dysphoria in the UK, participants reported positive or a mix of positive and negative life changes. The study concluded overall experiences were positive with no changes in psychological function.

It is vital research explores how intersecting identities of being gender-diverse and autistic influences young people's experiences.

1.4 National Policy

The Human Rights Act 1998 (HRA 1998) brought sixteen of the human rights from the European Convention of Human Rights, making them UK law. Relevant to autistic gender-diverse individuals are the right to freedom of expression (Article 10), the right to respect for private and family life and home (Article 8), and the right to live free from discrimination (Article 14). Furthermore, Article 2 expressed the right to education. This Act protects autistic gender-diverse young people from discrimination, ensuring their right to access education.

The Gender Recognition Act 2004 (GRA 2004) sets out a process for individuals, aged 18 or above, to change their legal gender to have their gender identity recognised. The Women's and Equalities Committee, in the 2015-2017 parliament, conducted an inquiry into transgender equality producing the report entitled *Transgender Equality* (House of Commons, 2016). A key recommendation was a reform of the GRA 2004, including: the 'Government must look into the need to create a legal category for those people with a gender identity outside that which is binary…' (p. 79), that 'mental-health diagnosis pathologises trans identities…contrary to the dignity and personal autonomy of applicants' (p. 79), therefore gender self-declaration in place of the medicalised process must be '…centred on the wishes of the individual applicant, rather than on intensive analysis by doctors and lawyers' (p. 80), spousal consent was cited as strongly opposed within the trans community, and favour was given to reduce the age to 16 for application. The report cites that more needs to be done in schools so that gender variant young people and their families get support, including staff training and trans issues being taught at school.

The government announced a review of the GRA 2004, public consultation ran from July to October 2018, including consulting with organisations. Analysis of consultation responses (Government Equalities Office, 2020) cited 102, 818 valid responses, of which only 1.1% of respondents had previously or were currently applying for a Gender Recognition Certificate (GRC). Trans respondents 'overwhelmingly reported that the current GRA process was too bureaucratic, time consuming and expensive, highlighting in particular that the process made them feel dehumanised and stressed' (p. 8).

In September 2020, the Minister for Women and Equalities set out the Government's proposals in response to the consultation (Gov.UK, 2020), declaring the process would be modernised including it being entirely online, the fee reduced, and action to ensure appropriate health care for trans people (including opening three new gender clinics). Mermaids (an LGBTQ+ charity) welcomed the fee reduction and gender clinics but expressed disappointment that clinics would not support those under 18 who can face up to two years wait for the first appointment; nor was there mention of non-binary identities who are protected under the EA 2010 (Mermaids, 2020). Stonewall issued a Statement on the GRA 2004 reform (Stonewall, 2020) and cited the minimal administrative changes meant the UK Government had missed a key opportunity in progressing LGBT equality. In October 2020 The Women and Equalities committee launched a new inquiry into the GRA 2004 reform.

The EA 2010 includes disability (i.e. autism) and gender reassignment as protected characteristics providing protection from discrimination, including in education. The EA 2010 states 'a transsexual person is a reference to a person who has the protected characteristic of gender reassignment' (2:1:7:2). Part 6 focuses on education, Chapter 1 on schools which states schools must not discriminate against a pupil in terms of admission and treatment (6:1:85), Chapter 2 focuses on those in higher education, protecting students from discrimination (6:2:91).

Furthermore, rights of those under 18 are protected under the Convention on the Rights of the Child 1989. Of relevance to autistic gender-diverse CYP: the best interests of the child should be a primary consideration (Article 3), the child's right to preserve his or her identity (Article 8), right to express views freely (Article 12), and the right to freedom of expression (Article 13).

1.5 Researcher's Position

The researcher is a white Scottish cisgender female, aged 45, who is a trainee EP, currently on placement in a large county Educational Psychology Service (EPS). Prior to this the researcher worked as a secondary school teacher, holding an additional role focusing on creating a whole school approach to learning, aiming to aid both students' and teachers' understanding of effective evidence-based strategies pertaining to *how* to learn effectively. The researcher's interest in learning strategies was perhaps borne out of her own neurodivergence and served as a necessity to navigate learning challenges. The researcher's interest in neurodiversity continued as a teacher, working with students who had a wide range of neurodiverse needs, thinking about how these students learnt best and felt positively about school. While working in individual sessions with a female autistic student, the researcher was privileged to be taught in detail by this young person about how she experienced the world, including her challenges and strengths. This served to deepen the researcher's interest in autism. This young person was unfortunately permanently excluded, which cemented the researcher's desire for similar students to have their needs better met. Through the training and placements at EPSs, the researcher has further developed understanding and interest in meeting the needs of autistic young people. It was through listening to the voices of students with neurodiverse needs that the researcher felt greater understanding of their views and felt it was crucial that this research had the voices of autistic gender-diverse young people at its centre.

The researcher has knowledge of the transgender community through social networks and previous experience of conducting research (for a Psychology MSc) with adult transmen. The researcher has always been interested in gender, as well as sexuality, and her social circles include those from the LGBTQI+ community. This interest was developed when studying literature at undergraduate level, exploring gender and sexuality representations in texts. The researcher became interested at this time in feminist and queer theory as a way of analysing texts, subverting dominant interpretations. The researcher prefers to describe her own sexuality as *label less* and is aware that her own experiences relating to not always fitting into dominant narratives around her will undoubtedly influence how she perceives and relates to the participants' experiences in this research. Interest in intersectionality of gender and neurodiversity was further developed when reading literature through the doctoral course and recognising that there was a lack of research in which the voices of autistic gender-diverse young people were heard.

1.6 Theoretical Frameworks used in the Research

The researcher believes that the following psychological and sociological theories bring further understanding to the participants making sense of their experiences: Bronfenbrenner's Ecological Systems theory (Bronfenbrenner, 1979), personal construct psychology (Kelly, 1955), gender studies including queer theory (Butler, 1999) and transgender theory (Nagoshi & Brzuzy, 2010), Intersectionality theory (Crenshaw, 1989) (and the social model of disability), as well as and the Neurodiversity movement (and theory) (Chapman, 2019).

Ecological Systems theory

Bronfenbrenner (1979) proposed that 'conception of the developing person, of the environment, and especially of the evolving interaction between the two' (p. 3) influences individuals' development over time. Bronfenbrenner also emphasised ecological transitions such as the shift between ecological contexts, such as starting school, moving and so on (Eriksson et al., 2018).

The ecological environment is likened by Bronfenbrenner to a set of Russian dolls, a set of nested structures each inside the next, around the developing person. The immediate environment could be the home or classroom, evolving to the outer layers of cultural values and laws. The microsystem (immediate setting such as family and school), mesosystem (interrelationships between different microsystems such as parental involvement in school), exosystem (a setting that the child is not part of, but can have an influence, such as parents' workplace), macrosystem (involving society, such as cultural values and economic influences) are all interrelated (Ashiabi & O'Neal, 2015), the latter including laws and regulations, as well as unwritten norms and rules.

Bronfenbrenner proposes the bioecological model (Bronfenbrenner, 1995) which 'gave prominence to proximal processes and the relationship between the context and individual characteristics' (Ashiabi & O'Neal, 2015, p. 1). Proximal processes are the process of human development that 'takes place through progressively more complex reciprocal interaction between an active, evolving biopsychological human organism and the persons, objects, and symbols in its immediate external environment' (Bronfenbrenner, 1995, p. 620). Interactions must occur regularly over extended periods of time to be effective (e.g. in a child and parent interaction).

Bronfenbrenner added the chronosystem layer, as changes over time were deemed important in relation to the impact on a person's development (Eriksson et al., 2018). This research is particularly concerned with the interaction between the young person and the educational setting within the microsystem, as well as family and peer influences. The macrosystem involving laws and norms of society is of crucial importance to the gender-diverse community as they directly impact on aspects such as name changes and medical interventions. Similarly, autistic people living in a largely neurotypical world are impacted by societal norms that may not always align with their own.

Personal Construct Psychology (PCP)

PCP is concerned with subjective experiences and views reality as constructed through human interpretation; it is phenomenological in that it is the person's perceptions that are of importance. Kelly asserts 'each man contemplates in his own personal way the stream of events upon which he finds himself so swiftly borne' (Kelly, 1955, p. 3). People build 'constructs' of meaning that they see the world through, which are made of bipolar dimensions (e.g. *friendly* verses *hostile*) which experience is interpreted through (Burr et al., 2014).

Kelly named the philosophy of placing constructs on the world as 'constructive alternativism'. He suggests that people are like 'scientists' conducting experiments to test their interpretations of the world. So, 'constructs' are not fixed but ever movable. This research is interested in the constructs that autistic gender-diverse young people have related to their life and educational experiences.

Gender Studies : Queer Theory and Transgender Theory

The origin of the term ‘queer theory’ is marked by Teresa de Lauretis’s, 1991, feminist journal *Differences*. ‘*Queer* began to include those who practiced gender nonconformity and who inhabited trans identities’ (Henderson, 2019, p. 15). The word ‘*transgender* as a construction aims to underscore the wide variety of individual differences and experiences that may be viewed as a multivoiced dialogue with each other’ (Henderson, 2019, p. 25). A key concept of queer theory is *heteronormativity,* described as ‘the institutions, structures of understanding, practical orientations that make heterosexuality seem not only coherent - that is, organized as a sexuality - but also privileged’ (Berlant & Warner, 1998, p. 548). Relevant to this research is that queer theory not only focuses on sexuality but has an intersectional approach.

‘Gender Trouble: Feminism and the Subversion of Identity’ (Butler, 1999) is cited as a founding text of queer theory. Through this Butler seeks to counter views ‘that made presumptions about the limits and propriety of gender and restricted the meaning of gender to received notions of masculinity and femininity’ (Butler, 1999, p. viii). Butler states feminist theory that restricts the meaning of gender by setting up exclusionary gender norms needs to be careful not to idealise certain gender expressions which perpetuate new forms of exclusion. Gender is argued by Butler to be a changeable, revisable reality. Butler argues that the body is a site of changing meanings; how bodies are named, valued, and given meaning is a product of the *performances* meaning conscious and unconscious scripts humans indorse through dimensions such as gender, sex and sexuality (Henderson, 2019).

Transgender theory is a critique of queer theory that states that while queer theory accepts the fluidity of gender identity; it retains the idea of gender binary (Nagoshi & Brzuzy, 2010). Nagoshi & Brzuzy (2010) state that transgender theory transcends feminist and queer theory, through including ideas of socially constructed, self-constructed and fluidly embodied nature of social identity, within the interaction of these aspects in lived experience.

Transgender theory emerged from queer and feminist theories, that challenged oppression of particular sexual and gender identities. It explores the nature of gender and gender identity – seeking to understand lived experiences of transgender individuals, integrating physical embodiment in gender with the self and socially constructed aspects of identity (Nagoshi & Brzuzy, 2010).

‘Transgender theory emphasizes understanding of how ‘‘transgressing’’ narratives of lived experiences integrate and empower those with oppressed intersectional identities’ (Nagoshi & Brzuzy, 2010, p. 437). Lived experiences of individuals, including negotiations of multiple intersectional identities, may empower them without confining them to any particular identity category’ (Nagoshi & Brzuzy, 2010, p.439).

Transgender studies link to disability studies in that atypical forms of embodiment are explored. Individuals live at intersections of oppression including classism, sexism, ablism.

Intersectionality theory (and the social model of disability)

Intersectionality theory was initially developed to gain understanding of the barriers that black women face, considering how the intersection of a black woman’s identity could result in barriers (Crenshaw, 1989). Intersectionality considers characteristics (such as gender, ethnicity, social class, disability) interacting with one another to create discrimination (such as racism or sexism) or privilege. The theory is used to analyse disadvantage in society.

Intersectionality, aligned to the social model of disability, states identities are culturally mediated constructs (Saxe, 2017). The neurodiversity movement has promoted that autism should be accepted as a form of diversity, rather than through the medicalised lens of disorder and deficiency (Saxe, 2017).

Intersectionality can exemplify how the interaction between having a ‘disability’ and other oppressed identities results in multiple barriers due to inequality in structures within society (Liasidou, 2013). Women with autism have three interacting oppressed identities that can contribute to barriers – being female, having a ‘disability’, and as autistic women are a minority in autism research (Saxe, 2017).

The intersectionality of being a neurodiverse (e.g. autistic) and gender-diverse means potential marginalisation in a largely neurotypical, cisgender world.

Neurodiversity movement (and theory)

The neurodiversity movement challenges the pathologizing of naturally occurring human diversity. Advocates of neurodiversity accept classifications can be useful in grouping neuro cognitive differences, however, reject that these differences are disordered. Neurodiversity advocates deem minority modes of neurocognitive functioning to be labelled as disabled by a neurotypical society (Chapman, 2019). Chapman calls this a ‘neurodiversity theory’ referring to the theoretical claims and philosophical arguments the movement upholds. The researcher has utilised Chapman’s proposition that this movement indeed lends itself to a theory.

The neurodiversity paradigm recognises ‘pathologization of neurominorities can be recognized as simply another form of systemic oppression which functions similarly to the oppression of other types of minority groups’ (Walker & Raymaker, 2020, p. 2). The paradigm is explained as being at the ‘axis of human diversity’ (p. 2), subject to social dynamics including social power inequalities, privilege, and oppression. Framing homosexuality as a mental disorder highlights the oppressive idea that pathologizing autism as a medical condition or disorder is oppressive.

A detailed neurodiversity manifesto by the Labour Party proposes to make a radical positive difference to neurodivergent people's lives. The '*Labour Party Autism / Neurodiversity Manifesto' (*2020) cites its key principles to include: the social model of disability (it is society that creates barriers to equal participation of neurologically different people); the neurodiversity approach states humanity is neurologically diverse, differences such as autism are neurological differences and neurodiversity should be ‘accepted not suppressed or cured’ (Labour Party Autism / Neurodiversity Manifesto, 2020, p. 1). The manifesto states ‘nothing about us without us’ (Labour Party Autism / Neurodiversity Manifesto, 2020, p. 1) that policies and services must be shaped by neurodivergent people. The manifesto cites lack of diagnostic/identification services, e.g. waiting lists for autism of up to three years; and girls likely to be diagnosed later in life. Mental health issues may arise in neurodivergent people as a result of discrimination and lack of support; and support is received often as a result of developing mental health problems, but with adequate support mental health problems may be prevented or reduced.

The manifesto's section on education comments that few schools have specialist provision for neurodivergent students, including autistic academically able students. It proposes schools put enormous pressures on young people. It concludes that teaching staff do not get enough training in neurodiversity and teaching methods are geared towards neurotypical learning styles. At the end of compulsory education young neurodivergent people are not supported in transition to adulthood. Disadvantage continues into further and higher education. Full time employment for autistic working age adults is cited as 16%. The manifesto calls for policies to challenge discrimination and inequality and details proposed changes.

Neurodiversity advocates state different cognitive styles are integral to varied forms of self, so there is a preference for identity-first language to emphasise neurological variation integral to one's self (Chapman, 2021).

Chapman (2019) seeks to bring neurodiversity theory to the forefront of academic philosophical study within psychiatry. Chapman (2021) argues the core theoretical underpinning of the neurodiversity movement is the social-relational models of disability – stating 'a significant amount of neurodivergent disablement and distress to be primarily caused by social barriers and ableist norms more centrally than by cognitive traits associated with a given disability' (p. 2).

The growing discipline of neurodiversity studies is highlighted in the recent availability of the first neurodiversity studies handbook published in the summer of 2020 (Rosqvist et al., 2020).

1.7 Rationale and Aims for the Research

The SEND Code of Practice: 0 to 25 years (Department for Education and Department of Health, 2015) states that CYP with SEND must get support required, have reasonable adjustments, and barriers to learning are removed. Young people need to be supported to develop positive educational outcomes, and preparation for adulthood. Gaining the voice of young people is a key principle, their views are central, this research aims to represent the voices of gender-diverse autistic young people. It is the duty of professionals, including teachers, school leaders, and EPs to have knowledge of issues pertinent to gender-diverse young people so positive outcomes are attained.

This research aims to reflect the professional values of the researcher and the ethos of the researcher’s university, University of East London (UEL), by aspiring to thread the key values of beneficence and social justice through the course of this research. Gender-diverse autistic young people face harassment and discrimination. School can be challenging for autistic young people with social and communication challenges, and sensory sensitivities. Navigating gender identity, including for some transition, at school, can be a very challenging experience. The waiting lists for gender clinics and the changing legal landscape further add pressures. There is evident risk of mental health difficulties faced by young people at the intersection of being gender-diverse and autistic.

As there is no UK research capturing the voices of gender-diverse autistic young people, including their educational experiences, this research seeks to understand the young people’s experiences so professionals including EPs, teachers and school leaders can better meet their needs.

Chapter 3.2 (Methodology) offers detail on research questions and specific aims.

1.8 Summary of Chapter One

Chapter one outlined the key terms used, context and background surrounding the issues were highlighted including recent court rulings involving the GIDS clinic, and national policy. The researcher’s position was detailed, then theoretical frameworks linked to the research. The rationale and aim of the research were provided. The following chapter will detail the literature review of research around gender diversity and autism relevant to young people.

Chapter Two: Literature Review

2.1. Overview

This chapter seeks to provide a comprehensive review of the research literature that explores the experiences of young people that identify as gender-diverse and are autistic. Methodology used in the literature search is detailed including key terms, databases and the criteria used for inclusion in the review (see Figure 1 for details of the systematic search strategy). A thematic synthesis of the literature found then took place resulting in four key themes. Limitations of current research are provided, as well as gaps in the literature being identified. The rational, purpose and aims of the current study are provided.

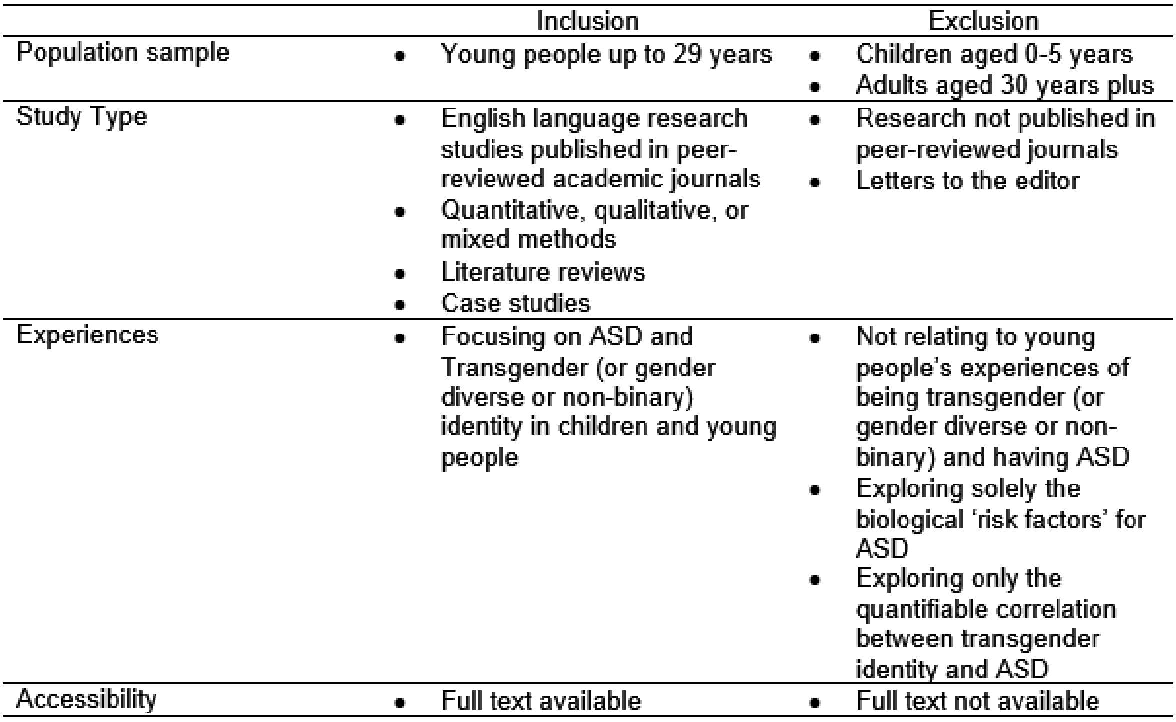
2.2. Literature Search Methodology

An initial scoping review, for the purpose of the research proposal, was conducted to gain further understanding of the area and to explore the most relevant key search terms. Within this scoping review the databases ERIC, APA PsycArticles, and APA PsycInfo were searched using the search terms: ‘transgender OR gender variant OR gender nonconforming OR gender dysphoria’ AND ‘ASD OR autism spectrum disorder OR autism OR aspergers’. To ensure a more comprehensive exploration of the evidence base, additional databases (see Figure 1 for details) and search terms were employed in the final systematic literature review. The systematic nature aimed to find all relevant literature so bias in findings was sought to be avoided.

For the purpose of this chapter, a systematic search was conducted across relevant databases, on the 10th February 2021, that contained peer reviewed literature relating to the fields of psychology and/or education (search 1). The following databases were used: Academic Search Complete, British Education Index, Child Development & Adolescent Studies, Education Research Complete, ERIC, APA PsycArticles, and APA PsycInfo. The final keyword search across databases on 10th February 2021 was: (transgender OR "gender variant" OR transsexual OR "gender non-conforming" OR "non-binary" OR "gender nonconforming" OR "gender dysphoria") AND (ASD OR autism OR aspergers). This resulted in 323 papers; of which 296 were in the English language, peer reviewed in academic journals published between 2000 and 2021. These results were then filtered by age to include only CYP aged 6-29 years old (covering school age to young adulthood) – 47 articles remained. Duplicates were removed leaving 46 articles. These papers were screened, exploring titles and abstracts, against the inclusion and exclusion criteria (see Table 1) for relevance ensuring articles focused on CYPs' experiences of being gender-diverse and autistic. This resulted in 13 articles remaining.

Table 1

Inclusion and Exclusion Criteria in the Systematic Literature Review



	Inclusion	Exclusion
Population sample	• Young people up to 29 years	• Children aged 0-5 years • Adults aged 30 years plus
Study Type	• English language research studies published in peer-reviewed academic journals • Quantitative, qualitative, or mixed methods • Literature reviews • Case studies	• Research not published in peer-reviewed journals • Letters to the editor
Experiences	• Focusing on ASD and Transgender (or gender diverse or non-binary) identity in children and young people	• Not relating to young people's experiences of being transgender (or gender diverse or non-binary) and having ASD • Exploring solely the biological 'risk factors' for ASD • Exploring only the quantifiable correlation between transgender identity and ASD
Accessibility	• Full text available	• Full text not available

As a double checking method (search 2) to ensure all relevant papers were found the thesaurus of psychological index terms was then used in the PsychInfo database (the most relevant database) on the 10th February 2021. The thesaurus index terms utilized were: (DE "Transgender") OR (DE "Transsexualism") OR (DE "Gender Nonconforming") OR (DE "Gender Dysphoria") AND (DE "Autism Spectrum Disorders" OR DE "Autistic Traits"). No new papers were identified. See Figure 1 (PRISMA chart) for search details.

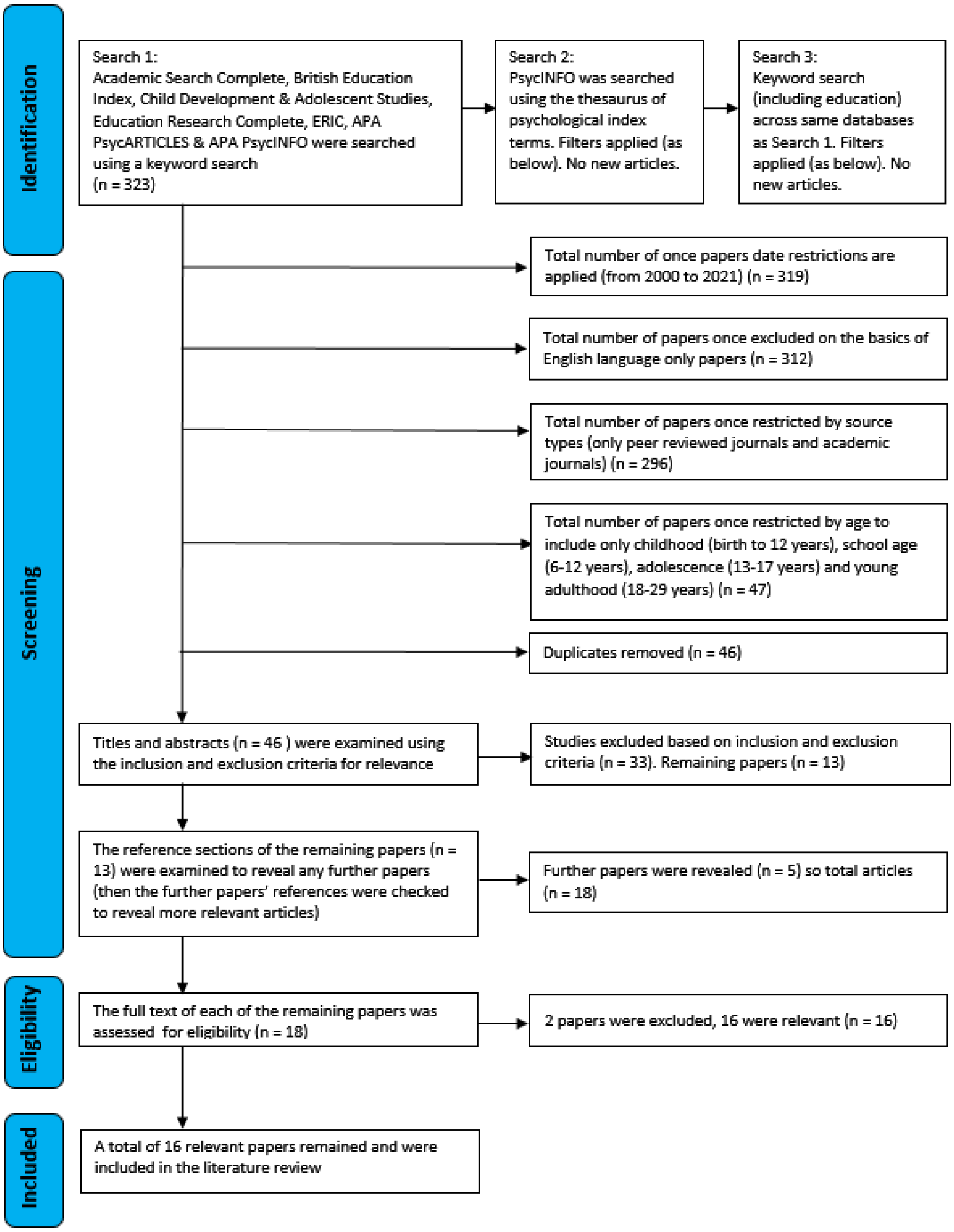
As electronic searching may miss relevant studies, further steps were taken to identify articles via references listed, as ‘Several studies have demonstrated the importance of reference list checking for identifying further studies for inclusion in reviews’ (Booth et al., 2016, p. 121). References of all 13 articles were searched then a snowballing technique took place looking through the references of each subsequent article identified to ensure all studies in the research area were found. This identified a further 5 papers.

All full text articles were sourced via accessing databases via the UEL’s online library. Papers that were not available were sourced via Inter library loans, and in addition, authors were contacted directly via ResearchGate and papers were received.

An additional search (search 3) was undertaken in the hope of finding specific papers relating to these young people’s experience of education. This search was run on the 15th February 2021, across the same databases as the primary search, applying the same filters using the key words: (transgender OR "gender variant" OR transsexual OR "gender non-conforming" OR "gender nonconforming" OR "gender dysphoria") AND (ASD OR autism OR aspergers) AND (school OR education OR College OR university). 209 articles were identified; after filters were applied 39 articles remained. Titles were examined – no new papers were identified, nor did any titles relate specifically to education implying a dearth of literature in this specific area.

All 18 articles were read for relevance. Two articles were discounted as they did not meet the inclusion criteria – so 16 articles remained. For the Literature Review Summary Table, containing details of the final 16 articles see Appendix M.

A Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) chart was created which outlines the phases of the systematic search strategy so that results can be replicated (See Figure 1).



Search 1: Academic Search Complete, British Education Index, Child Development & Adolescent Studies, Education Research Complete, ERIC, APA PsycARTICLES & APA PsycINFO were searched using a keyword search (n = 323)

Search 2: PsycINFO was searched using the thesaurus of psychological index terms. Filters applied (as below). No new articles.

Search 3: Keyword search (including education) across same databases as Search 1. Filters applied (as below). No new articles.

Total number of once papers date restrictions are applied (from 2000 to 2021) (n = 319)

Total number of papers once excluded on the basics of English language only papers (n = 312)

Total number of papers once restricted by source types (only peer reviewed journals and academic journals) (n = 296)

Total number of papers once restricted by age to include only childhood (birth to 12 years), school age (6-12 years), adolescence (13-17 years) and young adulthood (18-29 years) (n = 47)

Duplicates removed (n = 46)

Titles and abstracts (n = 46) were examined using the inclusion and exclusion criteria for relevance

Studies excluded based on inclusion and exclusion criteria (n = 33). Remaining papers (n = 13)

The reference sections of the remaining papers (n = 13) were examined to reveal any further papers (then the further papers' references were checked to reveal more relevant articles)

Further papers were revealed (n = 5) so total articles (n = 18)

The full text of each of the remaining papers was assessed for eligibility (n = 18)

2 papers were excluded, 16 were relevant (n = 16)

A total of 16 relevant papers remained and were included in the literature review

Figure 1: PRISMA chart showing systematic literature search strategy (Moher et al., 2009).

2.3. Literature Analysis & Critique

2.3.1 Systematic Literature Review Methodology

A systematic search and review was employed, as described by Grant & Booth (2009), this incorporates multiple study types which ‘thus provide a much more complete picture of the prevalence of research on a topic’ (p. 102) and then a critique ‘provides a useful evaluative component’ (p. 102). The method in the current study adhered to the SALSA approach (Search, AppraisaL, Synthesis and Analysis) as recommended by Booth et al. (2016) encompassing the four critical steps in the review process. Once the comprehensive search was completed, the appraisal aspect comprised of recording details of each article including a critique, based on methodology strength, findings directly related to methodology, and conclusions linked to findings. An integrative approach to synthesis was used bringing together the different types of data (qualitative, quantitative, and mixed methods). A thematic synthesis (see Appendix M, Literature Review Summary Table, grouped by themes) was used seeking ‘to identify the range of factors that is significant for understanding a particular phenomenon’ (Booth et al., 2016), in this case experiences of autistic gender-diverse CYP. It should be noted some articles linked to more than one theme, crossing multiple themes, so are included in more than one narrative summary of a theme (for the purpose of the Literature Review Summary Table the papers were catalogued to the theme their content most exemplified).

The analysis below includes exploring articles for relevant methodology and findings, recommendations for practice, and limitations. Psychological concepts and theory are explored within the literature review themes.

2.3.2 Theme 1: Co-occurrence traits (& rates) in young people with gender dysphoria and autism

Several articles focused on traits exhibited by CYP with gender dysphoria (GD) and ASD; coupled with a focus on rate of co-occurrence. An exclusion criterion was ‘exploring only the quantifiable correlation between transgender identity and ASD’, as this was not the focus of this study, rather the emphasis was to explore lived experiences. However, most of the articles referred to co-occurrence (papers that exclusively focused on the quantifiable nature of this through quantitative approaches were excluded) as this phenomenon was at the core of the published research. Several articles further elaborated by suggesting hypotheses for co-occurrence (see theme 2 for detail).

Firstly, focusing on rates of co-occurrence findings from articles in the literature review all pointed to higher rates of ASD and GD occurring together than would be expected by chance. Zucker et al. (2017) stated that recent research ‘has pointed to a possible link between GD and ASD or at least traits of ASD’ (p. 1) and ‘an overrepresentation of either ASD or ASD traits among clinic-referred children and/or adolescents’ (p. 2). Strang et al. (2018a) reiterated that ‘several studies have suggested ASD and Gender Non-Conforming (GNC)/GD co-occur more often than by chance in adolescents and this co-occurrence presents significant clinical challenges’ (p. 106). Strang et al. (2018b) specified the rate of co-occurrence, based on findings from current studies, to ‘indicate clinical ASD occurring in 6.3%-13.3% of gender-referred youth across clinics’ (p. 3) and that ‘literature suggests an over-representation of ASD among adolescent gender-referrals, but there remains lack of clarity’ (p. 3). To understand these numbers it is helpful to look at the occurrence rates of ASD and GD separately. The paper by van der Miesen et al. (2016) referred to estimated rates of GD in adults as 1:10,000-1:20,000 for birth-assigned males and 1:30,000-1:50,000 for birth-assigned females, while citing estimated prevalence of ASD in the general population at 1%, and their narrative review quotes a study by de Vries et al. (2010) that focused on the incidence of ASD diagnosis in children and adolescents referred to a specialised gender identity clinic as 7.8%. The paper by van der Miesen et al. (2016) concludes ‘around 20% of gender identity clinic-assessed individuals reported clinical range features of ASD’ (p. 9) in their narrative review of twenty five articles (covering 1996 to August 2015). Variability of percentages is surmised as due to different diagnostic criteria and sample selection methods. It clearly appears that there is a higher prevalence of ASD in individuals with GD.

Secondly, focusing on traits explored in CYP with GD and ASD five articles focused on this. One article focused on gender identity problems in autistic children, two papers focused on exploring intense/obsessional interests; and two focused on autistic traits in CYP with GD. Note the words ‘symptoms’ and ‘problems’ are taken directly from the articles’ titles so are the researchers’ choice of language in those studies rather than the author of this study.

An early paper reporting on gender identity issues in autistic children, Mukaddes (2002) reported two case studies, of autistic boys in Turkey presenting with ‘cross-gender behaviour’ (p. 529). Authors report they knew of only of two earlier studies prior to theirs reporting on gender cross behaviour (Williams et al., 1996) and gender identity development (Landén & Rasmussen, 1997) in autistic children. Following both boys this study sought to examine developmental patterns of cross-gender behaviour in detail to compare this to non-autistic children with GD. Cross gender behaviour is reported to follow the same behaviours as seen in non-autistic children. Both individuals were reported to be verbally able, so could express disappointment about their gender. This paper is the oldest in the review, attitudes could well have been different. Language appears dated suggesting this is a problem to be combated, for example, despite ‘behavioural modification encouraging separation from his mother and establishing a bond between him and his father’ his ‘cross-gender behaviours show a persistent pattern’ (p.530). Despite this, his cross-gender behaviours are persistent.’ (p.531). There appears to be no follow up of these cases.

VanderLaan et al. (2015) examined whether children (aged 3 to 12 years, from Canada) referred for GD show increased symptoms of ASD by measuring obsessions and compulsions compared to siblings, clinic referred children, and non-referred children. This study used the Child Behaviour Checklist (CBCL), a parent report questionnaire, examining two items: Item 9 ‘Can’t get his/her mind over certain thoughts; obsessions’ and Item 66 ‘Repeats certain acts over and over: compulsions’ (Achenbach, 1991). Findings were GD referred children were elevated for obsessions compared to all other groups; and elevated for compulsions compared to siblings and non-referred children. Through thematic analysis, a gender related theme was shown to be significantly more common for gender referred boys than male siblings for obsessions only; a gender related theme was not significantly more common for gender referred girls compared to their female siblings for compulsions or obsessions. A limitation is that it is based on frequency of ASD traits rather than severity. In addition, two criteria categories were utilised rather than a range based on the hypothesis that GD and ASD are linked due to intense/obsessional interest in gender matters. This study was based on parents' reports solely. Zucker et al. (2017) then conducted a cross validation of the VanderLaan et al. (2015) mixed method study, this time examining teacher report forms again measuring the items related to obsessions and compulsions in gender referred children with a mean age of 7.77 years (SD = 2.41) compared to referred and a non-referred sample. Findings were validated that gender referred children were significantly elevated compared to referred and non-referred children for obsessions. This data points to traits associated with ASD rather than a concrete ASD diagnosis. For compulsions GD referred children were elevated in comparison to non-referred. An example of a gender related theme that was coded for the obsession item included 'obsessed with female actions, colors, activities' (p. 3), an example for the compulsion item was the theme 'Dresses up like a female' (p. 3). Authors question if the reports on the children's gendered behaviour were actually representations of atypical behaviour. Findings do support the idea that there may be a link between GD and ASD traits.

Autistic symptoms in children with GD were explored by van der Miesen et al. (2018) in The Netherlands, they found 'children and adolescents with GD had, on average, more autistic symptoms compared to GD children and adolescents but less autistic symptoms compared to children and adolescents with ASD' (p. 1543). The prevalence was 14.5%, approximately four times higher than 3.5% found in the normative sample; also, higher than the estimate of 1% prevalence in the general population. All subdomains measured by the Children's Social Behaviour Questionnaire (CSBQ) (Hartman et al., 2006) showed elevated scores in the children and adolescents with GD including: stereotyped behaviour and resistance to change, difficulties in social interest and reciprocity, tuning to social situations, orientation problems, and understanding of social language. Findings indicate that it is important that those working with young people with GD 'take account of the complete spectrum of ASD symptoms whenever assessing and treating individuals with GD' not just 'rigidity and obsessions' (p. 1546).

Akgül et al. (2018) specifically examined autistic traits and executive functions in CYP, (aged 5 to 17) with GD compared to controls, in Turkey. The Social

Responsiveness Scale (SRS) and the Behaviour Rating Inventory of Executive Function (BRIEF) were used. The study excluded those diagnosed with ASD; as well as those with ‘intellectual disability’ or ‘psychotic disorders’ (p. 620). The BRIEF metacognitive index, behavioural regulation index, and global composite scores were ‘significantly higher in the GD group when compared with the controls’ (p. 619). SRS mean scores were also significantly higher in the GD group. 68% of the GD group had autistic symptoms in the mild to severe range, indicating challenges in social communication. So, findings state that young people with GD had more disturbed behaviour in relation to executive functions and social impairment associated with autistic traits. Authors suggest indication of a potential neurodevelopmental aspect of GD; and a ‘common phenomenology that has a strong mutual link between GD and autistic features such as social communication’ (p. 623). Limitations include a relatively small sample size of twenty five young people with GD. Additionally, difficulties related to GD or GD itself could be misinterpreted as autistic features on some of the statements on the SRS such as ‘Is regarded by other children as odd or weird’.

2.3.3 Theme 2: Underlying hypothesis for the co-occurrence of autism and gender dysphoria

Several papers explored hypotheses for co-occurrence. While this is not the focus of this study, the literature revealed this as a prominent theme in existing studies. Van der Miesen et al. (2016) conducted a narrative review of the literature, selecting twenty five reports in which they examined underlying hypothesis which they divided into biological, social, and psychological factors. A briefer summary of the literature on gender identity and ASD is provided by van Schalkwyk et al. (2015) who state studies have provided potential explanations for the co-occurrence, but that literature is ‘quantitively limited’ and conclusions are ‘further complicated by conceptual challenges regarding how gender identity is best understood’ (p. 81). The narrative review by van der Miesen (2016) initially explored the biological factors including the extreme male brain theory (Baron-Cohen, 2002) that postulates women have a stronger drive to empathise; while men have a stronger desire to systemize. Those with ASD are assumed to exhibit an extreme male pattern. Prenatal testosterone levels and autistic traits are linked suggest studies in the review. In line with the extreme male brain theory, prenatal testosterone may not only point to a disposition to ASD, but also GD as manifestation of extreme male characteristics. This theory could explain why girls with ASD would be more inclined to develop GD, however it cannot account for a higher predisposition for GD in birth assigned boys. The narrative review by van der Miesen et al. (2016) highlights that while there may be some evidence for the extreme male brain theory latest research is not consistent with this hypothesis. Other biological factors referenced by van der Miesen et al. (2016) are the role of endocrine disruptors (especially phthalates in plastic) that might increase foetal testosterone exposure, which may increase risk for ASD, and also GD (this hypothesis is not tested). Also, the potential role of testosterone, in relation to birth weight, in gender nonconformity and autistic traits is explored.

A study by Vanderlaan et al. (2015), within the narrative review, found that ‘High birth weight was associated with both high gender nonconformity and autistic traits among GD children’ (p. 1742). Vanderlaan et al. (2015) cite Carlsen et al. (2006) who found an increase in maternal testosterone is associated with a decrease in birth weight (lower prenatal testosterone exposure is associated with higher birth weight); and Lamminmäki et al. (2012) who state that there is an association between decreased gender typical play and lower levels of exposure to prenatal testosterone. Thus, Vanderlann et al. (2015) conclude that in high birth weight males assigned at birth, GD could be a consequence of lower prenatal testosterone exposure. However, if lower testosterone is associated with greater female typical behaviour in play in females (Lamminmäki et al., 2012) then this would likely not account for the GD-ASD connection in females. Vanderlann et al. (2015) state, however, that higher birth weight in females has been associated with masculinized somatic features, so propose that when autistic traits and higher birth weight are present in females assigned at birth that if ‘masculinization extends to neural regions that underlie sexually dimorphic behavior’ (p. 1747) it could account for higher rates of gender nonconformity in high birth weight females assigned at birth with GD.

Social factors were proposed as hypotheses in papers reviewed by van der Miesen et al. (2016) to play a role in the correlation of ASD and GD. Poor understanding of social relationships was suggested to be a factor in GD developing as a consequence of difficulties in social interactions, bullying by other boys for example was suggested as a feeling of belonging to the opposite gender as an aversion to the male gender. Also, ‘deficits in social communication’ (p. 6) in those with ASD could lead to people missing social cues about a child’s gender presentation, increasing chances of GD (Strang et al., 2014). Cited in the review is the study by Skagerberg et al. (2015) that suggested increased rate of autistic features in CYP with GD may have been a result of GD itself, rather than autism (e.g. bullying as a result of GD might then cause social difficulties).

Psychological factors were represented in the van der Miesen et al. (2016) narrative review relating to the underlying hypotheses to explain co-occurrence. Factors were divided into pre-occupations and obsessive compulsive disorder (OCD), developmental rigidity, Theory of Mind, sexual Orientation, and, Gender identity development.

Pre-occupations and OCD relate to theme 1 (see above) where two papers are cited that relate to intense/obsessional interests (VanderLaan et al., 2015; and Zucker et al., 2017). Zucker et al. (2017) suggested that intense or obsessional interests relating to ASD (Diagnostic and Statistical Manual of Mental Disorders, fifth edition, DSM-5 ASD criterion of highly restricted and fixated interests) could mean children with ASD are focusing on cross-sex objects or activities then exhibit other characteristics of GD. Or, in contrast ‘GD may give rise to such interests and obsessions, leading to clinical presentation consistent with ASD’ (Zucker et al., 2017). Gallucci et al. (2005) is cited in the narrative review to suggest that OCD might be the link between GD and ASD. The hypothesis that GD is related to OCD, not only ASD, was proposed initially by Landén & Rasmussen (1997).

Developmental rigidity has potential implications for gender transition. It is proposed those with ASD do not follow the normative pattern of gender development, where more rigid gender-stereotypical beliefs decrease after the age of five, so do not reach a level of flexibility due to rigidity so are more prone to GD. Jacobs et al. (2014) proposed social transition, could potentially be a challenging time for those with GD and ASD, as it could be difficult to tolerate for those with rigid thinking with

ASD while being between two genders. The study proposes that this could cause further extreme GD.

Further involvement of psychological factors are hypothesised in the review of studies by van der Miesen et al. (2016). Theory of mind (ToM) is hypothesised to influence development of gender identity (Jacobs et al., 2014). Sexual orientation was explored, de Vries et al. (2010) found that five out of nine adolescents with GD and ASD were not attracted to their birth-assigned gender; this was in contrast to most non ASD adolescents with GD at their clinic who were sexually attracted to their birth assigned gender. Pasterski et al. (2014) reported adults with GD, who reported sexual attraction to their experienced gender, had significantly more autistic symptoms than those attracted to their birth assigned gender. It appears studies purport contradictory results. Gender identity development was another area of hypothesis, with van Schalkwyk et al. (2015) proposing development of gender identity in children with ASD follows a different pattern to typically developing children. Tateno et al. (2008) suggest that altered development of gender identity in individuals with ASD might increase GD.

Of the various hypothesis explaining the link between GD and ASD van der Miesen et al. (2016) conclude almost all lack evidence. Their narrative review provides a comprehensive overview of the literature. Suggested is a longitudinal controlled study with larger samples so development of gender identity can be analysed from an early age, particularly in autistic CYP. Rather than focusing on this issue in terms of co-occurrence, van Schalkwyk et al. (2015) propose a complex approach that seeks to understand gender in developmental terms is required; due to the ‘unique social development of individuals with ASD, which may impact the process of gender identity formation’ (p. 83).

2.3.4 Theme 3: Implications for assessment/diagnosis and care (medical and psychological)

The third theme focused on the co-occurrence of ASD and GD through a medicalised lens of challenges in assessment, diagnosis process and subsequent care including pharmacological, psychological and gender confirmation surgery.

Lemaire et al. (2014) report a case study of a 23 year old autistic young person (female assigned at birth) with GD asking for cross-sex hormonal treatment with sex reassignment surgery; after two years of follow up with evaluations (and receiving hormone treatment), she was awaiting surgery. Authors state, that at the time of writing, theirs is the ‘first reported adult case of GID [Gender Identity Disorder] comorbid with typical autism and borderline intelligence’ (p. 395) [N.B. in France]. This case illustrates clinical care from diagnosis (for ASD and GID); to therapeutic intervention (focusing on psychotherapy based on social communication and speech rehabilitation for language abilities). Authors state that ‘rehabilitation centred on social interactions and communications should be proposed before sex reassignment surgery’ (p. 397). As a singular case this is limited in generalisability.

Strang et al. (2018a) developed initial guidelines for assessment and clinical care of adolescents with ASD and GD, at the time of their paper none existed. Twenty two experts participated in a two-stage Delphi procedure to work towards clinical consensus statements. Experts identified themes that included the importance of assessment for GD in ASD, and vice versa, and an extended diagnostic period often with overlap of treatment and assessment. Relevant to this study is the inclusion of a short section on school/employment.

To elaborate on the assessment procedure, Strang et al. (2018a) stated that gender and autism specialists should collaborate and as there is a ‘high incidence of ASD among adolescents with GNC/GD, gender referrals should be screened for ASD’ (p. 109). Screening should also work the other way – young people with ASD should be screened for gender identification difficulties. The authors note that sometimes GD (as an over focused interest) is dismissed as a trait of ASD by parents and medical professionals, but that many young people have GD independent of ASD. Relevant here is autistic young people may have insufficient linguistic ability to express themselves, verbal expression of gender disappointment is required to diagnose children with ASD and GD (van der Miesen et al., 2016).

Treatment recommendations include providing psychoeducation to young people and parents about co-occurrence, how assessment and treatment process will evolve, with concepts presented concretely, and support may be necessary to attend appointments - parental involvement is necessary to support the young person (Strang et al., 2018a). Strang et al. (2018a) state that psychoeducation may result in individuals not feeling full transition is for them: this could include that gender is fluid for some people, and not binary. Pharmacological treatments could include puberty suppression (thought to be reversible if stopped) and cross-sex hormones which may have irreversible effects (caution is advised given ASD related deficits in future planning). Limitations of this article are that the guidelines did not involve key stakeholders (i.e. adolescents or their families), and the focused age group was from puberty to 19 (so considerations for younger children were not included), nor were recommendations for those with language impairments.

Implications of ASD characteristics on gender identity related to psychotherapy were explored by Jacobs et al. (2014) who presented two case studies of individuals with ASD and GD diagnoses, aged 18 and 29 years old. Participants were male assigned at birth and identified as female at the time of the study. Findings suggested characteristics of ASD including ‘limited ability to articulate an inner experience, deficits in Theory of Mind (ToM), along with the intolerance of ambiguity as a manifestation of the cognitive rigidity’ (p. 1) might elicit difficulties to gender identity formation and consolidation, and create special challenges in psychotherapy. Conclusions were individuals with high functioning ASD have capability to make informed decisions involving their life choices and medical care. Specific characteristics of autism that directly impacted on gender identity and expression included limited ability to articulate inner experiences presented itself in psychotherapy sessions. The 18 year old had challenges in communicating with spontaneous speech which authors thought to be a sign of ambivalence about her transgender identity, on further questioning her desire to transition from male to female was apparent. The challenge for this participant was tolerating the steps that it would take to transition. In addition, she did not like her voice that sounded masculine.

The 29 year old did not attend support groups due to his social challenges (N.B. the participant requested the study's author use male pronouns for the time being so that will be continued in this analysis). The intolerance of ambiguity characteristic manifested in the 29 year old during psychotherapy who debated semantics and choice of language the therapist used. The requirement for precision in language was deemed to serve as a 'defence mechanism and a relational technique' (p. 3). Precision was considered to be a way of gaining clarity and feelings of safety. Development of transgender identity was impacted by intolerance of ambiguity. ToM deficits are cited. The participant, aged 18, expressed surprise that no-one had noticed her gender change; authors note nothing had altered about her appearance. She was reported to have a deficit in ToM – she had internally transitioned but could not appreciate that others might not see her as she viewed herself.

Important implications for professionals include appreciating social relationships and ToM (as relevant for autistic individuals). Matching conversation styles to those of the client, for example using concrete starters rather than open ended questions. Similarly, participants benefited from clarification around non-verbal cues. Relating to intolerance of ambiguity there were internal schema contradictions noted, around binaries of gender, such as participants meeting people who are non-binary or did not adhere to societal gender expectation could cause extreme unease. This included the period of transition which can be a source of great fear due to not presenting as stereotypically 'female' or 'male'. Not passing as one gender, or the other, can be terrifying due to potential attention, stated authors. The participants' inability to categorize their own gender with ease can also be very challenging for autistic individuals with GD.

Authors noted both participants 'demonstrated the intelligence and self-awareness necessary to make informed choices about their lives and healthcare' (p. 5). Clinicians helped the individuals understand how interventions may affect their bodies, relationships, and identities. Authors stated these high-functioning individuals retain the right to self-determination through 'avowing their transgender identities and in understanding the consequences of such decisions' (p.6).

Authors’ recommendations for professionals include non-judgmental discussions about social norms around gender, while appreciating clients challenges around social functioning and the potential limited understanding of richness of gender. This can be coupled with a limited ability to speak about their internal world.

This paper provides a highly relevant exploration of implications for autistic gender-diverse individuals, and implications for professionals. Of course, two case studies are a small sample, and representation of all autistic gender-diverse individuals could be questioned. However, case studies allow an in-depth exploration. Lastly, key stakeholder-driven clinical approaches were derived from a community based participatory designed study by Strang et al. (2020); which differs from much of the research focusing on co-occurrence rates. The study (in Washington DC) stated that it is the ‘largest published sample to date of well characterised adolescents with the cooccurrence’ (p. 13). Thirty one autistic/neurodiverse gender-diverse (A/ND-GD) young people, forty six parents of young people, and ten self-advocates, and ten expert clinical providers took part. Framework analysis revealed four over-arching themes: theme 1 - youth gender-related needs should be supported/targeted in group, theme 2 – there are also broader support needs/targets for group, theme 3 – youth connections/interactions in group are important, and theme 4 – parents needs a group too. Themes informed the resulting set of eleven clinical approaches. This study addresses the need for clinical approaches specifically designed to support these adolescents; and one of the few to involve the adolescents themselves.

Eleven clinical approaches were devised, including: being provided opportunities to work on gender related styles (e.g. make up skills), using the group to try new gender style (e.g. a new name), and inviting gender-diverse and/or neurodiverse individuals to show different paths. Of relevance to this study were the approaches: to use an accepting and flexible way of talking about gender (e.g. it can be fluid), work on social skills, flexibility skills and organisational skills, and discussing the strengths/benefits and challenges of being gender-diverse and neurodiverse.

Limitations included: the group model is untested, the sample was described as ‘monocultural in terms of race, ethnicity, and socioeconomic status’ (p. 13) so generalisability for the programme could be questioned, and there is selection bias in that only families with affirming parents were included.

2.3.5 Theme 4: Experiences of gender-diverse autistic young people

Sub-theme 4a: Memories and experiences of gender dysphoria

Voiced perspectives were elicited from autistic gender-diverse adolescents in the research by Strang et al. (2018b), which is stated to be the first study that has done this. Twenty two gender-diverse autistic adolescents took part in interviews, analysed using functional analysis, resulting in four themes. Critical findings included: recollections of pre-pubertal gender non-conformity; and vivid experiences of GD. This study sought to involve stake holders, making it a positive piece of participatory research. Of the five members of the framework analytic team, two were teenagers. A group of five stakeholders provided feedback on theme mapping. The earliest remembered gender nonconformity and gender identity diversity for most of the adolescents (8/22) was during elementary school (N.B. equivalent to primary school in the UK, for children aged 5 to 11 years old). A further eight individuals recalled this memory to be before elementary school, five in middle school (N.B. in the UK system aged 11 to 14) and one could not recall. Participants first recalled feelings they might be another gender in middle school most frequently. Four participants were reported to shift gender identity during the study (two of the transgender women became non-binary, a transwoman shifted to cisgender male, and a nonbinary individual shifted to cisgender female).

The initial theme ‘urgent gender needs’, related to the importance of the adolescents living in their affirmed gender, many urgently required this. Comments related to physical gender dysphoria, dysphoria with social gender roles, importance of gender affirming medical interventions, and some wanted to explore gender options. These findings could be described as typical of transgender youth. Authors stated experiences of GD had emotional markedness. This is particularly interesting within the context of autism, as the DSM–5 (American Psychiatric Association, 2013) states individuals with ASD may have reduced communication of emotional states. Coupled with experience of gender nonconformity dating back to earlier life, authors believe findings contrast with the idea that GD is an obsessional interest in those that are autistic.

The third theme ‘Gender exploration and expansiveness’ – included gender identity developing over time, including experiences during this period of development as, feelings of dysphoria, mental health symptoms and markers of gender expansiveness leading to ‘awareness of gender identity diversity’ (p. 4049). In addition, most of the adolescents (including those with binary gender identity) felt comfortable with, or preferred, gender expression that was non-binary. Some reported that they were aware their gender expression was expansive, however wished to be perceived as their affirmed binary gender.

Sub-theme 4b: Mental health and challenges related to gender identity and neurodiversity

Holt et al. (2016), in the only study in the literature review based in England, examined demographic variables and associated difficulties in 218 CYP with GD, referred to GIDS in London. This paper does not specifically explore solely gender-diverse autistic participants, however, was included as a significant proportion of cases were on the autistic spectrum. 18.5% (plus a query in 7.4%) of those assigned male at birth, and 10.2% (plus a query of 1.5%) of those assigned female at birth had autism spectrum conditions. Most commonly reported difficulties were low mood/depression, self-harm, and bullying. There was a significant difference in occurrence of self-harming and autism in those assigned female at birth and those assigned male at birth. Self-harming was seen to occur more often in birth assigned females compared with birth assigned males; and autism was sited more often in those assigned male at birth.

Mahfouda et al. (2019) explored mental health correlates of ASD in young people with GD from a gender clinic for children and adolescents in Australia. A retrospective chart review was conducted exploring psychopathology and quality of life of participants (n = 104), of which 22.1% indicated ASD (n = 23). Almost half of the gender-diverse sample had some degree of ASD traits. Findings indicate gender-diverse children and adolescents with ASD are at marked risk of mental health difficulties, particularly internalising disorders, and poor quality of life outcomes. Within the participants in the ASD group, 78.4% were in the clinical range for internalising behaviours; 13.0% fell into the clinical range for externalising behaviours. Authors state findings indicate ‘gender-diverse participants with ASD have a reduced quality of life across their physical health, social and emotional wellbeing, and school functioning compared to gender-diverse participants without indicated ASD’ (p. 1503). Findings demonstrate the importance of psychosocial support for the individuals, and their families.

Limitations include sole use of parent report (usually others such as school staff would be asked to report) through the Social Responsiveness Scale (SRS-2). Authors note too that young people involved do not represent all with GD as the majority attending the clinic have some degree of support from parents; those with little parental support are likely to experience more severe mental health difficulties. Nahata et al.(2017) examined prevalence of mental health diagnosis, self-injury behaviours and school victimisation (and rates of insurance coverage for hormone therapy) in a group of transgender adolescents in a large gender programme to understand access to therapy (in the USA). Within the participants group (n = 79), 6.3% were autistic. ASD is listed under mental health conditions (alongside depression, anxiety, PTSD, eating disorders and bipolar disorder), however ASD is not a mental health condition, rather a developmental one. As such the study does not present mental health conditions that the young people with ASD may have separately, so findings for those who are autistic are not clear. Of the whole transgender cohort, 92.4% were diagnosed with one or more of the mental health conditions listed above (ASD was included), 74.7% reported suicidal ideation, 55.7% self-harm, and 30.4% one or more suicide attempts. In addition, 58.2% reported victimisation at school. This study was conducted in the USA, with insurance required for healthcare, only 29.6% received insurance coverage for puberty blockers. Authors state an ‘accumulating body of literature supports the use of both puberty blocker and gender-affirming hormones as a means of ameliorating some of the mental health challenges encountered by such youth’ (p. 191).

Strang et al. (2018b) describe the impact of autism related self-awareness and/or executive function differences that can result in challenges around gender discernment and gender affirmation. Communication differences, associated with autism, can impact on ability to self-advocate and communicate gender needs. Discomfort exploring/expressing their gender was expressed by participants with concern about harassment. This had a stifling effect on gender exploration for some. In addition, some youth reported that their affirmed gender had been questioned due to their diagnosis of autism.

Strang et al. (2018a) state young people with GD and ASD are at higher risk of being bullied and exploited and becoming victims of violence. Authors state that some young people may struggle with transition and ‘passing’ in their affirmed gender resulting in risk of victimisation; due to ASD related challenges, they may not consider safety aspects of romantic or social meetings. Societal prejudice, poor coping strategies, rigid thinking and social difficulties, and isolation may add to suicidal ideation. School and employment are detailed as areas of challenge for gender-diverse autistic young people. This could include difficulties navigating gender expression at school or work; coupled with challenges in understanding how they are perceived. Stigma and bias around hiring/firing practices resulting in fewer opportunities are also cited.

Sub-theme 4c: Romantic and sexual experiences; and sexual orientation

Kaltiala-Heino et al. (2019) examine sexual experiences of adolescents (in Finland) attending a gender identity service (n = 99), aged 14 to 18. Of this sample some were autistic (n = 17). Delayed sexual development in terms of fewer sexual experiences was associated with autism. 11.8% of those who were autistic and gender-diverse had had intimate sexual experiences, compared to 45.1% of those with GD that had no treatment for ASD. Authors cite core difficulties in ASD such as reciprocal social interactions, through understanding and communicating, as impacting on the complex interactions of romantic relationships. When compared to same aged peers those with GD are sexually less experienced. In the context of sexual characteristics being perceived as a source of distress in GD, this may inhibit sexual encounters.

2.4 Literature Review Summary, Conclusions and Current Research Aims

The literature review revealed a body of recent research in this area as thirteen of the seventeen papers identified were published between 2015 and 2020, highlighting a surge in research interest in gender diverse, autistic young people. The geographical spread of research papers reviewed revealed eight relevant papers from North America, four papers from countries in the European Union (The Netherlands, Finland, and France), two papers from Turkey, one from Australia, and one from England. This highlights the dearth of literature originating from the UK.

In terms of representing the voice of gender-diverse autistic young people only two of the papers (both from the USA) included their voices. Strang et al. (2020) completed key stakeholder driven clinical approaches by involving the young people in the design of a clinical model for care; while Strang et al. (2018b) elicited the voices of adolescents.

The areas explored in the literature focused on: co-occurrence traits (and rates) in young people, underlying hypothesis for the co-occurrence, implications (through a medicalised lens) for assessment/diagnosis and care (both medical and psychological), and experiences of gender-diverse autistic young people. Experiences included memories and experience around GD, mental health and challenges (e.g. bullying) related to gender identity and neurodiversity, and romantic and sexual experiences, and sexual orientation.

From the literature review it is clear that several areas remain unresolved including: guidelines and advice for non-medical professionals working with gender-diverse autistic young people and their families, development of autistic specific protocols for gaining informed consent around medical interventions, and understanding the lived experiences of these young people aged under 12 years or older than 20 years by eliciting their voices.

Areas the literature did not address included accessing the voices of gender-diverse autistic young people (or their families) in the UK through qualitative approaches to access the rich detail of lived experience. Several papers cited the fact that the young people in gender identity clinics were representative of a biased sample due to them usually having parental support, so studies are not always capturing the experiences of those without parental support. Some studies noted that participants are often demographically limited in terms of race (with mainly white participants). Verbal ability is required from participants when voicing options, so diversity of verbal ability skills was lacking in the two papers that directly accessed the voice of the young people. Strang et al. (2018b) cites that gender clinical referrals often come from educationally advantaged families. Literature did not cover educational experiences of these young people in any detail; there was only a cursory section in one paper relating to school and employment together commenting on challenges in navigating gender presentation, potential safety risk, and awareness of how others may perceive the young people (Strang et al., 2018a). Lastly, there is limited research on experiences of non-binary autistic young people.

To address some of the multiple gaps in the research body, this study aims to explore the lived experiences of young people in the UK who identify as gender-diverse and are autistic, through accessing their voices. Experiences relating to gender identity and autism are explored, including a focus on educational experiences. The purpose of this research is to gather further understanding of the experiences of this unique population, including their perceptions of their educational experiences (both challenging and positive). The aim is that this will inform professionals (particularly education professionals including EPs, teachers, and school leaders) so they are better able to understand and meet the needs of this population. Therefore, this research aims to make a distinct contribution to the research canon.

Chapter Three: Methodology

3.1 Overview of Chapter Three

This chapter follows on from published research critically evaluated in Chapter 2. The current research aimed to explore the experiences of gender-diverse autistic young people, in the UK. Research aims and purpose are detailed, leading on to research questions. The researcher's ontological and epistemological position is stated, and conceptual frameworks are explained giving the research methodology context. The research design is described, with alternative methodology that was considered discussed, alongside the rationale for the choice of research design. Data collection procedures are explained including recruitment processes, and use of semi-structured interviews. Data analysis procedures are documented including transcription and use of Interpretative phenomenological analysis (IPA) (Smith et al., 2009). Validity and reliability are considered, as well as the author's reflexivity. Ethical considerations are explored including safeguarding.

3.2 Research Aims and Purpose

The aim of this study was to explore the lived experiences of young people in the UK who are gender-diverse and autistic. The purpose of this research was to address the gap in the research literature in accessing the voices of gender-diverse autistic young people in the UK, exploring their experiences related to gender identity and autism, particularly looking at their educational experiences. Accessing the voices of gender-diverse autistic young people without parental support; and those that are non-white are also identified as gaps in the literature.

The data gathered, through semi-structured interviews, was analysed using IPA. This qualitative approach examines how individuals make sense of their life experiences. Smith et al. (2009) state that IPA is concerned with what happens when 'lived experience takes on a particular significance for people' (p. 1) and engages with reflections of individuals when they 'reflect on the significance of what is happening' (p. 3) in their lives. Through examining the sense making of the young people interviewed, around gender identity and autism, a better understanding of the lived experience of this population is gained.

The purpose of this research was exploratory and had an emancipatory goal as described by Marshall & Rossman (2011). The study was exploratory in that it sought to understand the experiences of individuals, to gather further understanding through their descriptions of experiences, feelings, and treatment by others. It also has an emancipatory goal by creating the opportunity for the voices of these young people to be heard, understand their perceptions, and what had felt challenging for them as well as helpful. Furthermore, by adding the voices of gender-diverse autistic young people from the UK to the research base it is ultimately hoped professionals, particularly those that work in education including EPs, teachers and school leaders can better support their needs in educational settings.

The international research has largely focused on traits, rates, and hypotheses for the co-occurrence, and through a medicalised lens around clinical approaches. The research body does contain some detail of experiences of this population but there is a dearth of research relating to educational experiences; and directly accessing the voices of those from the UK. This research seeks to develop new insights relevant to the field of Educational Psychology.

3.2.1 Research Questions

The central research question (RQ) that this research sought to answer is:

- RQ1: ‘What are the experiences of young people who identify as transgender, non-binary or gender-diverse and are autistic?’.

There are two sub-questions:

- RQ1a. How do young people who are autistic and identify as transgender, non-binary or gender-diverse experience gender identity and autism?

- RQ1b. How do young people who are autistic and identify as transgender, non-binary or gender-diverse describe their school and educational experiences?

3.3 Researcher's Position: Ontological & Epistemological Position, and Conceptual Frameworks

3.3.1 Ontology and Epistemology

The researcher's world view and philosophical position have been reflected on, within the context of competing viewpoints, and considered in choice of methodology and interpretation of findings.

Ontology
Ontology is a compound word with its etymology combining the Greek stem 'on' meaning being and 'logia' to mean discourse or writings, so in a literal sense means study of beings. Ontology, the branch of philosophy concerned with the nature of being, and what exists in the world. In this study, the researched phenomenon is the experiences of gender-diverse and autistic young people. Philosophical assumptions of research paradigms dictated the methodology chosen and interpretation of findings.

Epistemology
The word epistemology, from the Greek 'epistēmē' meaning knowledge and 'logos' meaning reason. Epistemology is concerned with how reality is known when seeking knowledge. Different methods have different epistemological assumptions such as what constitutes evidence, how knowledge and beliefs differ, and whether research can get to objective truth (Sullivan, 2019).

Ontological paradigms: Realism verses Relativism
The ontological position of relativism was adopted in this research. At opposite ends of the ontological paradigm are realism and relativism. The realist approach purports researchers have direct access to the world (ontological realism) provided they have

the right tools (epistemological realism) (Sullivan et al. 2012). Realism is a way of ‘conceptualizing the relationship between the entities in the world and our representations of them (including our knowledge of them)’ (Sullivan, 2019, p. 25), including entities such as autism and gender diversity.

Researchers that adopt a realist approach, seek to find connections between representations of knowledge and reality. Knowledge is evaluated using research findings to evidence different representations of reality, so truth is found. Critics argue it is assumptive to make comparison between surface representations and underlying reality which is impossible to do according to relativist social constructionism, or subjective according to critical realism (Sullivan, 2019).

Relativists argue the link between entities and their representations is never a simple correlation, knowledge of the world is both created through subjective social processes and emphasise language. However, relativists are not denying reality exists – but argue it is not actually reality we can access, but representations of it, therefore positivism is not a tenable position for psychological research. Relativists argue knowledge gathered is relative to context, so historical period, cultural and social contexts influence what is deemed to be reality.

Epistemological paradigms: Positivism verses Interpretivism/Constructionism
Positivism, proposes data should be observable, even measurable. Positivists consider they can produce objective knowledge through research, considering themselves separate as researcher from the research. Phenomena has independent existence which can be found through research, knowledge discovered is denoted to be value free, not situated in historical or political contexts (Scotland, 2012). The opposing end of the epistemological perspective is the interpretative paradigm, which links to the ontological position of relativism, that states that there are multiple interpretations of human experience, systems of meaning are created to interpret and make sense of the social world – it is the meaning that people give to their experiences that interpretative researchers are interested in (Neuman, 2013). Subjectivity is core to interpretivism.

The individual’s perspective of a phenomenon is sought to be understood, within historical and cultural contexts through eliciting individual constructs within the interaction between participants and researcher (Scotland, 2012). Language is viewed as an active agent in shaping reality through its interaction with features of the world. For example, the term ‘gender dysphoria’ implies a negative experience, ‘dysphoria’ being the opposite of euphoria. The diagnostic term ‘autism spectrum disorder’ again implies a negative, through ‘disorder’.

As such, the researcher adopted an interpretative paradigm viewpoint, exploring what experiences meant for the young people, while acknowledging the researcher had chosen the topic, how to gather data and its interpretation, so it is not value free. The meaning participants ascribed to their experiences was the subject of investigation.

3.3.2 Critical Realism

The positivist stance is that reality is uncovered through observation, the truth of reality is the perception of what is observed. At the other end of this perspective is the view that the world is constructed through language and human interaction within society and culture. This constructionist position challenges that there is an objective reality – rather reality is dependent on social context.

Between these two perspectives is critical realism. Critical realism considers there is reality of a phenomenon, that exists independently of human conceptualisation; however, reality can be perceived in different ways. This position ‘acknowledges the social construction of reality, but suggests there are nevertheless realities existing independently of human activity…’ (Sullivan et al., 2012, p. 17). This position assigns that there is reality of experiences, but there are challenges accessing this reality which is influenced by culture, history, and individual perspectives. ‘According to critical realism, both positivism and social constructionism are too superficial, unrealistic and anthropocentric’ (Alvesson & Sköldberg, 2009, p. 16). Thus, critical realism ascertains that there is a world independent of humans; and that scientific theories can represent these structures within the world.

Willig (1999) states critical realism ‘maintains ontological realism by proposing that events (observable and experienceable phenomena) are generated by underlying, relatively enduring structures, such as biochemical, economic or social structures’ (p. 45). Critical realism, unlike social constructionism, deems knowledge to be partially constructed by subjectivity rather that wholly subjective (Sullivan, 2019). Critical realism considers physical realities but also socially constructed aspects of the world.

Critical realist work in psychology typically adopts a position which supports a particular position politically (e.g. feminism) (Sullivan et al., 2012).

With the above points considered, the researcher embraced a critical realist approach to gain a wide ranging exploration of participants’ experiences. Therefore, the researcher acknowledges the reality of the experience of being gender diverse, and the experience of being autistic but that meaning ascribed to experiences is socially constructed and influenced by the context of culture, the time period, and individual perspective.

3.4 Research Design

3.4.1 Choice of Methodology – Considered Alternatives

The literature review chapter indicates studies utilise quantitative, qualitative, and mixed methods approaches. However, of the studies reviewed only two included the voices of gender-diverse autistic young people. Educational experiences were not covered in any level of detail; and only one paper originated from the UK which incorporated a quantitative approach, so voices of the young people were not included.

Central to this research was to gain understanding of the lived experience of autistic gender-diverse young people, as it was felt key that this research adhered to the statement *Nihil de nobis, sine nobis* (Latin meaning *Nothing about us without us*) as there was a lack of research including the voices of these young people. To achieve this, a qualitative approach, using semi-structured interviews for data gathering, was deemed most appropriate.

Of the analytical approaches that could fit with the researcher's epistemological framework of critical realism, the following were considered: thematic analysis, grounded theory, narrative analysis, discourse analysis, and IPA. Thematic analysis was discounted as deemed to be an approach that was more concerned with the content of what participants say, rather this research was interested in the meanings participants ascribed to experiences. Grounded theory is an approach to develop a theory to understand processes, though this research was not driven by the creation of a theory. Narrative analysis was a potential fit and was given deeper consideration; however, it was decided that this approach was more interested in *how* people tell their stories via their narrative rather than sense making. Discourse analysis is concerned with ways in which speakers utilise language to construct a version of reality, rather than seeking knowledge of subjective experiences.

As the researcher was seeking to better understand the participants' experiences and the meaning that these experiences had for the individuals the best fit to analyse the data was concluded to be IPA, where a rich description and interpretation could be achieved. This research was concerned with understanding what the experiences meant to the individuals, through exploring their descriptions of events, feelings, and relationships. The researcher's position is that the individuals' experiences related to gender identity and autism are indeed real, but that the only access to these experiences was through the person's perspective in a point in time, within the social, cultural, and political context.

3.4.2 Interpretative Phenomenological Analysis

'IPA takes from phenomenology its focus on wanting to understand the meaning of human experience' (Shaw, 2019). IPA is informed by three areas of the philosophy of knowledge: phenomenology, hermeneutics, and ideography.

The philosophical approach of phenomenology is concerned with the study of experience and how to investigate and make sense of lived experiences. Through a phenomenological lens, it is accepted that neither the researcher nor the participants have direct access to the reality of the research phenomenon, but through analysis of subjective experiences expressed in the language used in interviews, sense can be made of the experiences. It is a method seeking to understand another's experience through their perspective by an analytical interpretation of experiences described.

Hermeneutics is the theory focusing on examining experience through detailed interpretation. In IPA, the researcher attempts to understand the participants' relationship to the world, therefore is interpretative in focusing on the individuals' attempts to make meaning out of their experiences (Smith et al., 2009). The researcher is interpreting a participant's interpretation of a phenomenon - this dual process is therefore a double hermeneutic. The concept of the hermeneutic circle relates to the process of understanding parts in reference to the whole. In IPA it can be useful in the analysis to think about the relationship between the parts (as in the words, sentences and paragraphs) to the whole (as in the transcript), as well as the researcher and participant (the parts) interacting to make up the account of the experience (the whole) (Montague et al., 2020).

Idiography focuses on the particular. IPA is idiographic through commitment to the detailed examination of an individual's experience and sense making, then after careful exploration of an individual case similarities and differences between cases can be explored (Smith et al., 2009). Depth and richness of information are sought so a small sample size facilitates this.

IPA, an established qualitative approach used in psychological research, was used to analyse transcripts. This approach is widely used in health psychology, educational psychology, and in studies related to identity and sexuality.

3.5 Data Collection

3.5.1 Recruitment

Smith & Eatough (2012) state that IPA studies usually have small sample sizes as the main concern ‘is to do justice to each participant’s account (case) and detailed case-by-case analysis is time consuming’ (p. 444). There are no set number of participants that should be included, indeed published IPA studies include samples sizes of one, four, nine, fifteen and more. Turpin et al. (1997) cites six to eight participants are recommended, in British clinical psychology doctoral programmes, as an appropriate number for an IPA study.

A homogeneous sample (gender-diverse autistic young people) was recruited through purposeful sampling. Recruitment was purposeful in that only schools that catered for young people with autism and organisations that served the LGBTQI+ community were contacted. Additional recruitment strategies included advertising on Twitter and the researcher sending the advertisement to contacts that worked in education.

Initially the age range sought had been 12 to 21 years of age. Recruitment was reviewed as it was occurring, and the difficulties in finding participants in a hard to reach population had to be taken into account (coupled with the fact that recruitment was taking place during the COVID-19 pandemic added a further complexity). So older young people (up to 26 years of age), who had shown interest in the study, were also included. Educational experiences were included, with some participants discussing experiences retrospectively.

An email was sent to adults (including headteachers and LBGTQI+ youth group leaders, see Appendix I and Appendix J) with the invitation that they could pass on to potential participants. The email gave a brief overview of the study and included attachments of the ‘Participant invitation information sheet’ (see Appendix B) and the ‘Participant advert’ (see Appendix H). The email explained the criteria for participants was those aged 12-21 years of age (raised to aged 26 years old as stated previously) with a diagnosis of autism and who identified as transgender or non-binary.

One hundred and seventy one schools (including secondary schools and colleges for those that are 16 years plus) that catered for CYP with autism were contacted via email addressed to the headteacher. One of the school networks then promoted the research advertisement on their website. Sixty three LGBTQI+ youth group organisers were contacted (via details on The Proud Trust website, an LGBTQI+ charity whose work includes coordinating LGBTQI+ youth work networks). Thirteen LGBTQI+ national organisations were contacted, two of these organisations agreed to share the research advertisement on their social media platforms. In addition, the researcher created a Twitter account to promote the research; and shared the advertisement with professional contacts in education.

The researcher was contacted directly by one headteacher (known to the researcher) and four youth group leaders giving details of interest expressed by young people in their care, sharing their contact details. These young people were contacted directly in the case of those recruited from the youth groups (one mother had stated she wanted to help organise the interview at the request of her daughter, so she was copied into correspondence with the young person). The young person via the school wished her headteacher to liaise with her mother to organise the interview. The participant that saw the advert of the online Youth forum was contacted directly. All participants were sent an email explaining the next steps including a consent form (in accessible language so informed consent could be gained) to electronically sign and send back before interviews could take place; including the ‘Participant invitation information sheet’ (see Appendix B) and a more accessible version (see Appendix C) to ensure they had access to these. If parents were involved, an Information sheet for Parents/guardians (see Appendix D) was also sent to them.

It should be noted that all participants were aged 16 years and above, so gave their own informed consent (as agreed in approved application for research ethics). Interviews were then arranged – participants were given the option of the telephone or a video call, whichever they felt more comfortable with. No face to face interviews took place, as instructed by the university Ethics Committee, due to COVID-19 restrictions.

3.5.2 Participants

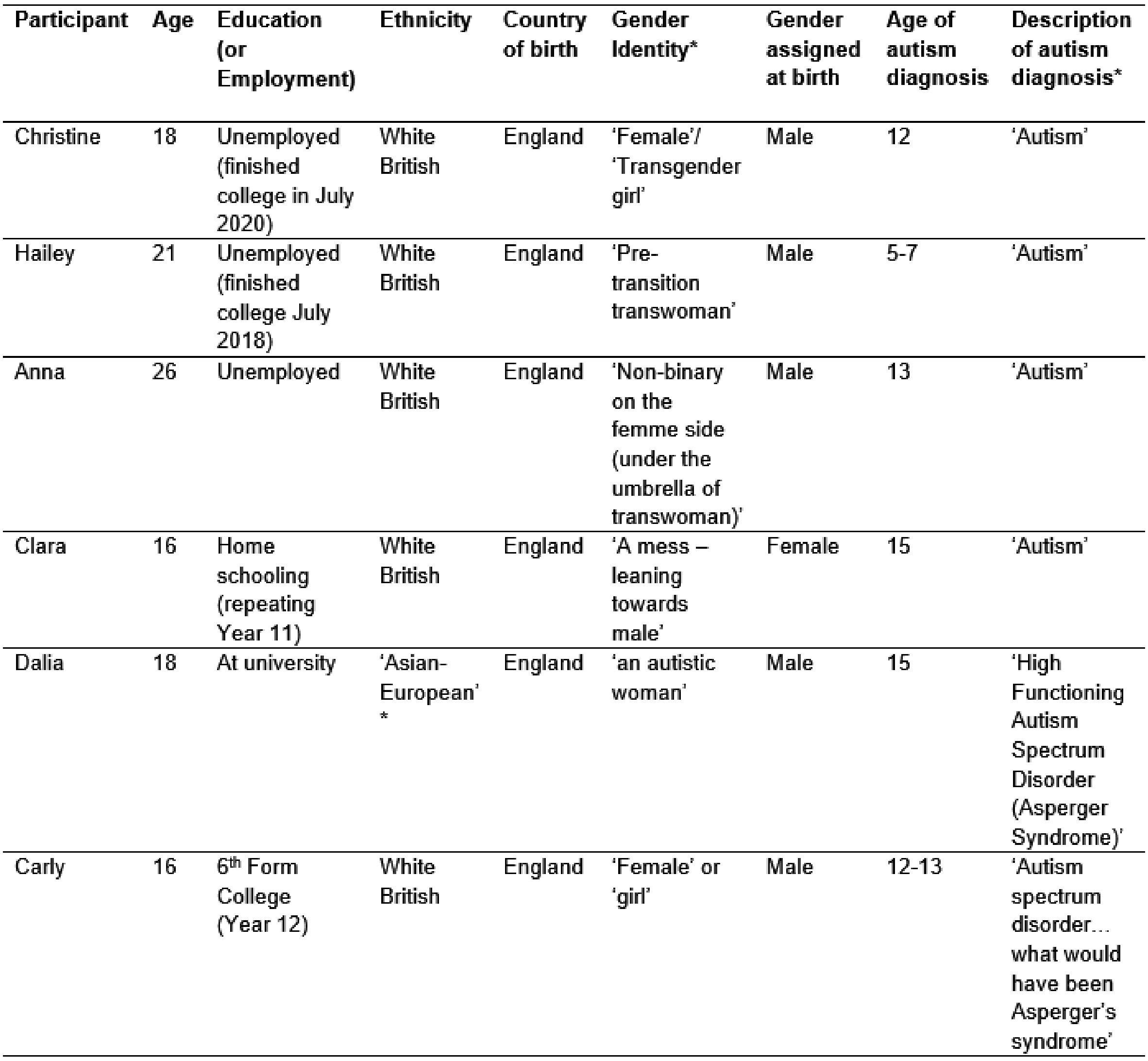
Six participants took part in the research, aged 16 to 26 years old, that had received a diagnosis of autism (or Asperger's syndrome) and identified as gender diverse, transgender, or non-binary. All were educated in England.

Four of participants came through the research advertisement sent nationally to LGBTQI+ youth group leaders; one participant came through the research advertisement posted on a LGBTQI+ charity online forum. One participant took part through an email directed at headteachers.

Demographic data was collected to gain a richer picture of participants. It was also apparent in the literature review that voices of ethnically diverse young people were not often included in the research, as previous research contained largely white voices, so this was an area the researcher wanted to capture information on. Details (including some information also taken from the interview transcripts) of participants' characteristics are summarised in Table 2.

Table 2

Participants' characteristics



Participant	Age	Education (or Employment)	Ethnicity	Country of birth	Gender Identity*	Gender assigned at birth	Age of autism diagnosis	Description of autism diagnosis*
Christine	18	Unemployed (finished college in July 2020)	White British	England	'Female'/ 'Transgender girl'	Male	12	'Autism'
Hailey	21	Unemployed (finished college July 2018)	White British	England	'Pre-transition transwoman'	Male	5-7	'Autism'
Anna	26	Unemployed	White British	England	'Non-binary on the femme side (under the umbrella of transwoman)'	Male	13	'Autism'
Clara	16	Home schooling (repeating Year 11)	White British	England	'A mess – leaning towards male'	Female	15	'Autism'
Dalia	18	At university	'Asian-European' *	England	'an autistic woman'	Male	15	'High Functioning Autism Spectrum Disorder (Asperger Syndrome)'
Carly	16	6th Form College (Year 12)	White British	England	'Female' or 'girl'	Male	12-13	'Autism spectrum disorder… what would have been Asperger's syndrome'

* as described by the participant in their words

3.5.3 Semi-structured Interviews

Interviews took place from August to November 2020. Two participants requested the telephone, four participants preferred a video call with cameras on so faces were seen and voices heard. Microsoft TEAMs video conferencing was used. Remote interviewing was utilised as stated by the university Ethics Committee during the COVID-19 pandemic.

Young people were advised via the adults, that were initially contacted, that if they wished they could have a parent or trusted adult with them during the interview. One participant (aged 18) wished to have the headteacher with her, so this was arranged during the headteacher's home visit. All participants were in their own homes while the interviews took place. Due to the nature of remote interviewing and the sensitive nature of this topic, participants were asked to find a private place in their home with their device, for privacy. The 16 year old participants were asked in addition if their parents were nearby in case they required them – both participants explained their parents were nearby downstairs.

Participants emailed back the signed consent form prior to the interview. The researcher introduced herself and explained her role and the research to the participants. The demographics sheet (see Appendix F) was completed verbally at the start of the interview. Participants were reminded that interviews would be audio recorded. It was explained there were no right or wrong answers, just the participants' experiences. Participants were given an opportunity to ask any questions. Participants were offered breaks throughout the interview.

The interview schedule (see Appendix K) was informed by the researcher's knowledge from prior experience of conducting research with transmen, as well as experience of working with autistic young people. The questions were reviewed between the researcher and Director of Studies (who is an experienced EP who has worked with autistic young people and transgender young people) and went through edits until the final schedule was agreed. The interview schedule followed a semi-structured approach with open questions so it could freely take on different directions as experiences were explored.

The interview schedule included two final questions that asked if there were any experiences that the participant felt were important that had not been covered. Also, if there were any questions that the participant thought should have been added to the list, if they added a question then they were asked if they could then answer it. Interviews lasted between 42 minutes to 2 hours 10 minutes. All interviews were audio (not video) recorded using a digital voice recorder.

At the end of the interview the researcher checked with participants how they were feeling, then explained a debrief form (see Appendix G) would be emailed straight after the interview which contained support organisations should they require them. It was highlighted to participants that the contact details of the researcher and her supervisor (Director of Studies) were detailed on the debrief form (and information sheets). Participants were reminded all data would be anonymised. Each participant was thanked for their time.

3.6 Data Analysis

3.6.1 Transcription

Interview audio recordings were transcribed verbatim, all words spoken by participant and interviewer were recorded. Non-verbal utterances such as laughter, significant pauses, and sighs were noted in transcriptions within bracketed text. In listening to the participants' voices, while transcribing, beginnings of interpretation were felt by the researcher. On relistening to check accuracy of transcripts a growing familiarity with words, sense making, and feelings of the participants was experienced by the researcher.

3.6.2 Analysis

Smith & Eatough (2012) state that it is useful to think of 'totally immersing yourself in the data, as far as it is possible stepping into the participants' shoes' (p. 449) when describing IPA. One of the aims of analysis was to gather evidence of participants' sense making, as well as the researcher's within this process. As psychological research, the researcher's interpretation was aided by viewing transcripts through the psychological theories detailed earlier. Pietkiewicz & Smith (2014) note that researchers can be flexible in their analysis approach, within IPA guidelines.
Smith et al. (2009) details the common processes in IPA analysis: moving from the particular to the shared; and from a descriptive analysis to an interpretative one. The principles IPA follows are: commitment in seeking to understand the participants'

point of view; viewing the participants' meaning making through a psychological lens. Analysis is therefore an 'iterative and inductive cycle' (Smith et al., 2009, p. 79), meaning a series of strategies are not linear in approach are adopted to explore meanings that participants assign to experiences.

IPA guidelines were followed in this analysis, as detailed by Smith et al. (2009), which included strategy stages of analysis: step 1 - reading and re-reading, step 2 - initial noting, step 3 - developing emergent themes, step 4 - searching for connections across emergent themes, step 5 - moving to the next case, and step 6 - looking for patterns across cases.

Reading and re-reading (step 1)

The first interview was listened to repeatedly, while reading the transcript, so the researcher became fully absorbed in the words, intonation, and events relayed gaining familiarity with the world of the participant. As the interview had been heard several times as the transcript was simultaneously read, in these initial stages, the researcher began to read the transcript and in her mind's eye *hear* the increasingly familiar voice of the participant. A sense of knowing the participants' experiences better on each reading developed as the researcher felt further immersed in participants' worlds.

On the initial re-reading (and hearing) of the interview (this was a re-reading as the interview had been heard in the transcribing stage) the researcher felt it important to capture initial observations as a way of processing a stream of ideas. By speaking aloud (using the dictate talk to text function on Word), the researcher had a sense of communication with the data and in hearing her own voice, as her ideas were captured, it felt liberating to verbalise and recount initial perceptions.

This process was then repeated for each participant's transcript.

Initial noting (step 2)

Smith et al. (2009) describe the initial level of analysis as 'the most detailed and time consuming' (p. 83). The transcripts were copied into a working document containing three columns to the right for: descriptive, linguistic, and conceptual comments (an additional column was added to the left to be used later for emergent themes). After reading transcripts several times exploratory comments were added. Comments moved from the descriptive level, to aspects of language used (for example repetition, emphasis, word choices), to then a conceptual and interrogative level. The purpose of this close analysis is to engage with the data on a deeper level so that a superficial reading is avoided. See Appendix N for an example of a transcript extract, incorporating these three types of exploratory comments.

Developing emergent themes (step 3)

Next began the process of developing emergent themes, the data now gathered included the exploratory notes as well as transcripts, so emergent themes served as a distillation point between transcripts and detailed noting data. Emergent themes, that related to the research questions, were added to the column allocated to the left of the transcripts (see Appendix N). The researcher shifted from working with the transcripts to exploratory notes made analysing the transcripts, of course a close relationship between the two remained. The recalibrating of data by processing it into themes felt like a responsibility in staying true to the essence of the participants' experiences. Through dividing the narratives of the participants and their chosen structure of these experiences into themes, meaning making of the researcher was attained. The researcher strived to capture the essence of participants' voices and meaning making within themes. Here the hermeneutic circle came into play as the parts were now interpreted in relation to the whole. The themes contained the researcher's interpretation so were a layer further from the participants' interpretations, but it was hoped themes captured an interpretation of the truth seen through a psychological lens.

This process of adding exploratory notes then moving to emergent theme identification was repeated for all transcripts. The aim was to treat each transcript separately, but the researcher was aware of the potential influence of the previous analysis, so new emergent themes arose for each participant.

Searching for connections across emergent themes (step 4)

The next stage was to map how emergent themes fit together initially for the first participant. This process was completed by copying the emergent themes onto post-it notes so that they could be moved around on a blank wall, so visually clusters that related to each other could be seen (see Appendix O for photographs of each participants' emergent themes clustered into individual super-ordinate themes). The ways recommended by Smith et al. (2009) to look for connections between emergent themes were utilised, these included abstraction (putting like with like), subsumption (when an emergent theme itself becomes a super-ordinate theme), polarization (examining oppositional relationships), and numeration (accounting for frequency of a theme).

At this point emergent themes that seemed less related and not as key were discounted. As the emergent themes were grouped, they were named with an appropriate superordinate theme, and each related emergent theme had the detail of a key quote and transcript line and page number serving as evidence in a table for the participant (see Appendix P for the tables of super-ordinate and themes relating to each participant).

Moving to the next case (step 5)

Next, the four steps were repeated for each participant. The result was a table for each participant outlining their superordinate and emergent themes. Each participant was treated as a separate entity, as the researcher was aware of one case influencing another, so the analysis was worked on in a separate process with the aim that the researcher was fully immersed in the life world of a single participant at a time at this stage.

Looking for patterns across cases (step 6)

Patterns and connection across the individual themes were sought in this stage. Utilizing each of the participants' super-ordinate and theme table, they were put side by side, to examine themes which transcended each individual case. Initially this was a viewing and contemplating stage to think and notice patterns across the cases. Coloured highlighters were used to cross reference similar themes that could be grouped together (See Appendix Q for a photograph of theme tables in the initial process of patterns being noticed). Then each colour coded theme (including quote) was cut up separately so they could be moved around on a large surface, so similar themes could be grouped together. Then a large piece of paper was utilised per super-ordinate theme and the themes with quotes were added, grouped into subordinate themes (See Appendix R). By looking at each of the superordinate themes, further thought was given to then finalise themes and titles. A final master table of superordinate and subordinate themes was created with illustrating quotes for each participant, if there was not a relevant quote for a participant an ‘X’ denoted this (see Appendix S).

3.7 Trustworthiness and Validity

Qualitative research demands quality assessment criteria that is appropriate, rather than using measures that best suit quantitative research. The criteria used to assess quality in quantitative work such as internal validity, generalizability, reliability, and objectivity are not appropriate measures for qualitative research (Korstjens & Moser, 2018). Qualitative methods favour small sample sizes, examined in detail, with participants chosen for special attributes. Therefore the criteria of replicability for example, used in quantitative research, is not a valid measure of qualitative research that offers an interpretation of a phenomenon (Yardley, 2000).

Trustworthiness, as in answering the question of whether findings can be trusted in qualitative research has defined criteria. Well known criteria utilised in qualitative research is that of Lincoln & Guba (1985) which includes: credibility, transferability, dependability, confirmability. There are a number of other approaches for assessing quality and validity in qualitative research. These include Yardley (2000) who offers broad ranging measures of quality assessment of psychological qualitative research. These measures are: sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance.

It was decided by the researcher that Yardley’s criteria, as favoured by Smith et al. (2009) as suitable for IPA research, supplied wide ranging scope to assess quality suitable for this qualitative research as it aligned with the theoretical standpoint of IPA.

3.7.1 Sensitivity to Context

Yardley (2000) cites it is key to understand the context of previous investigators understandings of similar topics within the literature, the socio-cultural setting (including awareness of ideological, historical, normative, linguistic influences on participants' beliefs and talk of participants and the investigator), and the social context of the relationship between investigator and participant. The influence of the behaviour and characteristics of the researcher in the balance of power should also be paid attention.

Within this research, sensitivity to context was addressed by the formal literature review seeking understanding of the topic area, paying attention to the gap in the literature that there was limited representation of the voices of autistic gender-diverse young people. This research sought to rectify this particularly around UK educational experiences. In addition to the research literature, the researcher created a Twitter account following leading LGBTQI+ (including transgender organisations) and autism charities, so that immersion in the conversation around topics related to autism and gender diversity were further understood.

Finding participants that followed such a niche criterion, involved developing rapport with gatekeepers who may have known young people that fitted the inclusion criteria. As such, LGBTQI+ youth group leaders were contacted. Three organisations agreed to share the research advert on their social media platforms (at autism school network; and two charities who worked with gender-diverse populations). From the researcher's professional experience in working with autistic young people remotely, it was understood that some young people preferred the phone rather than being seen on camera due to feeling more comfortable. Two participants took up this option. The researcher understood communication may be challenging for some participants, so explanations were given, and the researcher answered any questions.

Each participant was asked the language they preferred the researcher to use around their gender identity and autism at the start, which the researcher aspired to use throughout the interview. The interviewer bore in mind previous interviewing skills from prior research with adult transmen. Interpersonal skills were consciously practised aiming to elicit rapport and put participants at ease. Participants were encouraged to ask any questions about the researcher or research that helped them understand the process.

The final study is believed to truly reflect the participants' voices - there were numerous verbatim extracts.

3.7.2 Commitment and Rigour

Commitment and rigour were adhered to in the research project throughout. Initially, to ensure the research questions could be answered a niche set of participants were recruited which took considerable effort to find in a national search.

During interviews the researcher attended to participants' communication attentively, asked follow up questions to more deeply explore the content of answers, following participants' cues and clarifying understanding at points. Participants were offered breaks throughout.

The research project involved regular meeting with the researcher's Director of Studies to discuss and navigate the process; as well as discussing reflections. The analysis of transcripts was a detailed and very involved process using IPA, as described by Smith et al. (2009). This involved moving from exploratory comments on individual transcripts to the development of emergent themes, then connecting the emergent themes across the individual participant's data, to noting patterns, so group themes finally emerged. This process was an interpretative one, seeking to delve beyond the descriptive level of words used. Superordinate themes were chosen that all participants exemplified.

3.7.3 Transparency and Coherence

The procedures from participant recruitment, to data collection, to data analysis are detailed and explained so that there is transparency throughout.

Coherence of where this research fits in relation to previous findings is explained in identifying gaps in the literature and rational for this study. The philosophical perspective that the researcher has adopted is specified within the methodology section (critical realism) and the appropriateness of IPA is explained in relation to this. Furthermore, this phenomenological approach is justified in its appropriateness for gathering and exploring the voices of gender-diverse autistic young people, so that further knowledge is gained by the researcher interpretating participants' meaning making of experiences. Indeed, the researcher acknowledges that the reader will be therefore making sense of the researcher's sense making. The final write up of the research went through drafts and reediting, discussed with the Director of Studies, to strive for the presentation of a coherent reflection of the process and findings of themes.

Reflexivity is important, in that the researcher reflects on experiences and motivations leading to embark on this research, acknowledging that assumptions and intentions influence the experience of the world and therefore the experience of the research process. Reflexivity will be discussed in more detail in the next section.

3.7.4 Impact and Importance

Yardley (2000) states that the 'decisive criterion by which any piece of research must be judged is, arguably, its impact and utility' (p. 223), she explains usefulness is assessed in relation to the objectives of analysis, its intended application and the community for which the findings are relevant. This research seeks to develop understanding of the experiences of autistic gender-diverse young people in the UK through hearing their voices, the need for this research was born through the awareness of the lack of literature. Furthermore, of the research available much focused on hypothesis for co-occurrence and rates, often in a medialised landscape. It is hoped that educational professionals, including EPs, that support this population will be better informed of their experiences and needs through this research.

Sharing this research will initially be amongst fellow EP trainees at a university research presentation day; then through potential publication in a research publication so the academic community and EPs access this research.

3.8 Reflexivity

The researcher is a cisgender female, and while not autistic considers herself neurodivergent. During the process of interviewing, the researcher held in mind how she may come across to participants being older than them and a cisgender non-autistic female. The researcher explained to participants that she would aim to use the language that they preferred around gender identity and autism, and that if she made any error that she would appreciate the participant correcting her.

Additionally, the researcher had prior experience of working with autistic young people initially as a teacher, and more recently as a Trainee EP so had knowledge that was utilised in interviews. The researcher however did not have experience with working with gender-diverse autistic young people to her knowledge, before the interviews. The researcher is acutely aware that each participant is an individual, so prior experience may have yielded some knowledge of potential challenges and experiences common to gender-diverse or autistic populations, but this did not translate to pre-knowing individuals. Each participant allowed the researcher to get to know more about their world through the interview – assumptions were not made prior to the interview, the researcher wished to understand the participants as individuals.

The researcher had awareness that questions could influence participants' responses, therefore the interview schedule was of a semi-structured nature (so certain topics were covered) with open questions, so that the interviews could take on directions dictated by the participant.

A reflective diary was kept throughout the process, this was of particular value during the analysis stage, so thoughts and feelings of the researcher were kept paying careful attention to assumptions aiming to highlight any potential biases that could influence analysis – then they would be reflected on and addressed. The researcher’s theoretical orientation was reflected upon in the thinking within this study about ontological assumptions made about reality and epistemological ideas on how possible it is to get to a given reality. Furthermore, reflections on the research process and the researchers’ understanding of data were discussed in regular tutorials.

IPA is a methodology involving a ‘double hermeneutic’ – ‘the researcher is trying to make sense of the participant trying to make sense of their personal and social world’ (Smith, 2004, p. 40). Therefore, reflexivity is of great importance in IPA, as the researcher is subjectively interpreting the participants’ accounts of experiences, so the influence of the researcher needs to be acknowledged, through reflections on any assumptions. The researcher’s thoughts, feelings, understandings, and reactions to the research affect insights and interpretations (Willig, 2013), and the researcher was mindful and curious when considering the impact of these factors on the collection and analysis of data. This reflexivity is so that the focus of the research remains the participants’ data.

3.9 Ethical Considerations

3.9.1 Ethical Approval

Ethical approval was sought via an application, detailing the study, to the UEL School of Psychology Ethics Committee , which adheres to the British Psychological Society’s Code of Ethics (BPS, 2018) and the university’s own code of practice for research ethics. Ethical approval was approved for this research in April 2020 (see Appendix A).

3.9.2 Informed Consent

All participants were aged 16 or over, and informed consent was gained once participants had read the Information Sheet (See Appendix B), also offered in a more accessible version (see Appendix C). The researcher considered an information sheet including visuals and accessible language was especially important to make sure all potential participants' needs were catered for. Participants then returned the Online consent form (see Appendix E) confirming to understanding the information sheet provided, that data would remain confidential, that they freely consented to participation, and understood they had the right to withdraw, and consented to anonymised transcripts being deposited in the university repository. All participants were asked if they had understood the information and were asked if they had further questions.

The researcher was aware that if the participants had been younger that gaining consent from parents may have been an issue for some gender-diverse young people who may not have been out to parents; this could have acted as an exclusory barrier. The participants were all verbally able so were able to verbally indicate understanding and give informed consent. The researcher was mindful that less verbally able autistic participants would potentially have required extra adaptations. For most participants, there was an adult involved in the initial stages liaising with the researcher who further explained the research to participants.

3.9.3 Safeguarding Participants

The safety of participants (especially given that they are part of dual populations at risk of bullying, harassment and physical threat, and potentially are in danger of not being accepted socially by peers, family members or in education/employment spaces) was of upmost importance in the research, and identities were protected throughout. Transcripts were anonymised, pseudonyms given, and all reference to participants in the write up was anonymous.

Due to COVID-19 restrictions all interviews took place remotely via the phone or Microsoft TEAMs video call. As personal experiences were being discussed, potentially of a sensitive nature, participants were asked to find a private place in their homes that they could speak freely in with their device. The two 16 year old participants were asked if their parents were at home in case, they required them, both stated that they were nearby in another room and that they were comfortable with this.

In the initial stages participants were identified by numbers, rather than named, then pseudonyms were assigned. Any identifying information in transcripts was removed. It was acknowledged that topics within interviews could bring up emotions as they were around experiences that could potentially be of a sensitive nature. All participants were asked at the end of interviews how they were feeling, then were sent the debrief form which contained support organisations. The interviewer verbally directed participants to the content of the debrief form. The researcher's and the Director of Studies' contact details were also on this form.

Participants' data (including demographics, audio recordings and anonymised transcripts) were stored in line with the university's Research Data Management Policy. Approval was given to the researcher who applied for a data management plan (see Appendix L) in April 2020. In addition, a risk assessment was conducted as part of the ethics application which was approved.

3.9.4 Confidentiality

In the initial stages when transcribing participants were identified by numbers, rather than named, then pseudonyms were assigned. Any identifiable information in transcripts was removed so there was nothing to identify participants. Participants were assured they would not be identified and that pseudonyms would be allocated in the write up so they remained anonymous (this will be the case for any potential publication).

Audio recordings once uploaded to the researcher's password protected laptop were then deleted. Recordings were saved with a participant number. Audio recordings were then encrypted and stored on the university's OneDrive.

Consent forms were encrypted with a password then saved on the researcher's password protected laptop. As the research was online, there was only electronic copies of the consent forms, so no paper copies existed. The electronic forms were stored on the university OneDrive (with password).

Anonymised transcripts were stored on the university OneDrive and backed up on an encrypted hard drive.

All research data on the researcher’s personal laptop is to be erased once the thesis has been examined and deemed to pass.

3.10 Summary of Chapter Three

This chapter has sought to explain the research aims and purpose, and methodology for seeking to answer the research questions, which was chosen for its appropriateness in aligning with the researcher’s ontological and epistemological position. Data collection was detailed, as was the analysis of data including a step by step account. Validity and the researcher’s reflexivity were explored, as were ethical considerations to safeguard participants.

Findings are described in the next chapter.

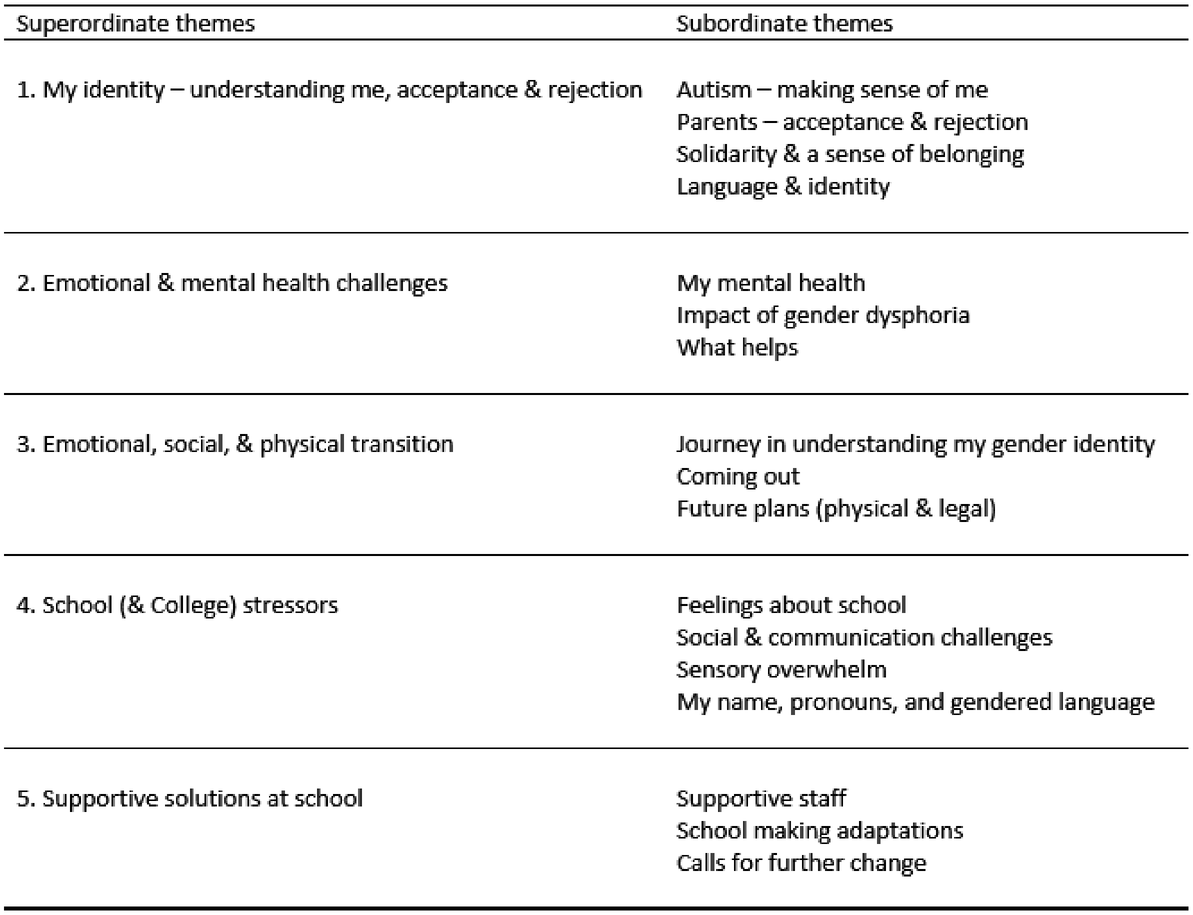
Chapter Four: Findings

4.1 Overview of Chapter Four

This chapter presents the findings through an interpretative phenomenological analysis of participants' accounts. The research questions sought to find out what the experiences of gender-diverse autistic young people are, how they experience gender identity and autism, and how they describe their educational experiences. Five superordinate themes arose from the analysis, which were represented by all six of the participants, these were: *My identity – understanding me*, *acceptance & rejection*; *Emotional & mental health challenges*; *Emotional, social, & physical transition; School (& College) stressors*; and *Supportive solutions at school.* Subordinate themes were associated with each superordinate theme, which are presented in Table 3.

Table 3

Master table of superordinate themes and related subordinate themes



Superordinate themes	Subordinate themes
1. My identity – understanding me, acceptance & rejection	Autism – making sense of me Parents – acceptance & rejection Solidarity & a sense of belonging Language & identity
2. Emotional & mental health challenges	My mental health Impact of gender dysphoria What helps
3. Emotional, social, & physical transition	Journey in understanding my gender identity Coming out Future plans (physical & legal)
4. School (& College) stressors	Feelings about school Social & communication challenges Sensory overwhelm My name, pronouns, and gendered language
5. Supportive solutions at school	Supportive staff School making adaptations Calls for further change

Please see Appendix S for the Master table of themes for the group which contains quotes from participants relating each subordinate theme. Themes are grounded in the double hermeneutic – each represents the researcher's interpretation of the participants' interpretation of their experiences. While themes have been separated it should be noted that they often weave within and across the transcripts of participants.

4.2 Superordinate Theme 1: My identity – understanding me, acceptance & rejection

The theme of identity was central to each participant who were making sense of themselves in the journey to understand their own identity, while others (including parents) were presented with their evolving identities, which often elicited feelings of acceptance or rejection. Participants' identities were complex involving knowledge of themselves as autistic, as well as being gender-diverse. There were stages of understanding (and sometimes questioning) of identity while also navigating others' response to their identity. Participants found support and connection in spheres where they could be themselves (not all participants were out about their gender identity but were able to be themselves with certain people or in safe places), this included with others that were autistic, LBTQI+, had shared interests, or people they felt they could be themselves with.

4.2.1 Autism – making sense of me

All participants spoke of feelings associated with their autism diagnosis; this often involved a sense of understanding themselves better. Having a diagnosis was often also seen as helpful in being able to explain to others who they were.
Feeling different and the autism diagnosis helping make sense of these feelings was very positive for Clara, who said, *'I knew I was different from everyone else, but I had no understanding of why.'* (180-181, p. 6). Then the diagnosis gave her confidence:

> *'I think just having a diagnosis…I remember just going back to school…just being able to kind of take a step back and look at everyone and be like, well {pause} I'm different and that's cool! {laughs}…all the stuff that you thought you had to do to fit in, actually you don't {laughs}, you're okay to just kind of be like a little bit strange.'* (1334-1337 (p. 38).

Carly also felt the diagnosis explained who she was, *'…instead of just being weird…have the diagnosis to describe who I am'* (808-810, p. 23). Hailey also felt a sense of difference, the diagnosis she states was helpful for her mother:

> *'I was like, 13 and a half ish…I was like, okay, so there's something different about me and how, like my mind and social behaviours work. And I was like, okay, we're just gonna have to take it one step at a time and figure out how we relate to everybody else. But yeah, but then I got the diagnosis, which was helpful for my mum…'* (837-842, p. 24).

Interestingly, Hailey used the pronoun '*we*' twice in reference to herself, perhaps this is suggestive of a sense of different evolving identities through autism diagnosis and then in gender identity Hailey later accepted in herself.

Christine, conversely, did not embrace her diagnosis for some years when she was diagnosed around age 12, she stated, '*I got tested and it turned out I had autism, but I was in denial about it for so many years*' (306-307, p. 9) but said the benefit had been help in school.

Participants said the diagnosis was helpful for other people to better understand them and a way to explain aspects of themselves.
However, Carly considered her diagnosis '*bizarre*' as Asperger's syndrome had been taken away:

> '*…it was a bizarre diagnosis…they said I have autism spectrum disorder…what would have been Asperger's syndrome…I don't know why they did away with the specifics because instead they're just giving people a more general diagnosis and then telling them the specifics.'* (684-693, p. 20).

Anna used humour to explain how her diagnosis may help others understand her intense interest in specific topics:

> *'…from you know an outsider's perspective…it might be that they don't have a label or an understanding on what to expect 'cause like, if I didn't mention I had autism and just said I was trans and then just like, talked like for 17 hours…people might think there might be something not right about me and I might be a little bit too obsessed with the 1700s. Erm I mean, it's true, but the autism thing it makes more sense, because it's like, I literally cannot control this and I am on the hell ride with you as well {laughing}.* (1005-1019, p. 29).

Dalia stated she explains to people saying, '*hey, I have Asperger's*' (1323, p. 38) to which she usually receives a positive response.

4.2.2 Parents – acceptance & rejection

All participants referred to mixed accounts of parents' acceptance and rejection in relation mainly to their gender identity, which for most elicited a stronger response than their autistic identity.

Christine felt accepted, she stated, *'…my family is very accepting with practically anything*' (165, p. 5) in relation to her gender identity. Carly felt supported at home after coming out to her parents, *'…after I came out properly at home, it was better and now everything's everything's fine pretty much*.' (272-273, p. 8). Clara felt understood in terms of issues around autism, she reported, '*my parents are very understanding, erm as understanding as they can be I think*'. While Dalia clarified '*I'm not out yet'* (739, p. 22) at home where she lives, so it was select friends that had offered her acceptance when she had come out to them.

Hailey described high conflict at home growing up due to her need to '…*let off steam after getting home from school*…' (890-892, p. 26), she explained '…*my mum would get upset with me for being blunt and my stepfather would get upset…with me* *dropping F bombs*' (896-899, p. 26). She explained how difficult and stressful it was to learn social communication skills and that she and her mother did not understand each other. She felt her mother had not got a grasp on the issues around her gender identity. Hailey explained that over two years before, '*I lived with my mum until…she asked me to move out because my lack of process of getting my life sorted erm was stressing her out'* (424-429, p. 12).

Anna, the oldest of the participants (aged 26) described her parents not accepting her trans identity due to her being autistic. She reported them making comments like '*…you can't be you know trans or anything 'cause you don't know any better because you're autistic*' (791-794, p. 23). She describes the negative impact of this lack of acceptance:

> *'…really heart breaking when my mum goes and says, "you don't know what you're doing because of your brain" which is already really gas lighty, but I can't escape my brain. It's, I've come to terms with the fact, I've got autism…I'm not going to be normal…I don't mind being a weird out touch trans person….I'm fine with that. But like, I just don't like being gas lit using my brain because then that enables my anxiety and depression.'* (805-813, p. 23).

She explained, *'It makes me feel less of a human, because it's like I can't tear out my brain'* (832-833, p. 24). The imagery of Anna's brain being constructed as almost a separate entity by others that is held responsible for her difference, while also used to dismiss her trans identity as her not knowing '*any better'* conveys Anna's feelings of deep frustration. Her feelings of lack of acceptance for who she is palpable in her use of the verb '*tear*' when explaining she cannot '*tear out*' her brain. This imagery suggests that Anna feels to be taken seriously by her parents as a trans person she would have to almost '*tear*' out her autistic identity, which she knows is impossible and leaves her feeling '*less of a human'*. Anna explained, '*so for my parents and that it's been a difficult thing…I did have to run away.'* (465-467, p. 14). Anna described being homeless for 28 days, sleeping on the sofas of members' of the LGBTQI+ youth group before she was placed in social housing. She described this impacting on her Maths exam at college at the time, which she failed.

4.2.3 Solidarity & a sense of belonging

Examples were given by each participant of social spheres where they felt able to be themselves feeling a sense of belonging and solidarity – often with autistic or LGBTQI+ others.

Four participants attended LGBTQI+ youth groups (including specific trans groups). Carly described attending three trans youth groups, one of which is transfeminine specific. Here Carly felt a sense of relatedness, '*I can relate to their experiences, we're more similar than other people, to be honest.*' (949-952, p. 27). Prior to attending the youth groups, Carly had found valuable support online in group run by trans people. She described it as, '*full of like a lot of trans people, that, that really helped me with like this discovering who I was*' (1228-1230, p. 34). Hailey too was more able to feel comfortable at youth group, '*like youth group…I do feel more comfortable like dressed as a woman.'* (299-302, p. 9).

Clara, currently gender questioning, had been looking for support, she however explained the challenges of group support:

> '*…a lot of it is support groups, which I think when you're on the spectrum, sometimes is not what you want, you don't want to be in a group environment….I find it harder face to face, if it's online that's a bit easier*.' (1218-1221, p. 34)

Clara described being part of an alternative online scene (the Goth scene):

> '*…being part of like alternative type scene is really is really helpful…it's a sense of belonging…I've found people in like, kind of more alternative type lifestyles are a lot more accepting and likeminded…'* (1518-1525, p. 43)

Some of participants described having friends that they felt were similar. Christine shared, '…*once you meet someone that you know like who also has autism, I think it's easier to like, 'cause like when you have a friend that has the same as you it's just easier…*' (1066-1069, p. 30). Anna too sought out friends more similar to herself, she belonged to, '*kind of friend groups where it's like, we all have autism, or we all have like depression…where it's not neurotypical*.' (647-651, p. 19). Christine described coming out to a friend, '*She was very understanding…she was adopted by erm two erm by a lesbian couple, so she's very LGBTQ+*.' Dalia cited that she has '…*multiple friends that I can do that I can be myself around*' (971, p. 28) stating '*one of my friends actually does have Asperger's'* but the ones that do not are *'not neurophobic…they're not bigoted*' (1325-1326, p. 38).

4.2.4 Language & identity

All participants discussed language around their gender and being autistic. All participants stated the importance of the correct name and pronouns in relation to themselves or others. This was central to their identity.

Clara explained the importance of names and pronouns, '*I think in terms of like gender, it's just, I think it's just the kind of pretty basic thing like respecting names and pronouns'* (1407-1408, p. 40).

Christine explained the psychological impact of the wrong language:

> *'…the correct words being used around gender matters a lot because it could knock down someone's self-esteem or make you them feel like worthless or whatever if they get called the wrong, it's what they've chosen to be and when people choose to be ignorant it's very upsetting or very aggravating*.' (958-952, p. 27).

Carly reported the positive impact of the correct name and pronouns, '…*when people were like referring to me with the like the proper name and pronouns, like, I felt more like me, I felt less like dysphoric*.' (1022-1025, p. 29).

Anna reported that her parents, '…*they still don't use my pronouns. They don't use my name …'* (477-478, p. 14). This still affects her negatively, she said, *'…I still have issues with it if I'm being honest.'* (495-496, p. 14).

Hailey explained how she has been mentally adjusting to the pronouns *she* and *they*, '*she, they, that's fine. This year, I've been getting myself used to using those erm as opposed to previously male as a form of like mental adjustment as it were*'. (201-203, p. 6).

In relation to autism - identity first language rather than person first language was preferred by two participants.
Clara explained why this is important to her:

> *'…an autistic person, rather than somebody with autism 'cause that's a bit weird…when you say a person with autism it makes it sound like something I've acquired, if that makes sense. And yeah and that then I can kind of like, just get rid of, it's so like woven into who I am and how I experience everything it doesn't make sense to say I'm like, with, like I have something – it's just part of who I am.*'

Clara's metaphorical use of the imagery '*woven into*' evokes the strong sense of autism being a central part of the very fabric of Clara's identity which is not separate but core to her identity, therefore she is '*autistic*' rather than '*with autism*'. This echoes the imagery Anna used, not being able to '*tear out'* her autistic brain as it is fundamental to who she is, rather than something she can separate from.

Anna, too, stated her preference is, '*Autistic when I'm referring to myself…autistic person*' (303-305, p. 3). Dalia stated that she would not mind, '*an autistic woman or a person with Asperger's…either*'. Both Christine and Carly did not have a preference.

4.3 Superordinate Theme 2: Emotional & mental health challenges

The superordinate theme '*Emotional & mental health challenges*' ran across all participants' accounts. Specifically, four participants explicitly referenced mental health challenges and all participants talked about the impact of gender dysphoria which ranged in severity on how this affected emotional and mental health. Participants were able to explain what had helped with their feelings.

4.3.1 My mental health

Depression was specifically referenced by three participants, as a long term condition. Associated with this, these participants referenced suicidal ideation with one previously self-harming. Two participants mentioned taking medication for depression. Anxiety was reported by four participants (three of which had also talked about depression). One participant also reported having OCD when younger. This same participant also described current experiences associated with Dissociative Identity Disorder, for which she was on a waiting list for assessment.

Christine explained, '*my erm depression and anxiety has been bad since I was around (pause) twelve.*' (255-256, p. 8). She describes her anxiety and depression as being '*really bad in those times'* (249-250, p. 8) when she explained her secondary school experience. This resulted in her not being able to attend lessons, Christine explains '*When I got around the end of year nine to year ten to year eleven at mainstream I didn't go to classes because my depression was that bad.'* (366-368, p. 11). When Christine left mainstream school and started at an alternative provision (for students with medical, emotional, or complex learning needs) in the second term of Year 11 she was feeling less anxious - she attributed this to smaller class sizes and supportive teachers. Christine described the period from aged 15 to about 17, '*I'd come home and basically stay in my room and isolate myself for quite a few years actually.'* (391-393, p. 12). She referenced previous self-harm starting about age 11.

Hailey also described, '*I was heavily depressed from the age erm like 12 and a half to 20 and a half*.' (259-260, p. 8). She referred to a difficult experience with the parents of a girl she had developed romantic feelings for while depressed which she explained '*ruined my, my mental health leading me down a road of like wanting to attempt suicide*'. (1801-1803, p. 51).

Hailey spoke of the impact of anxiety on her physical health, resulting in her only being able to work half the time in her previous job. She attributed her identity as a transgender woman contributing to anxiety, she explained, '*the anxiety of, you know, identifying as a transgender woman can be quite a large part of that*.' (p362-363, p. 11).

Anna too described the impact of her mental health on her ability to be able to work, she stated, '*I don't have the skills or the you know mental health stability to be able to do that…'* (94-96, p. 3).

Anna described the mental impact of long waiting lists for the gender identity clinic:

> *'It is very, it likes its long waiting lists, it likes to see if people are being serious by basically getting them to go to six meetings throughout two years in the hopes that maybe if they're denied long enough, they might go away or they might do something to themselves, which is very silly and they can never undo. It's basically just trying to cull the weak from the strong.'* (1143-1147, p. 32).

Anna personified the clinic in her use of '*it likes*' to see if people are serious about their gender identity which she refers to as it culling '*the weak from the strong'* (in the form of suicide in response to the long wait) – this exemplifies the negative effect of the long waiting times on Anna's mental health. Anna explained the process can be even harder enduring '*extra hurdles'* (1155, p. 33) if you have autism as you may have to bring your parents to appointments if you are classed as a vulnerable adult.

Clara described having a lot of anxiety which could be brought about in class when '*all the social attention is on you*' (1394-1396, p. 39). Clara who is '*leaning towards male'*, also stated that using pronouns other than *she* and *her* (which she considers neutral for her) would result in feeling, '*This is so scary. This is such a big deal.' And then I kind of end up down the rabbit hole of anxiety, so if I just stick stick to she, her.*' (149-152, p. 5). Clara's metaphorical use of '*down the rabbit hole of anxiety'* suggests this is familiar difficult terrain and she has developed strategies to avoid situations that provoke anxiety. Clara reported seeing a therapist when she aged 12 for anxiety and OCD which presented as:

> *'…constantly having to like check things. Things like light switches having to turn light switches on and drawers, having to open drawers so many times. And thinking like I was gonna do something to like my family, like something violent or something like that.'* (727-731, p. 21).

Clara explained currently, '*I have erm, a dissociative disorder. I don't have like an official like label for it*.' (1587-1589, p. 45) and that soon, '*that's what I'm getting the therapy for, I'm getting assessment soon*' (1693-1594, p. 45). She explained how this presented:

> *'…there's like me that you're talking to now, but then there're are other parts of, I don't know how to describe it whether they are parts of me or parts of, separate…that come out sometimes and have their own kind of opinions on things and some of them have their own names and things like that. So I think experiences like that, it makes you kind of appreciate how complex like your brain is {laughs}…*' (1595-1614, p. 45).

Clara made sense of these experiences by grounding them in the fact that her brain is complex and feels they have been '*helpful in {pause} in making me a lot more kind of resilient and open minded*.' (1577-1579, p. 44). Clara was eloquently able to describe these complex experiences, her laughter perhaps conveys humour as a coping strategy and maybe makes it easier to describe her experiences which she may fear others do not understand.

4.3.2. Impact of gender dysphoria

All participants had feelings of GD; most described the impact of these feelings as acutely negative. Depression, distress, disgust, and fear were evoked.

Christine described, ‘*I just didn't feel comfortable in my body, I was like I don't want, I just do not want this body I’ve been born with*.’ (85-88, p. 3) which resulted in:

> *‘…it made me very depressed and started self-harming and being very reckless erm and like threatening to kill myself and all this, but no one really knew why it was - I wasn’t really open about it. I was just basically saying it because deep down I want to be myself…’* (93-94, p. 3).

Christine’s movement in temporal referents from past tense (‘*depressed*’, ‘*started*’) to past progressive tense (‘was…*saying*’) to present tense (‘*I want*’) when relaying a story of the past perhaps are suggestive that she wanted then and now still wants to be herself, that this is an evolving journey to become herself.

Hailey said, ‘*when I started erm experiencing gender dysphoria, I didn't erm act on it as soon as I should have, because I was already heavily depressed*’ (225-227, p. 7). She described the feelings as:

> *‘…it feels like a sense of impending doom, or distress. And, erm and disgust, but not in the sort of way where someone would normally be displeased or embarrassed by their appearance erm in the sense of how someone would feel if they have slight, a giant bumpy rash fairly visible on their body. Which, you know, which is a abnormal rather than having a bit of extra weight or not liking the shape of their nose.’*

Hailey’s vivid description of ‘*disgust’* (associated with ‘*doom’* and ‘*distress’*- the alliteration of the ‘d’ sound conveying the deep negativity of the feeling) using the adjectives ‘*giant*’ and ‘*bumpy*’ to describe it being rash like which is ‘*abnormal*’ – conveys the sense of exposure she feels in a body which is ‘*abnormal*’ for her when others see her.

Clara described how she felt it was ‘*gross*’ on looking at her body:

> *'…when I looked at my body objectively, it's fine, there's nothing wrong with it but just to experience it as mine was kind of like {laughs}, bit gross and not always the best.'* (225-229, p. 7).

Feelings of fear were also felt by some. Anna stated:

> *'I realised I wasn't technically male…I was very, like, scared, very erm, very terrified, and like I was clasping on for, like, you know, something to hold on to'* (425-431, p. 13).

Anna's use of the verb '*clasping*' evokes a sense of free falling into overwhelming fear while desperately trying to find something to '*hold on to'*.

While Dalia also felt fear, she said: '*I couldn't tell anybody…I think I was scared and I didn't know what to do*.' (360-362, p. 11) when she was about 4 years old. Currently Dalia explained that doing '*basic things'* (511, p. 15) can evoke feelings of dysphoria such as talking, using a mirror or going to the bathroom: 'I *don't feel like myself, I don't feel like myself when I'm talking…I can't look at myself in the mirror erm because I don't feel, because I don't feel like myself'* (503-509, p. 15). Dalia described feeling: '*I can't do that those basic things…without feeling like the walls are closing in around me, like everything is closing in around me*.' (559-563, p. 16).

Dalia felt that not being able to fully come out as herself has meant: *'So, because I was in storage for 19 years, I've been in storage, I was in storage all the time. As as a result I, I haven't been able to, I haven't been able to be myself'* (1605-1607, p. 46).

Dalia explained '*I've been needing to be myself all that time.'* (1648-1649, p. 48). Dalia literal use of the imagery of being '*in storage'* embodies the deep distress of nearly two decades of her postponed life - her true self not really living but stored away waiting to be able to finally live life as herself.

Carly appeared the least affected by the impact of GD, saying '*I just didn't feel like me*' (193, p. 6), however if called her old name it had a very negative effect on her wellbeing.

4.3.3 What helps

All participants gave examples of what helped them with their emotions and mental health. This included external help in the form of therapy and others using the correct name and pronouns. Also, participants made adaptations themselves that helped - this involved clothing, art as a creative outlet, and mentally imagining being in a different body.

Both Christine and Clara referred to therapy as helpful in coping with emotional and mental health challenges. When asked what helped her with her feelings Christine replied '*Therapy*' (127, p. 4), she stated, '*I started therapy around 11, 12 for my erm when I was getting diagnosed with autism, but I started therapy for transgender when I was 14, 15*.' (129-131, p. 4).

Clara too felt benefits of therapy, she reported, '*I had a lot of like anxiety and I went to a therapist, and we paid to see her privately and she was really wonderful. She helped me a lot with that*.' (727-731, p. 21). Clara explained that the challenges of moving to secondary school, aged 12, and being expected to know what to do contributed to anxiety and OCD.

Carly reported her wellbeing was affected by others using her old name and pronouns, however it, '*got a lot easier to do things and work when people were not messing up kind of names and pronouns after a while*' (234-235, p. 7).

Some participants made adaptations to help themselves with their feelings. Hailey stated she had studied art as a '*creative outlet for my depression*…' (1654-1655, p. 47). Both Hailey and Anna found clothing helped them. Anna explained, '*I was given like a skirt from a friend…And I'd wear it…And it helped a lot.'* (1271-1274, p. 36). Hailey described that dressing as herself caused anxiety but practising weekly helped it dissipate, '*I still get surges of anxiety…when I go outside dressed like that. But that tends to subside with erm sort of like erm weekly practice'* (324-327, p. 10).

Dalia counteracted feelings of GD by trying to internally feel like herself:

> *'…I try to feel like myself as much as possible. So, when, like I'm doing basic things…I tried to feel like I act as if though I can be myself and like act as if you know, as if I'm in the right body.'* (572-574, p. 17).

Dalia's strategy of internally feeling herself and also externally behaviourally acting as if she is in the '*right body*' attempts to lessen the overwhelming feeling of the '*walls are closing in around'* (561, p. 17) her.

4.4 Superordinate Theme 3: Emotional, social, & physical transition

All participants describe a journey of exploring their gender identity and journey to transition from their assigned gender (one participant is currently gender questioning rather than transitioning), each are at a different stage in their personal journey to be themselves to others. Transition was described as a personal understanding of who they are, exploring their gender identity, coming out to others (not all participants are completely out but have come out to select others or discussed their gender identity), future plans described included hormone therapy, surgery, and legally changing their name.

4.4.1 Journey to understanding my gender identity

Participants all described feelings of GD which led to exploring their gender identity, a unique journey for each participant.

Of the six participants five are transwomen, it is important to respect the specific language that participants used to describe themselves (see Table 2 above, which includes verbatim quotes on how participants describe their gender identity).

Participants described their journey of understanding their gender identity over time. Christine reported the time it took to understand herself; she recalls feelings of shame:

> *'…I was just ashamed of it because I didn't understand it as much when I was 13. I only really started to understand it when I turned 15 and I only became comfortable using the name I have now when I was 16.'* (948-952, p. 27)

Anna described seeing a video online (when secondary school age) that said, '*people's gender identity and gender expression's different*' (434-435, p. 13) which felt good, on a graph she would mark down (or mentally note) where she thought she fit. She stated, '*the most masculine I could get was like, you know, just in the middle ish erm but, like, for the most part, it was like, more feminine'* (443-445, p. 13). This visual representation of gender served as a way for Anna to understand her gender identity.

Hailey described her gender identity journey evolving in stages:

> *'…I was about 15 when I came out is gender fluid. And then a few years after that erm, I, erm I stuck to non-binary while I was still questioning, and now I see myself as a pre transition transwoman. So, I haven't, you know, started erm my transition process yet. Hopefully I will soon…'* (176-180, p. 6).

Some participants have explored their gender identity through online activities. Carly also found something online that resonated with her, '…*I was all confused, all the way up until the end of Year 10 which I fully accidently stumbled upon something online and then sort of related through all of it*.' (1041-1043, p. 30).

Anna enjoyed being able to '*play as a female'* in video games saying, '…*when people talk about gender identity, they don't realise the impact that video games have, like, the positive impact of video games*…' (360-363, p. 11). Anna felt that, '*video games and art and film generally….can be good mediums you to know, help people come to terms with feelings, such as, like gender identity*…' (374-378, p. 11). Clara had been frustrated people would assume she was female saying stereotypical things to her mum such as, '*…just wait til they get interested in boys or something and I would just be absolutely dying inside {laughing}*', she stated that '*they've assumed that is very much based on the fact that they think of me as a girl, if they* *thought of me as a guy they wouldn't say that.'* (350-352, p. 10). Clara felt by dressing more alternatively people would make less stereotypical comments, putting her in a more '*mysterious place when people would be less gendered about everything.'* (362-363, p. 11). Clara stated the benefits of wearing alternative clothes, explaining '*…because they are quite, neutral, like gender neutral*' (375-376, p. 11). Clara talked about clothing in relation to her sensory issues:

> *'Men's clothes are so annoying, because there's very limited choice about what you can wear. And if you've got sensory issues, or just preferences, it's a nightmare, whereas with women's clothes, you've got a choice with sensory stuff, and because alternative clothes tend to be quite like neutral, can kind of like just account for your sensory issues and wear the clothes without looking hugely feminine.'* (378-385, p. 11).

Clara stated, '*I'm hoping that the kind of the gender will make sense at some point {laughs}.'* (1503-1504, p. 42).

The process of making sense of their gender identity was a dominant narrative for participants, each of their journeys were different but they commonly involved questioning their assigned gender, identifying with their true gender, exploration and in most cases coming out.

4.4.2 Coming out

The process of coming out was central to participants' narratives. Three participants were completely out to everyone (Christine, Anna, and Carly), while Hailey was out to close friends and family, and Dalia had come out to select friends and some teachers/lecturers. Clara is gender questioning so has not come out as such but had spoken with her parents when aged 14 as she was '*confused about gender*' (260, p. 8) but she said now finds it '*really hard to talk about so I just kind of avoid the topic*' (265, p. 8). Clara had previously seen what she called a gender therapist.

Christine initially came out to her mum aged 13 and the first friend when she was aged 14 or 15. She started to come out more publicly at the alternative provision by '…*choosing a different name and just using like, a tiny bit more feminine clothes*…' (1007-1008, p. 29).

Hailey came out about the age of 15 as '*gender fluid'* then a few years later as '*non-binary*' now identifies as a '*pre-transition transwoman*' (176-180, p. 6) – this has been a process of coming out in stages as she has been able to explore and moved into certainty of her gender identity. Initially when she came out to friends about being gender fluid, she did not address it with school staff as she felt they would '…*take it out of proportion*.' (728, p. 21).

Carly stated that she came out in Year 7, '*when I came out as non-binary, erm that didn't really go brilliantly…it was alright with some of the students but the school never like formally acknowledged that.'* Carly realised this was not how she actually felt and she '*went back to sort of being male*' (206-207, p. 6). Then later Carly described coming out to herself in Year 10 and a month later she came out to everyone on social media, this meant she could '*just do it once and everyone knows. I don't want to come out that many times*' (294-295, p. 8). She described this as, '*kind of freeing, like I wasn't like stuck with people thinking I'm someone I'm not, or pretending to be someone I'm not…I just felt like myself more*.' (304-307, p. 9).

Anna said she came out at college which was not accepted, '*I did eventually come out that I was trans and like no, like, they didn't accept it*' (712-713, p. 20). In contrast, Dalia had a positive experience, '*when I came out to the teachers, for the first time, they were actually using my pronouns, and calling me my name*' (1076-1078, p. 31). Dalia is not out to everyone but does have a number of friends and others she is able to be herself with, she plans to come out further, '*I'm trying to come out next year, I think I'll be able to do that*…' (982-984, p. 29).

Participants had mixed receptions on their coming out journeys. Coming out was not usually a singular event but an ongoing process, sometimes with evolving stages prior to coming out as trans.

4.4.3 Future plans (physical & legal)

Participants all had future plans involving their transition apart from Clara who explained '…*there's no like plans, I'm just trying to work out what's going on*' (294-295, p. 9).

Of the five participants that had future plans, all planned to create physical changes. Christine described being on the waiting list for hormone therapy, and she expected to have '*surgery sometime when I'm in my early twenties'* (1032-1033, p. 29).

Hailey described being unlike most young trans women on social media as she did not want to have '*multiple body altering surgeries*' (543-544, p. 16) as she is '*actually happy and comfortable*' (544-545, p. 16) with herself and gender reassignment surgery '*recovery period is months long, it's reportedly extremely painful*…' (551-552, p. 16). However she is planning on specific procedures '*because there just isn't space in clothing made for women*' (557-558, p. 16) so it is very uncomfortable. Hailey also wishes to '*undergo a course of HRT 'cause I'm really adamant about growing my breasts*' (640-641, p. 18).

Anna has been on hormone therapy for a couple of years, she is '*thinking about…gender reaffirment surgery…I also want to try and, like, remove, like facial hair, which I was in the process of doing until the pandemic hit.*' (568-573, p. 16).

Dalia explained the urgency of hormone therapy and surgery, *'I feel like I need to, like, get them in order to be myself…I need to get them as soon as possible.'* (832-836, p. 24).

Hailey and Carly described plans involving legal processes to officially transition. Carly explained, '*I'm going to do a deed poll to change my name properly, 'cause I'm 16 now*.' (274-276, p. 8). Hailey describes changing her name and her feelings about the process of applying for a GRC to have her gender identity legally recognised:

> ‘…*I want to…get my name legally changed…I'm not going ever going to bother applying for legal recognition of you know gender or sex change. The government…has…a really long process where you have to meet several criteria, of which includes living as your chosen gender identity for like, five years and having written letters from certain authorities and sending loads of evidence off, and then you have to pay a fee for the process…so six strangers who don't know you get to like assess the evidence to decide whether you can like legally have your identity on a birth certificate changed. Which is, which quite honestly, is just demeaning*.’ (600-624, p. 17).

Hailey’s indignation at this process of strangers deciding her fate in this lengthy process was palpable. The negative adjective ‘*demeaning*’ sums up Hailey’s feeling of her loss of dignity were she to subject herself to this process. She goes on to say she would go through the process if it was as simple as legally changing her name.

4.5 Superordinate Theme 4: School (& College) Stressors

Participants all reported aspects of school (and some college) that they found very stressful. Stressors included issues around social and communication challenges with peers, sensory overwhelm including response to noise and being around a lot of people, and for some the jump in expectations at secondary school.

4.5.1 Feelings about school

Each participant cited school experiences had elicited negative feelings. Christine said, ‘*I hated school {long sigh}*.’ (524, p. 15). Her long sigh denotes the lasting negative memory of school. Anna described her experience of school (both primary and secondary) as, ‘*Awful. Absolutely awful*.’ (1050, p. 30) citing bullying. Hailey described the school environment as stressful, she said ‘*having to go to school and put up with the noise and being in a building with obnoxious children and teenagers is still stressful*.’ (1258-1260, p. 36).

Two participants referenced the move to secondary school with new expectations, which were often implicit and assumed, as a stressor. Clara explained she had a lot of anxiety when she moved to secondary school:

> *'…moving into high school is a massive change, which at the time I didn't know that I was autistic, so it was, it was kind of a stressor I didn't know where it was coming from…when you go to high school, people expect you to just know things, like for example, if you miss a lesson copying up notes, that's something you never do in primary school, so I didn't assume to do in high school and you just need someone to sit down and explain that, but that never happened. So there were things like that, that seem so basic, but they're just not basic to me.'* (716-727, p. 21).

Carly described struggling academically on moving to secondary school:

> *'I've been struggling in high school since like, since like I joined. Erm actually the thing is like in primary school all of the work, they were giving was, like, really easy, and hardly challenging at all…they didn't give any more challenging work to like students who had higher ability…So I sort of coasted through primary school. And then I got into high school, erm like, everything got like a lot harder…I was struggling to do it because I was used to doing all the easy not challenging stuff.'* (643-654, p. 18).

Dalia explained she had been unable to be herself (apart from with some teachers), '*like throughout most of…primary school and secondary school, I wasn't unable to be myself to tell people who I actually was*.' (1013-1015, p. 30).

Both Christine and Clara left mainstream education. Clara explained that after the lockdown she returned in September to start Year 11 (which she was resitting due to time off for mental health and sensory issues), *'I went in for two hours {laughing}…And then I came home and I was like I'm not going back.'* (490-495, p. 14). She explained:

> ‘*I…still have, a lot of mental health issues…that plays into like, sensory things as well. So it kind of creates this situation where it's just really hard to go into school. And so I kind of reached a point where I was like, it's probably going to be more helpful if perhaps I just stay at home*…’ (510-518, p. 15).

Clara said teachers sent work and she taught herself at home.

4.5.2 Social & communication challenges

All but one participant cited social and communication challenges at school; for some, these challenges resulted in social isolation. Hailey and Clara described difficulties with communication skills when younger. Hailey explained the result was social isolation:

> *‘…as a child and teenager, erm my, my communication skills erm were erm like, extremely hindered to non-existent…I wasn't able to verbally communicate…I took words and expressions at face value…it had to be extremely obvious for me to pick up on that…like age, like 12 to 15…that greatly affected my social life… when I was in middle school…I was extremely erm socially isolated.’* (814-830, p. 23).

Clara also talked of being younger and not having social skills resulting in isolation: *‘And I didn't have friends, I didn't know how to, like talk to people…At that point I had no social skills {laughs}.’* (713-716, p. 20).

Hailey and Anna described conflict with peers at school. Hailey explained that ‘*learning erm social communication skills was very difficult and stressful for me*.’ (900-901, p. 26), she was learning one set of communication behaviours at school. Like ‘*my peers would be like, oh well, fuck you too and would walk off*’ (907-908, p. 26) which was not acceptable at home. Anna described relationships with peers and bullying, ‘*The interpersonal relationships between students was awful and terrible. I got consistently bullied a lot {sighs} during primary and secondary school*.’ (1055-1057, p. 30).

Christine found it overwhelming to socialise, '*I just never fit…I, I always since I was a kid I've hated to socialise, over socialise. I can't deal with it. It really bothers me*.' (528-529, p. 15).

Carly explained her sense of difference made relating harder:

> *'I'm not just like, like, different in one way I'm different from other people in like multiple ways. It sort of makes me feel a bit more distant from the other students in my lessons, it's like it's harder to relate.'* (910-914, p. 26).

Several participants, assigned male at birth, found it challenging to connect to male peers. Hailey reported, '…*I never fully understood or connected how, erm how men and boys, like, socially communicate or bond with each other. Just never clicked for me*.' (307-309, p. 9). Anna repeatedly referred to '*toxic masculinity'*, she explained that at further education college there was a '*very toxic pool of toxic masculinity, which I didn't actively participate in, but a fish is surrounded by the ocean..*.' (710-712, p. 20). The metaphorical use of Anna being surrounded by an ocean of '*toxic masculinity'* is suggestive of her feeling a sense of overwhelm with males that she did not relate to or identify with. Carly described, '*I didn't feel like, like, I don't know, like I fit in with the rest of, like all of the other male people, in my like, in school*.' (519-520, p. 15).

Clara explained how she engaged in masking (a social survival strategy learning and mimicking neurotypical behaviours) in her all girls' school:

> '…*I did a lot of masking, and a lot of the behaviours that I picked up on, because I went to a girls' school were common among the girls there… it's really hard to then try and undo all of that*…' (441-444, p. 13).

She continued explaining that her masking was often automatic:

> '*A lot of masking that I do to be honest, is something that frustratingly my brain just seems to do itself. Erm it's like stuff that I know for me doesn't feel*

> *natural but my brain will be in a certain situation, and will kind of see something and start copying it…I do it with accents… for like the rest of the day I will speak with an American accent {laughing} and I'll have to try so hard to like not do it because my brain has picked up on it and gone let's do that!*' (581-591, p. 17).

Clara's laughter and adoption of a humorous telling of this story is perhaps a way of her coping when her brain is almost acting of its own accord, she is aware of how she may be perceived, and is able to tell these stories of her social challenges in a way that invites the listener to respond in a positive way.

Social and communication challenges were interwoven through the participants' accounts of educational experiences.

4.5.3 Sensory overwhelm

The school environment was described as very challenging for four participants. This included the structure of the day, noise, the journey to and from school, synaesthesia as a negative experience, and the build-up sensory challenges causing overwhelm.

Hailey explained the journey to college by bus for seventy five minutes each way, on top of college was incredibly challenging:

> *'I had to go through a full bus station…which is extremely noisy, extremely crowded, has lots of extremely strong smells in it. So, like, all of that, like, piled on, so, you know, and I had to go through the same process on my way back home, so even aside of being at college, erm for like, you know, for like ten hours in a day…I was, like, twice as exhausted as anyone else would have been, because of like crowded environments and noise…'* (1115-1124, p. 32).

The repetition of the adverb '*extremely*' exemplifies the extent of sensory overload Hailey feels as it '*piled on*' denoting its accumulative effect. She explained with, '*too* *much noise or too high a temperature…I have a erm brain crash*…' (1430-1432, p. 40). This metaphor likening her brain to a computer crashing illustrated the acute effect of her sensory overwhelm.

Christine also found the length of the day overwhelming, '*being at school for around six hours it's really hard…but you are with other people so you can't just get that space*.' (533-536, p. 16).

Anna explained that '*sensory overloads are a thing*' (906, p. 26) while Clara also explained the accumulative effect of sensory overload and her coping strategy:

> '*I tend to be oversensitive to light, and to sound, and touch…and occasionally smell…What I find happens is that it slowly starts just chipping away. By the end of the day I've absolutely just had enough…I tend to like it just completely, like shut down. I can't really speak and my first kind of like instinct is to just move away from everyone and everything. I tend to like go to my room and shut my blinds so it is pitch black and put music on but at a very low setting and I just need like time to lie down*…' (962-970, p. 27).

The verb '*chipping*' aptly describes Clara's sense of beginning the day with some reserve until it has all been chipped away leading to '*shut down'*. In addition to the similarity of sensory overwhelm with the other participants, Clara described a unique sensory experience. The experiences Clara described are associated with synaesthesia (where information is processed by several senses at once). Clara described this as a helpful experience in some situations, '*I can do Math quite quickly and it's because my brain will convert into like colours and things {laughs}, it's kind of like mixing the paint pallet, which is really helpful*.' (1094-1097, p. 31). However this experience can also be negative for Clara:

> '…*my brain sometimes will interpret certain things be it like words or places or people, of like certain colours and textures. And I find sometimes just the experience of that can, it can be really a negative experience and something I was experiencing a lot in school. And it's very difficult to, to focus, sometimes*

> *while that happens, especially if it's really kind of like negative, negative kind of experience*.' (994-1001, p. 28).

Clara explained the loneliness of this experience, for example it results in her not being able to go somewhere but she fears people will have no understanding:

> *'…certain places will have certain colours and textures linked to them…I sometimes think that other people don't get, which can be quite lonely {laughs}. There'll be, like sometimes I'll just say to someone I can't do this, I can't go here, and I try and explain, I think I just sound crazy.'* (1099-1108, p. 31).

4.5.4 My name, pronouns, and gendered language

The importance of language around gender identity and autistic identity was described in the superordinate themes around '*My identity…*' in the subordinate theme, '*Language & identity*'. However, it was deemed particularly important to acknowledge the specific theme on the use of language around gender identity in the school & college environment, as there were specific aspects of this that were revealed as stressors. A discrete subordinate theme was felt necessary to do this area of language justice and its impact on participants in the educational environment.

Christine explained at school:

> *'it's important to erm be called the name you want to be called. And have the pronouns you want to have because honestly, it's very affecting when you're being called something you don't want to be associated with anymore.'* (716-719, p. 21).

Anna explained when she came out at college, '… *they let me say I was a woman and stuff, but they wouldn't refer to me as such…I just completely hid myself*…' (705-

709, p. 20). Although she was now out, lack of reference to her by her name or pronouns meant she did not feel accepted, so she hid her real self again.

Carly explained the negative impact of her old name and pronouns before she came out at school:

> *‘no-one knew, everyone was referring to me with my old name and pronouns and everything. And it was having really negative effects {pause} like on my wellbeing. Err I was doing very little in school…then after I came out to people…And then pretty much every everything just sort of changed in er the school…and everyone started referring to me with my name and pronouns and stuff. And err got a lot easier to do things and work when people were not messing up kind of names and pronouns…’* (223-235, p. 7).

The positive effect of everyone at school using Carly ’s correct name and pronouns had a direct impact on her schoolwork.

Dalia explained that people she had not come out to (through primary and secondary school), ‘…*they used the wrong pronouns, even though they weren't trying to use the wrong pronouns, they were still using the wrong pronouns because that weren't my pronouns’.* Dalia explained the value of people then using the correct pronouns and using her name when she came out to specific individuals.

Clara explained the negative impact of gendered language on her at school:

> ‘…*because I go to an all girls’ school, or I did go. There’s so much gendered language {laughs}, every time you sit down in class, it's like ‘hello girls’ {laughs}. And that's not great…it’s a massive like cringe. It's, it’s not comfortable…I do have some teachers who are quite kind of neutral with that language and I've always felt more comfortable in their classes*.’ (1409-1422, p. 40).

Carly explained difficulties in her move to college around her email address having her old name and her frustration:

> '…*my email for some reason says, has like the initial from my old name instead of my new initials, and they said they can't change it, I have no idea why…I don't really like it…my old school managed to change my email to my new name… I have no idea what the problem is*.' (381-395, p. 11).

4.6 Superordinate Theme 5: Supportive solutions at school

The participants all referenced support they had received at school. Many talked of teachers that had been supportive and a variety of adaptations school had made to accommodate their needs. All had ideas for further changes that could be made so that their needs, and those with similar needs, could be better met.

4.6.1 Supportive staff

Four participants specifically referenced teachers and staff at school that had been supportive to them (while the other two participants referenced support within the classroom).

Christine felt teachers in her smaller alternative school setting offered more support, she stated, '…*the teachers were much more supportive than my mainstream*' (279-280, p. 8). She explained that the effect of smaller class sizes and supportive teachers meant she was less anxious.

Hailey described supportive staff, '…*certain members of staff being supportive at school were extremely helpful for sorting out erm certain stresses and conflicts*…' (1255-1256, p. 36). Hailey said that she often '…*talked things over with my tutor for half an hour*…' (1261-1262, p. 36) before going home, in an attempt to combat stress.

Clara described her school as '…*a very supportive school*…' (918-919, p. 26) who had always given her anything that she has needed.

Dalia described a teacher at secondary school who she came out to, '*I had this one teacher that helped me a lot, that I could be myself around…They helped me and actually talked to me like a normal person…'*.' (1377-1386, p. 40).

4.6.2 School making adaptations

Four participants described specific adaptations that their school had made to accommodate their needs. Adaptations included additional support within the classroom, some lessons taking place separately in a learning support centre, modified timetables, and a place to go within the school to if overwhelmed or in need of quiet.

Additional support within the classroom was referenced by Anna and Carly . Anna received additional support in the classroom during primary and secondary school, '…*where I had support, like I had, like, support where I was just in like a classroom*.' (224-225, p. 7). Carly described having access to support in lessons she found more challenging at secondary school, '…*in some lessons I had like a Teaching Assistant, in the specifically the harder ones, like English or something, it's all long writing*.' (705-708, p. 20).

Christine and Anna talked about accessing a centre within school for some of their learning. Christine described in secondary school accessing, '…*learning support. It was a whole little mini building*.' (376, p. 11) which she felt was easier to attend than mainstream classes. However Christine felt:

> '…*it didn't help me in the long run, because basically I lost a lot of knowledge…but honestly I don't think anything could have been different at that time, because my depression was really that bad. Back then it was like peak*.' (381-385, p. 11).

Although Christine felt this adaptation hindered her acquisition of knowledge, she acknowledged it could not have been different at this time. Her use of the noun '*peak*' conveys the mountainous feeling of her overwhelming depression at the time.

Anna explained that at school she had some lessons in a base, '*…some lessons were specifically Base focused. So you have things like ASDAN, PSHE, RE that was taught in there…*' (1096-1097, p. 31).

However when moving to college she said:

> '*I didn't fall into the severe enough learning disability thing to facilitate, you know, going there erm but I'd like hanging out there sometimes. I bumped into a few LGBT folk there {pause} it felt, that was pretty okay*.' (1087-1090, p. 31).

Anna sought out the base at college although was not deemed '*severe enough*' to access this officially, but Anna independently utilised this as a social space where she was able to meet other '*LGBT folk*' perhaps as at school this space had offered her a sense of belonging.

Carly and Clara described spaces within school they were able to access if stressed or needed quiet. Clara explained secondary school staff had helped arrange '*somewhere quiet to go at lunch*' (920-921, p. 26). Carly too had a space within school she had access to, '…*The Hub…I could go there if I if I needed to get out of a lesson or something, like if it was stressful or something. I could go to the hub and erm do some work there instead*.' (714-719, p. 20).

Christine and Carly described timetabling adaptations. Christine explained from Year 9, '*I'd have like a timetable where I'd have some like periods of the day off 'cause my anxiety*…' (364-368, p. 11). Carly explained school had made adaptations to her timetable during Physical Education (PE) lessons which she found helpful:

> '…*they told me I didn't have to do PE because I wasn't comfortable doing it with either with the boys or the girls. I did PE with the girls once and it was really uncomfortable, 'cause I felt out of place. So I asked like not to do it. And they said, I could, I could stay in The Hub during that time and do some other work. It was really helpful, and it also helped me get on with my other work too that I was struggling with.*' (1072-1080, p. 30).

4.6.3 Calls for further change

All participants were keen to advise on further changes schools should make to meet the needs of students who may have similar needs to themselves. The importance and impact of the use of language has been discussed in prior themes, which also has relevance here. The calls for further change could be grouped around the following: teachers' knowledge of autism and of trans identity, curriculum change to teaching about gender identities, assistance from staff in the coming out process, adaptations to teaching to incorporate learning preferences and needs, and access to a specific place if overwhelmed.

Hailey described her surprise and frustration at the lack of knowledge of autism of her college tutor:

> '…*the last college tutor I had, was completely unaware of how to deal with someone like me. She had zero clue of, like, how to cope with, like, how I functioned and how I responded. You know, and, like, at that point, it was like, how, how is this possible? {laughs} Like, you know, that that wasn't, you know, having a diagnosis wasn't actually helpful in that situation*.' (1007-1013, p. 29).

Hailey explained the need for teachers to understand the needs of neurodiverse students:

> '…*it sounds ridiculous…obviously most teachers are up to date with erm with the field they're teaching but at the same time, I feel like it should be really important for teachers also to keep themselves up to date with issues like…learning disabilities…like ways to help students with dyspraxia or dyslexia as well as Asperger's*.' (1474-1478, p. 42).

In the same way the needs of transgender students should be understood Hailey implored:

> '…*if like GPs don't know what the National Health Service can do for trans people, they need to improve on that. In the same way I feel teachers erm need to know like, the basics around erm like the emotional and physical needs of a student who identifies as transgender*.' (1518-1522, p. 43).

Anna and Carly talked about the exclusion of trans identity and the poor quality of information they had received through the curriculum. Anna described her experience of sex education, '*I was taught it twice…it was entirely formatted on straight and cis people…*' (1177-1179, p. 33). Carly called for trans identity to be properly taught in schools:

> *'LGBT education…we didn't really learn about trans people like at all {laughs}….Like they went over, like sexualities, and they covered being trans with a like a couple of sentences that didn't actually accurately reflect it, it was like a trans woman is a boy that feels more like a girl or something. It was really terrible…it makes me feel pretty bad that they've been teaching to people for years and stuff and no-one's changed it.'* (487-503, p. 14).

Carly related this education to her own period of trying to understand her gender identity:

> '…*trans identity I guess should taught properly in schools because I erm, I knew like what being trans was back in Year 7, but I didn't really have the proper, like, understanding of it or how it like related to me. So I was all confused, all the way up until the end of Year 10…in school, they didn't teach it properly, so I never got to understand it through that….If they had taught it properly, I would have known who I am earlier*.' (1037-1057, p. 29).

The process of coming out at school was also an area where Anna and Carly called for change. Anna called for '…*affirmative educational support. So, for example, if, say the person wants to change their name on the register, like help them to do that*.' (1302-1305, p. 37). Carly also called for help from school:

> ‘*It was really…difficult to come out to school, I think, to get to change things properly because I had no, like direct channels of doing that, there was no specific like person I could go to really…I had to do it through my parents which kind of odd and awkward and {pause} I think it could be made, that could be made easier*.’ (1112-1117, p. 32)

Carly had to rely on her parents, creating an uncomfortable loss of autonomy as a young person.

Calls for adaptations to teaching to incorporate learning preferences and needs were prevalent amongst participants. In terms of teaching, Clara and Carly expressed the need for their style of learning to be taken into account. Clara felt, ‘…*when I, I'm allowed to kind of do things my own way, that’s sort of helped me learn, so maybe a bit more flexibility with that.’* (1404-1405, p. 40). Carly explained:

> *‘I struggle more in lessons because I don't know maybe they’re like, they're not teaching it and like my style of learning, they’re teaching it to everyone. Sometimes, I guess, like I don't, I didn't do things because it felt pointless, or I could already do them. Like I could do better…’* (554-558, p. 16).

She expressed the need for work that was ‘*adequately challenging*’ (583, p. 17) however she mentioned that she struggled with long writing tasks preferring to use bullet points.

Clara described challenges related to being in class:

> *‘I also found not being like asked questions in class. Like sometimes the teacher would like just pick someone to answer a question, not doing that! {laughs}. That’s not a good experience…all social attention is on you and you have to process like what the teacher is saying and what you want to say.*’ (1386-1396, p. 39.).

Clara found email contact with teachers very helpful when she needed support, '*I found like email very helpful, because it's not face to face, I find when I'm face to face, my brain just goes blank*.' (1376-1380, p. 39).

Hailey did not have access to a place in school where she could go so stated, '…*it would have helped if I been given erm free range to erm go where I want, when I want to and to have a specific, a specific room or space, I could go to just to shut down when I was getting overwhelmed'.* (1425-1429, p. 40). Other participants have expressed the value of having this.

Anna summarised what the purpose of education should be in her rousing call for change:

> *'…how can you as an educational professional help that to make them thrive because we can you know talk about GCSE results, we can talk about, you know, literacy rates and stuff like that. But at the end of the day, education is just about learning, understanding and helping people to flourish like, that is like, at the core like, that's what education should be.'*

4.7 Summary of Chapter Four

The participants' experiences were presented through the lens of the researcher's interpretative analysis. While five superordinate themes were presented (focusing on identity, emotional and mental health, transition, school (& college) stressors, and supportive solutions) with associated subordinate themes, it can be seen that the themes are not always discrete, rather they merge, overlap and interlink within the narratives of each participant. The following chapter seeks to situate these findings in the context of psychological literature and theories.

Chapter Five: Discussion

5.1 Overview of Chapter Five

This chapter intends to position the research findings within relevant literature and theory. After a brief review of the research questions and key findings, the findings are discussed in relation to the literature. A critical review of the study follows, including strengths and limitations, and challenges of the research. Implications of the research follow, including suggestions for further research. The researcher's reflection on the research journey, and then conclusion, end the thesis.

5.2 Summary of Findings

The research focused on a central research question: 'What are the experiences of young people who identify as transgender, non-binary or gender-diverse and are autistic?' (RQ1). Two sub-questions follow: 'How do young people who are autistic and identify as transgender, non-binary or gender-diverse experience gender identity and autism?' (RQ1a); and 'How do young people who are autistic and identify as transgender, non-binary or gender-diverse describe their school and educational experiences?' (RQ1b).

The identified five superordinate themes (and related subordinate themes), based on the participants' transcripts analysed through IPA (Smith et al., 2009), answer the research questions. The central research question (RQ1) was captured within each superordinate and subordinate theme. The first sub-question (RQ1a) investigating how the young people experience gender identity and autism ran through all of the superordinate themes (N.B. the third superordinate theme '*Emotional, social, & physical transition'* lent itself to be more grounded in the experience of gender identity but as this theme captures these experiences from the perspective of autistic young people it is felt it must also involve autism although perhaps not as obviously as the other superordinate themes). RQ1b, seeking to find out how the young people described their educational experiences, was captured specifically in the fourth superordinate theme '*School (& College) Stressors*' and fifth superordinate theme

'*Supportive solutions at school*'. However, educational experiences were also touched upon, although less overtly, in the other superordinate themes.

The first superordinate theme '*My identity – understanding me, acceptance & rejection*' encapsulates the experience of participants understanding themselves better through their autism diagnosis, covers the mixed experiences of parental acceptance and rejection largely around gender identity, as well as experiences involving people where solidarity and belonging was found, and the importance of language around autistic and gender identity. The second superordinate theme '*Emotional & mental health challenges*' explores the young people's experiences around mental health, how gender dysphoria impacts each of them, and what helps with these emotional and mental health challenges. The third superordinate theme '*Emotional, social, & physical transition*' focused on how participants experienced gender identity in relation to the process of coming to understand their gender identity, the process of coming out, and their future plans for their transition involving physical procedures and legal processes. The forth superordinate theme, '*School (& College) Stressors'* captures feelings about educational experiences, how social and communication challenges impacted, and how the school environment could lead to experiences of sensory overwhelm. The fifth superordinate theme, '*Supportive solutions at school*'**,** captures the positive school and educational experiences of the young people involving supportive staff and adaptations, leading to calls by the young people for further changes to educational settings so that their needs (and those who may be similar to them) are better met.

5.3 Discussion of Findings

Findings will now be discussed situated in the context of current literature, psychological theories, and where relevant, legislation and national guidance. Where possible literature referenced relates to autistic gender-diverse young people; however relevant studies that involve solely autistic or gender-diverse people are also included.

5.3.1 Superordinate Theme 1: My identity – understanding me, acceptance & rejection

5.3.1.1 Autism – making sense of me

The participants' age range of autism diagnosis was between aged 5 to 15, however five participants were diagnosed in adolescence, aged between 12 to 15. Receiving an autism diagnosis for most of participants was met with a sense of understanding themselves better, giving them a rationale for their feelings of difference. Diagnosis was also helpful in being able to explain their identity to others.

Literature was identified covered autism diagnosis; this however was not in the main from the perspective of those that were also gender diverse. Gaffney (2020) explored the impact of ASD diagnosis on six adolescent females finding that there was acceptance, rejection, or uncertainty around diagnosis. Some participants that accepted the diagnosis saw themselves as different, one felt (like participants in the current research) that it helped her make sense of herself.

McLaughlin & Rafferty (2014) note in their review of eight qualitative studies of young people with a diagnosis of Asperger's syndrome that only two focused on the young person's perspective. Their study revealed participants would actively decide if they told others of their diagnosis or not.

Carly found the diagnosis of autism '*bizarre'* at '*what would have been Asperger's syndrome'* (687-689, p. 20) – she felt the specifics of her diagnosis were taken away. Asperger's Syndrome (which two participants referenced they had received a diagnosis of) highlights that Asperger's syndrome, introduced into the DSM-4 (American Psychiatric Association, 1994) was then absorbed into ASD in the DSM-5 (American Psychiatric Association, 2013). Smith & Jones (2020) explored this change in relation to disability identity development, they found in their study that adult participants had a range of opinions regarding this change including a quarter that were supportive, a quarter opposed, and half had mixed feelings. However, a study of young adult males found all nine participants viewed there was a benefit to an Asperger's diagnosis and the DSM-5 change would negatively impact resulting in a loss of community, as they felt Asperger's was different to autism (Chambers et al., 2019).

Strang et al. (2018a) stress the importance of screening adolescents with GD through gender referrals for ASD so that clinical approaches best meet patient's needs; conversely, they state that autistic young people should also be screened for gender issues.

5.3.1.2 Parents – acceptance & rejection

Five participants were out about their gender identity to parents. Three felt very accepted, while two had to leave home due to high conflict.

Anna was still affected by her parents' dismissal of her trans identity, with them stating that her brain was to blame. Strang et al. (2018b) described some participants having their affirmed gender questioned due to being autistic. Strang et al (2018a) explain that parents (and clinicians) 'sometimes dismiss GD as a trait of ASD (e.g., as an overfocused or unusual interest)' (p. 109) and that parents may resist further assessments after receiving one diagnosis 'if they view all symptoms through the lens of the initial diagnosis' (p. 109). They state that parents often require psychoeducation about the co-occurrence of ASD and GD; and within clinical guidelines propose that parents may need to assume a central role in facilitating an individual's exploration of gender identity when autism may impact in terms of planning and self-advocacy.

Riley et al. (2013) explored childhoods of gender-diverse adults retrospectively to identify their needs; as well as their parents' needs at the time. Parents' rejection of their children's gender identity was apparent with calls by participants for parents to transcend cultural, heritage, familial influences, or religion to accept their gender-diverse child. The adult participants stated that at the time their parents' needs would have been better met through: access to information, having contact with other parents of gender-diverse children, and for schools to be educated about gender variance.

Olezeski & Kamody (2020) stress one of the most protective factors with transgender and gender expansive youth is family support. High levels of mental health issues are cited, but those that report higher levels of family support experience less mental health concerns (including decreased suicidal ideation).

In the current study, four participants cited mental health challenges (two of which felt accepted by their parents; two of which did not). Of the three participants that had referenced suicidal ideation, two had not felt accepted by their parents.

Other studies also suggest wellbeing of gender-diverse young people is positively influenced by familial acceptance and support (Bhattacharya et al., 2020; Johnson et al., 2020; Kuvalanka et al., 2017; Puckett et al., 2019).

5.3.1.3 Solidarity & a sense of belonging

All participants gave examples of social arenas where they felt solidarity and a sense of belonging, often with LGBTQI+ or autistic others.

Strang et al. (2020) found a key priority for autistic gender-diverse youth was the importance of connecting with other autistic gender-diverse young people. Four participants in the current study went to LGBTQI+ youth groups (some trans specific), however none reported that they had access to a specific autistic gender-diverse group.

Clara explained the difficulty of herself going to a face to face support group. This links to Jacobs et al. (2014) citing a participant's social difficulties prevented him from attending support groups, although he did play online using a female avatar (something Anna found helpful); Clara too expressed she found online communities easier to navigate).

Support from friends, in transgender young people, was found to be a predictor of less depression and anxiety symptoms (Puckett et al., 2019).

Like Carly and Clara, who utilised online support and sourced information online on their gender identity, Cipolletta et al. (2017) found transgender people used the internet to be part of online communities in search of support.

5.3.1.4 Language & identity

All participants stressed the importance of the correct language around gender identity, in terms of respecting names and pronouns; including the negative psychological impact when the correct language was not used. Two participants expressed that they wanted identity first language around autism.

Neurodiversity advocates state a preference for identity-first language as neurological variation is core to one's identity (Chapman, 2021). However individual preference should always be respected.

Russell et al. (2018) found that for transgender youth chosen name use in multiple contexts was associated with lower depression, suicidal ideation, and suicidal behaviour.

Pollock & Eyre (2012) describe chosen name and pronouns as part of the coming out and social transition process, although for some, this could evoke discomfort while they are not yet passing. Rodgers & O'Connor (2017) found the importance of names and language is a means of validating gender identity by others; referencing that language is continuously evolving. Birth names were stated to have a power if given to others, this was not a name they wished to ever be identified with after years of concealing their gender identity.

McGlashan & Fitzpatrick (2018) explored experiences of gender-diverse young people in a LGBTQI+ school support group through the theoretical lens of Foucault (1995) and Butler (1999). They found conversely that naming pronouns could feel 'especially confronting and uncomfortable because it required them to have the language in which to name a specific gender at the same time that they were questioning and changing their gender identity' (p. 250). This reflects Clara's anxiety and discomfort at using pronouns other than female ones, while she was trying to make sense of her gender identity.

Transgender theory ascertains language, in which socially constructed aspects of gender identity, acts as oppression. Chosen names and pronouns should be respected, which is crucial in recognising gender identity which might differ from the binary view (Nagoshi & Brzuzy, 2010).

The importance of respecting pronouns and names is highlighted in guidance from leading trans and LGBTQI+ organisations (Brighton & Hove City Council, 2013; GIRES, 2018; Stonewall, 2020), as well as professional guidance for psychologists (British Psychological Society, 2019) and psychiatrists (Wylie et al., 2014).

5.3.2 Superordinate Theme 2: Emotional & mental health challenges

5.3.2.1 My mental health

Four participants discussed long term mental health challenges including depression, suicidal ideation, self-harm, anxiety, OCD, Dissociative Identity Disorder (Clara was awaiting assessment for this).

One of the sub-themes found in the literature review was *Mental health and challenges related to gender identity and neurodiversity* (sub-theme 4b). Half the participants in the current study referenced depression as a long-term condition (one mentioned self-harming). Holt et al. (2016) examined associated difficulties of CYP referred to the GIDS clinic in London (of which a significant proportion were autistic) finding that commonly reported mental health difficulties were low mood/depression and self-harm.

Mahfouda et al. (2019) found gender-diverse children and adolescents with ASD are at marked risk of mental health difficulties, particularly internalising disorders. Furthermore, autistic gender-diverse young had reduced school functioning. Psychosocial support was deemed very important.

Nahata et al. (2017) found, in transgender adolescents, that 74.7% reported suicidal ideation and 55.7% self-harm. They referenced an accumulating body of literature about PBs and gender affirming hormones counteracting some mental health challenges. In the current research, half the participants referenced suicidal ideation, one self-harming (as this is a difficult topic to talk about it is possible this may not be completely representative). Anna was the only one currently taking gender affirming hormones.

Strang et al. (2018a) suggest suicidal ideation may be added to by prejudice, poor coping strategies, social difficulties, and rigid thinking, as well as isolation.

The *Labour Party Autism / Neurodiversity Manifesto* (2020) state that support is received often as a result of developing mental health problems, with support these mental health challenges could be prevented/reduced.

5.3.2.2 Impact of gender dysphoria

All participants had experienced GD, most describing the emotional and mental impact of these experiences in an intensely negative way. Emotions included fear, distress, disgust for most, and depression for some. Dalia described this feeling to be '*…like the walls are closing in around me…*' (559-563, p. 16).

Details from the current study, like Dalia stating, '*I don't feel like myself when I'm talking…*' (503, p. 15) echo the paper by Jacobs et al. (2014), whose participant stated she did not like her voice that sounded masculine.

Strang et al. (2018b) stated that experiences of GD had an emotional markedness for gender-diverse autistic adolescents. Their study also stated importance of adolescents living in the affirmed gender including medical interventions. All the current research participants were able to eloquently express in detail how GD felt and its impact.

5.3.2.3 What helps

Participants relayed that therapy, being addressed by the correct name and pronouns, and personal adaptations such as clothing, art, and mentally imagining being in the right body, helped them.

The importance of the correct name and pronouns has been previously discussed (section: 5.3.5.4).

Strang et al. (2020) explained that due to the complexities of autism and gender diversity co-occurrence that individual support, such as individual psychotherapy, may be critical for support. Pinto & Moleiro (2015) make suggestions for therapists for clients moving through stages of gender transition, including making sure clients have access to information, have positive role models, and options regarding body changes and legal changes can be discussed in therapy. For this to be successful, mental health practitioners need training in the unique experiences of trans clients. This study highlighted improved mental health as participants moved through gender transition stages.

Apeiranthitou et al. (2019) identify an imperative need for psychological support to deal with GD, and mental health challenges, as ‘Improper treatment of children with dysphoria could lead to destructive consequences’ (p. 75) due to suicidal ideation and attempts.

Clara stated that when she sought a therapist, she made sure they had specific understanding of autism.

Personal coping strategies included art, Hailey studied art as a ‘*creative outlet for my depression…*’ (1654-1655, p. 47). Wang et al. (2020) found frequent arts participation was associated with lower levels of mental distress and better mental health. Christine, Hailey, Anna, and Clara reference experimenting with clothing, Anna expressed wearing a skirt a friend had given her helped. This echoes a participant in the study by Budge et al. (2017) of trans youth who felt much better wearing the clothing of their affirmed gender.

5.3.3 Superordinate Theme 3: Emotional, social, & physical transition

5.3.3.1 Journey in understanding my gender identity

Participants described personal journeys in understanding their gender identity over time. Five participants were transwomen, one participant was gender questioning. All were at different stages in their journeys.

Tateno et al. (2015) suggested that altered development of gender identity in those with ASD may increase GD feelings.

Participants in the current study used the internet to find support to explore their gender identity. Anna recalled seeing a video online that explained gender expression could be different for everyone, Carly found internet information on gender identity that she related to, and Anna played video games as a female character. McInroy & Craig (2020) found, in their study of sexual and gender minority youth, participants described being exposed to a variety of identities online increasing self-awareness and identification; as well as being able to explore online identities.

Strang et al. (2018b) describe autistic gender-diverse young participants as describing ‘their gender identity as developing and coming into focus over time’ (p. 4049) with a range of experiences during this development, such as dysphoria, mental health symptoms, gender expansiveness prior to gender identity diversity awareness. This is in line with the experiences of the participants in the current study.

5.3.3.2 Coming out

Five participants were out in some arenas, three were out to everyone. Clara was gender questioning and had spoken to her parents about this. For some participants, gender identity was evolving, and they had come out more than once. Carly, for example came out as non-binary then later as trans. Coming out had mixed receptions.

Coming out for some was not a binary move from one gender identity to another, although it had been for others. Hailey exemplifies this, having identified first as gender fluid, then non-binary, now sees herself as a pre-transition transwoman. Petit et al. (2018) explain that recent studies on trans individuals have 'challenged the traditional stage model of trans identity development (e.g. initial acknowledgement of feeling different, growing acceptance of marginalized identity, coming out, transition process, and ultimately sense of pride and integration of LGBT identity), rather there is diversity in transitions, with the majority living outside the gender binary.

Brumbaugh-Johnson & Hull (2019) utilise identity theory to reframe coming out as a primarily external, ongoing, and socially situated process; this process requires navigating others' gender expectations, their reactions, and can include threat of violence. Coming out is not a one-off event but an ongoing one, there are strategic decisions involved regarding gender identity disclosure based on social context. This mirrors the current study where some participants were out to certain people and in certain contexts; not all participants were out in all social spheres.

5.3.3.3 Future plans (physical & legal)

Five participants had various plans for surgical procedures; all wished to have hormone therapy (Anna started this two year before). Dalia expressed the urgency of this. The process of legally changing names was discussed by two participants, and Hailey talked about the '*demeaning*' (616, p. 18) process of applying for a GRC.

Strang et al. (2018b) identify complex issues faced by autistic gender-diverse adolescents, self-advocacy required to navigate the complex gender referral system; so they called for development of ASD-informed gender assessment approaches.

Similarly, their participants hoped to start gender-affirming hormones and surgery, others noted the positive impact of hormones, and the majority in their study expressed urgent gender affirmation needs.

The process of gaining a GRC can only be started at aged 18 or above. Mermaids (2020) made a statement in response to the government's GRA reform that they were pleased the cost was lowered to a nominal amount and applications moved online. However, were very disappointed none of the proposals helped those under 18, nor mentioned non-binary identities, and fell short of self-declaration as a medical diagnosis and evidence is still required of living in the affirmed gender for two years; and agreement from a spouse/civil partner.

5.3.4 Superordinate Theme 4. School (& College) Stressors

5.3.4.1 Feelings about school

All participants cited negative feelings associated with school experiences – Christine '*hated school*' (524, p. 15), Anna described it as '*absolutely awful*' (1050, p. 30), and Hailey stated it was '*stressful*' (1260, p. 36). Issues included bullying, secondary school expectations and work, sensory and mental health challenges. Anna cited being bullied during primary and secondary school. Nahata et al. (2017) cited in their study of transgender adolescents that 58.2% reported school victimisation. Skagerberg et al. (2015) proposed that bullying as a result of gender diversity may then cause social difficulties, rather than autism.

Strang et al. (2018a) state that gender-diverse autistic young people may have more difficulties at school due to related challenges and/or stigma.

Mandy et al. (2016) found in their study of transition for autistic children from primary to secondary school that there was no evidence of a marked escalation of difficulties during the transition, however they found there were high levels of maladaptation and psychopathology at baseline, some under-recognised, which persisted across transition.

The *Labour Party Autism / Neurodiversity Manifesto* (2020) states few schools have specialist provision for neurodivergent students, including for autistic children who are academically capable.

5.3.4.2 Social & communication challenges

Five participants described social and communication challenges at school; social isolation resulted for some. Some described conflict with peers.

ASD is associated with social cognitive impairments (Strang et al., 2014). Five participants struggled at school around social communication which included conflict with peers, bullying, communication difficulties affecting peer relationships and ability to make friends, not relating to peers, and masking (for Clara). Akgül et al. (2018) argue the strong link between GD and autistic features such as social communication. It was hypothesised by van der Miesen et al. (2016) that social factors played a role in the ASD and GD correlation; that GD may cause social difficulties due to bullying.

Coleman-Smith et al. (2020) state for their adult autistic gender-diverse participants conflicts could remain (post transition) as they navigated the social world fearing hostility and having a sense of difference from having two stigmatised identities. Their participants also cited social communication challenges, combined with gender experiences, making social interactions challenging and them targets for bullying. Social communication challenges were cited as complicating accessing support, however when support was accessed (often within the LGBT community) understanding and exploration of gender could occur with a sense of belonging.

Strang et al. (2018b) indicated neurodiversity related communication differences impacted on their autistic gender-diverse adolescent participants, in being able to communicate and advocate gender needs.

Clara (currently gender questioning, female assigned at birth) described masking at school by copying behaviours that were common amongst the girls there. Jamison & Schuttler (2017) state autistic females are at risk for internalising symptoms and experience greater challenges in communication and socialisation in adolescence, as social demands become increasingly complex.

Masking or camouflaging of autistic characteristics in social situations is hypothesised a common coping strategy in autistic individuals, as a desire to fit in which can lead to exhaustion and threats to self-perception (Hull et al., 2017). Cage & Troxell-Whitman (2019) in their study of autistic adults found camouflaging related to poorer mental health. Autistic women camouflaged more as a means to get by in setting such as education to aid working with classmates; an intersectional approach would argue autistic women face specific barriers through male dominated narratives around autism. Bargiela et al. (2016) found challenges of being an autistic female were a result of difficulties playing out within a culture that has specific expectations of women, and they suggested this could be a reason for elevated rates of GD and non-binary gender amongst autistic females assigned at birth.

5.3.4.3 Sensory overwhelm

Four participants described the school environment as very challenging in terms of sensory overwhelm. Often this was described as having an accumulative effect which led to shut down, described as a '*brain crash'* by Hailey. Experiences associated with synaesthesia were also described by Clara (which could make focusing at school challenging).

The DSM-5 (American Psychiatric Association, 2013) autism diagnostic criteria includes hyper- or hypo reactivity to sensory input. In a study of children aged 10-14 years of age, 92% the autistic children reported atypical sensory behaviour (Green et al., 2016).

In line with the current research, sensory differences are known to be associated with autism, leading to sensory or information overload which can result in stress or anxiety resulting in withdrawal, distress, or meltdowns (National Autistic Society, n.d.). Sensory overload is described by de Giambattista et al. (2019) as painful and correlated with lower performance at school.

Riedel et al. (2020) cite synaesthesia to occur in about 4% of the population, which is overrepresented in individuals with ASD. Synaesthesia is explained as a ‘sensory condition where stimuli lead to additional, internally generated (concurrent) sensations within the same or a different modality’ (p. 2), the most common sequence-colour (e.g. numbers inducing sensations of colour). The study focuses on a young transgender man diagnosed with Asperger’s syndrome – like Clara, he reported sensory over-stimulation and social challenges, he experienced colours for linguistic stimulus including letters and numbers, as well as for his and others’ emotions. The young man ‘strongly enjoys’ (p. 6) the synesthetic sensations. This contrasts with Clara, who finds some of the experiences very negative, which made it hard to focus in school. Additionally, the aspect of fearing others not understanding why she cannot go to certain places (as it induces sensory feelings) resulted in her feeling lonely. It could be that the experience of the sensory feeling of the place is secondary to the feelings of others’ not understanding.

5.3.4.4 My name, pronouns, and gendered language

All participants described the importance of the correct name and pronouns being used, the negative impact if they are not, the positive impact on schoolwork was described (by Carly), and the discomfort of gendered language being used by teachers (described by Clara), and the frustration of the old name being used on her college email address (Carly).

Guides aimed at schools and those working with gender-diverse young people state the importance of correct name and pronouns being used (Allsorts Youth Project, 2021; Brighton & Hove City Council, 2013; Gendered intelligence, 2020; Stonewall, 2020). Young people may feel anxious in gendered school uniforms and have concerns about access to toilets and changing facilities that they feel comfortable in (Stonewall, 2020).

Zimman (2017) highlights the extremely gendered nature of language that requires ‘people make assumptions about one another’s gender identities in the process of assigning gendered language’ (p. 92), however ‘trans people treat each individual as the ultimate source of authority on their own gender and thus the determiner of what language others should use’ (p. 92).

Galupo et al. (2019) explored the social context for trans adults which found that instances of dysphoria often included an action or response from others often through misgendering this could be using the deadname (birth name) or pronouns, or gendered language.

5.3.5 Superordinate Theme 5. Supportive solutions at school

5.3.5.1 Supportive staff

Most participants referred to positive support they had from teachers and staff at school which helped them by feeling less anxious, helping to sort out conflict and combat stress, and feelings of being oneself when coming out to a supportive teacher.

Through PCP theory (Kelly, 1955), specifically the dichotomy corollary, it appeared that participants viewed staff through their construct of *supportive* (with inference that the opposite construct was *unsupportive*). Supportive staff were associated with positive development and being helpful to the young people to navigate challenges.

Emotionally supportive staff and teachers are shown to have a positive impact on educational experiences of students and increase motivations to learn and behavioural engagement (Ruzek et al., 2016). Supportive schools have made a difference to trans and non-binary students (Miller et al., 2018). Kosciw et al. (2020) state that supportive teachers and other school staff serve as an important resource for LGBTQI+ students, being able to talk with a caring adult may have a significant positive effect especially on those that feel marginalised, and school leaders play an important role in determining policies. Supportive teachers and school staff help LGBTQI+ young people feel safer at school, as well as promoting their school belonging and their psychological wellbeing (Kosciw et al., 2020).

Dessel (2017) examined the association between students' wellbeing and their relationships with teachers. LGBTQI+ identity was associated with lower than average self-esteem. Higher rates of witnessing teachers intervene in instances of oppressive language related to gender or sexuality was associated with greater self-esteem (significantly so in trans students); and the presence of a trusted adult in school and comfort talking with teachers about gender/sexuality were both positively associated with self-esteem.

LGBTQI+ focused policies were associated with higher levels of perceived teacher support compared to young people that attended schools that did not have such policies (Day et al., 2020).

Saggers (2015) explored experiences of autistic adolescents in secondary school, finding students strongly emphasised the important characteristics of teachers that they perceived related to success in school were: relatedness, active listener, firm, fair, flexible, and able to provide a calm classroom. Students cited being appreciative of specialist support in class but preferred subtle delivery.

Austin & Vallejo Peña (2017) explored ways supportive staff approached autistic students in their teaching roles in higher education. These teachers were found to have a belief in students' abilities, set high expectations, developed caring relationships with the students, had a passion for teaching, and were committed to social justice.

5.3.5.2 School making adaptations

Supportive solutions included schools making adaptations to better meet students' needs. Participants described additional support in the classroom, using a learning support centre for some lessons, a quiet place to go to, and timetables being adapted.

Clara and Carly described the benefits of access to a quiet place in school; Hailey states she did not have access to this, but it would have been helpful to her. Autistic adolescents in the study by McLaughlin & Rafferty (2014) went to a quiet space in school to manage stress. Tobias (2009) cites the movement at secondary school of large numbers of students can be noisy and stressful –provision of a quieter space gave their autistic secondary school participants a greater sense of security and ability to manage the school day.

Christine and Anna referred accessing a centre in school for some of their learning, Carly also did some of her work in ‘The Hub’, Clara also went to a quiet place. Frederickson et al. (2010) compared schools with and without specialist ASD resource bases and found schools with a specialist unit had greater parental satisfaction.

Hebron & Bond (2017) cite that the majority of autistic CYP in the UK attend mainstream schools, resourced mainstream schools are increasingly part of this provision which includes environmental modifications (and adult support). They found that not all the participants required a safe place, some preferred to be in the base and others preferred to utilise it as they chose; some preferred to utilise it as a quiet space.

Landor & Perepa (2017) identified ways a secondary school (with a resourced provision) catered for needs of students with a diagnosis of Asperger’s syndrome, showing the majority of support came from having a Learning Support Assistant (LSA) in lessons. McLaughlin & Rafferty (2014) cite the voices of young people with a diagnosis of Asperger’s explaining that they had a Teaching Assistant to give them individual support, however for some participants this has negative implications such as it had impacted on social integration.

Carly and Clara explained they had had modified timetables at secondary school. Carly described that she had been given the choice to take PE lessons with the girls, but she felt uncomfortable so did not. Devís-Devís et al. (2018) explored trans people’s experiences of secondary PE, finding their participants felt in the middle of activities and gender groups experiencing isolation and loneliness; and complained that they could not perform gender segregated activities with their desired gender group. Experiences of PE exemplified ‘how heteronormative gender binarism may generate multiple forms of exclusion and rejection…’ (p. 113).

5.3.5.3 Calls for further change

Participants keenly described ways schools could change to better meet the needs of autistic, gender-diverse students. Calls for change can be grouped as: teachers’ knowledge around autism and trans identity, the curriculum better teaching about gender identities, help with the coming out process at school, learning preferences being taking into account in teaching practices, and access to a quiet place. Of relevance is also correct language being respected.

Hailey described her college tutor as severely lacking knowledge about how to deal with someone like her, she called for teachers to be up to date with ‘*learning disabilities…like ways to help students with…Asperger’s* (1474-1478, p. 42); and, to have knowledge around the needs of transgender students. Tobias (2009) found knowledge of individuals seemed to hold as much importance as an understanding of ASD for participants (parents and secondary autistic students). Rodden et al. (2019) explored secondary teacher’s perspectives on inclusion of autistic students, finding teachers adhered to a variety of models of disability including: disability as a deficit, school as the deficit, and disability seen as a marker of diversity where difference is valued. This showed the spectrum of views from deficit to a neurodiversity approach. Love et al. (2019) found teacher self-efficacy for teaching autistic students being positively related to general teaching self-efficacy, job satisfaction, and self-regulation.

Ullman (2017) highlighted the need for educators to be knowledgeable and affirming of gender diversity. Additionally, it is a ‘significant predictive impact of teachers’ positivity on gender-diverse students' sense of connection to their school environment…' (p. 276).

Steck & Perry (2018) state LGBTQI+ students face hostile and exclusionary learning environments, leading to marginalisation of nongender conforming students. Their study identified themes for school leaders to create a safe environment which included: safe spaces to create an inclusive environment, promoting awareness and acceptance of diversity, and challenging heteronormativity within policies.

Meyer & Leonardi (2018) examined professional learning needs of teachers working to support gender-diverse young people, with recommendations for practice including *pedagogies of exposure* (e.g. equality-diversity training) and *culture of conversation*.

Exploring how American school administrators put trans-affirming policies into practice, Leonardi & Staley (2018) found some administers focused on procedures, others focused on shifting cultural norms and practices. This study places importance of supporting educators.

Frohard-Dourlent (2016) explored the meaning that educators produced about their experiences of working with gender-diverse students. Teachers cited systemic barriers when working with trans young people, such as binary gender markers on class lists; and that gender is reiterated as a fixed binary.

Bowskill (2017) gives specific recommendations regarding the knowledge educational professions need to improve the outcomes for transgender students. Barriers to good practice included access to training, lack of government guidance, and different interpretations of the GRA 2004 and EA 2010. An area of concern was the curriculum privileging hegemonic gender roles, including a lack of diversity in textbooks. Another barrier was lack of understanding and awareness of trans issues (for teachers and EPs).

Recommendations given were staff awareness of oppressive practices, and how to challenge throughout the curriculum, using textbooks that do not reinforce the gender binary, exploring gender, school having gender related policies, and good information from professionals and organisations. Affirming the young person's true self by use of their pronouns and chosen name is crucial.

The *Relationships, Sex and Health Education* (RSHE) statutory guidance (Department for Education, 2019) requires 'needs of all pupils are appropriately met, that all pupils understand the importance of equality and respect' (p. 15), the provisions under the EA 2010 must be complied with, sexual orientation and gender reassignment are protected characteristics. Specific to gender identity, the guidance states students '…should be taught the facts and the law about sex, sexuality, sexual health and gender identity in an age-appropriate and inclusive way…it must be recognised that young people may be discovering or understanding their sexual orientation or gender identity' (p. 26).
Stonewall (2021) produced a guide for schools to put RSHE into practice, which cites 40% of LGBT pupils have never learnt about LGBT issues in school; and that LGBT young people are more likely to engage if they can see themselves reflected in lessons.

Carly had to go through the transition process at school via her parents which she found uncomfortable – she called for staff assistance to do this. Stonewall's (2019) guidance on *Supporting a Trans Child or Young Person at School or College* includes staff members ensuring the new name and pronoun is clearly communicated and used consistently by others and records should reflect the young person's preferred name.

Calls for teaching adaptations to meet learning needs and preferences were important to participants. Clara found social attention on her as very uncomfortable if the teacher asked her a question in class. Syriopoulou-Delli et al. (2019) suggest that 'teachers' awareness of anxiety symptoms in children with ASD may contribute to their social inclusion' (p. 704).

Clara and Carly wished their learning preferences had been taken into account in school. Differences in cognitive styles have been found in autistic populations. Fitch et al. (2015) found that individuals with high functioning autism had a cognitive style that privileges local over global detail, so would home in on specific details. However, Stevenson et al. (2018) found default local processing in individuals with high autistic traits did not come at the expense of global attention. So, where young people are aware of learning preferences it could be advantageous for these to be shared with teachers.

5.4 Critical Review of the Research

5.4.1 Challenges of the Research

One of the most significant challenges in this research was accessing participants that met the criteria (gender-diverse with autism diagnosis). The age range had initially been 12-21 years of age; raised to 26 years of age as a pragmatic approach as older young people had shown interest. The final age range of participants who took part was 16-26 years. The climate of COVID-19 added a further challenge as schools leaders' attention and time was directed at adapting education. This is perhaps reflected in that only one participant was found via schools when 171 school headteachers had been contacted.

The researcher had initially thought schools would be the best way of recruiting participants, but this had largely proved unsuccessful. Another avenue taken was contacting LGBTQI+ youth group organisers via details listed on The Proud Trust website. This proved far more successful with youth group leaders sharing the research advert with their young people and then liaising with those who showed interest and sharing this with the researcher. One group leader explained she had spent ten years listening to this population of young people who had said that they had been failed. Four participants were found this way.

National LGBTQI+ organisations were also contacted, two of which (Mermaids and GIREs) promoted the research advert on their social media platforms. One participant responded from seeing the advert this way. A Twitter account was also created as a possible avenue to find participants.

Interviews were all held remotely, this became a positive, as a wide geographical area was covered with ease, without participants or researcher having to travel. Participants could speak from home at a time suitable to themselves.

Recruitment required sustained effort, and took considerable time in creating databases of schools, youth groups, and organisations that might result in participants; then email correspondence with potential leads. The research took place due to the adults, that worked with the young people, believing in the research as a potential vehicle of change.

Timeframes were another challenge, in terms of research deadlines, including recruitment.

5.4.2 Limitations of the Research

A literature search identified that voices of ethnically diverse young people were not represented (Strang et al., 2018b; Strang et al., 2020). In the current study, one participant described herself as Asian-European; the others described themselves as white-British. Ethnically diverse voices were still not fully represented. Through the lens of intersectionality, ethnically diverse participants would have an additional intersectional oppressed identity that would interact with gender identity and neurodiversity, potentially creating further discrimination and inequality.

Furthermore, within the Literature review one of the inclusion criteria was English language research studies. However, this meant papers that were not written in English were discounted so potentially missing valuable research. A recommendation for future research would be to find articles that were not written in English, then to seek for them to be translated or to contact authors to find out if English language versions were available. Therefore, voices of autistic gender diverse young people in research written in other languages would also be represented.

Participants were aged 16-26, so for some educational experiences were viewed retrospectively, which could have impacted due to the distance of memories.

Six participants are a small sample size so findings cannot be generalised, although this was not the aim, rather the meaning that participants (and the researcher's sense making of this) ascribed to experiences was the focus. IPA is concerned with a purposive sample of detailed accounts of experiences, where concentrated focus on a small number of cases is sought, so a fairly homogenous sample is required (Smith et al., 2009).

The recruitment method meant the majority of participants belonged to LGBTQI+ youth groups, meaning they were able to attend a group environment (Clara had mentioned she was not comfortable in face to face group environments so preferred online for example).

All participants were able to verbally describe their experiences often in elaborate detail. By the very nature of the interview it was more likely that verbally able participants took part, therefore the voices of less verbally able autistic gender-diverse young people were not represented. In addition, participants in the main had access to computers (two did chose to speak on the phone), this could have potentially pointed to socioeconomic status.

The researcher interpreted participants' interpretations of their experiences, so the researcher's beliefs and experiences will undoubtedly have had an impact on findings. Transparency was sought by the researcher by sharing analysis extracts (see Appendix N); and reflexivity was aimed for through a research diary (see Appendix U for extract), as well as regular tutorial sessions to reflect on the process.

Another potential limitation of the study is five participants are transwomen, with only one participant assigned female at birth who described her gender as '*leaning towards male*'. A specific advert was put on Twitter and an additional email sent to youth groups, two months into recruitment, attempting to recruit female to male/transmen/non-binary autistic young people. This did not translate into a participant. Female to male voices were not equally represented, with experiences potentially quite different which could have led to different findings.

5.5 Implications from the Research

5.5.1 Unique Contribution

No UK research (to the researcher's knowledge) has explored the experiences (including those related to education) of autistic gender-diverse young people from their perspectives eliciting their voices. While there is peer reviewed, published international research relating to autistic gender-diverse young people, few published studies focus on their experiences or elicit their voices.

This research has identified the unique experiences of gender-diverse autistic young people in England, exploring experiences in relation to gender identity and autism, as well as identifying school stressors and supportive solutions. Areas important to the young people were highlighted, these included their identity (understanding themselves, acceptance, and belonging), their emotional and mental health, transition and coming out. The importance of language was identified. The young people made passionate calls for further change to make education better.

5.5.2 Implications of Findings for Schools

Through this research, it is hoped further understanding of the needs of young people who are autistic and gender-diverse is gained so ultimately their needs can be met.

The young people identified areas of school experiences that were stressors and highlighted supportive solutions – showing they were keen to have their voices heard. It is vital that young autistic gender-diverse people's voices are included in conversations at school about the decisions that affect them.

It is also crucial that schools create a climate of acceptance, where autistic gender-diverse young people can be themselves and thrive. School approaches should support gender-diverse and neurodiverse students through developing policies, a positive school ethos and appropriate staff training. Teachers' knowledge of neurodiversity and gender diversity is vital for these young people to feel understood and supported. Griffiths (2020) report on a national, government funded teacher professional development project, *Teaching for Neurodiversity* (a one day training programme, in 2016-2017) which sought to address the lack of confidence experienced by many teaching staff. Policies should include procedures to support students around name changes. Guidance for schools is given to support gender-diverse students (Allsorts Youth Project, 2021; Brighton & Hove City Council, 2013; Gendered intelligence, 2020; Stonewall, 2020). It will be important to involve all those around the young people to create deeper support including parents and wider community, so all the systems around the young person are considered, in line with ecological systems theory (Bronfenbrenner, 1979). LGBT identities are now being included through the RHSE curriculum; this will be navigated through individual schools. Through the lens of PCP theory (Kelly, 1955), Kelly’s fundamental postulate is that people (like scientists with hypotheses) create constructs around their experiences (including their educational ones), through their efforts to anticipate the world and people. Then people engage in behaviours, testing expectations, and improve their understanding of reality. According to Kelly’s (1955) construction corollary a ‘person anticipates events by construing their replications’ (p. 72). So if autistic gender diverse young people experience negative school experiences where they do not feel accepted nor understood by staff or peers how will they have positive expectations for further educational or employment experiences? However according to Kelly’s (1955) experience corollary, through adaptations future anticipations can be reconstructed through new experiences. It is the responsibility of schools to facilitate positive educational experiences for these young people, so they have positive future expectations of further education or employment.

The young people in this research found that their autism diagnosis meant they understood themselves better and were able to share their autistic identity with others to gain a better understanding from them. Neurodiversity should also be added to the curriculum, so young people develop better understanding of peers, and for those that are neurodiverse themselves a better understanding of their identity could be achieved. Schools should be at the forefront of fostering a sense of belonging for students that may feel different.

School staff’s awareness of stressors including social communication challenges and sensory overwhelm has meant many schools have a support centre for students. Participants expressed the benefit of this space. Adaptations to timetables was also deemed helpful.

Calls for change also included being taught in a way that suited their own way of learning; and supportive teachers were highly valued.

5.5.3 Implications of Findings for EPs

EPs are in the privileged position to be able to bring about systemic change, as well as helping individuals. The EPs’ role to support schools at an individual level, along with school staff, while also working with families means that EPs are well placed to share their knowledge of neurodiversity and gender identities with all those around neurodiverse autistic young people, so support and better outcomes can be achieved. The associated emotional and mental health challenges that the young people in this study have experienced, places the EPs in a position to be able to support the social and emotional wellbeing of these young people (including the transition process); and sharing their knowledge with school staff.

At a whole school level, EPs could offer training through their psychological knowledge and research, on neurodiversity and gender identity to foster a climate of understanding and knowledge which would further bring acceptance and better support for these young people. This could be delivered in training; and input into school policies could be given.

EPs are well placed to elicit the voices of young people to help them to self-advocate (SEND Code of Practice, Department for Education and Department of Health, 2015) for what they need. Leadbitter et al. (2021) in their paper on early autism intervention argue all stakeholders need to understand the views of autistic young people and to actively engage them; as well as with neurodiversity as a concept and movement. EPs work with parents too, this work could involve navigating their own journey involving their child’s identity.

5.5.4 Suggestions for Further Research

The current study included those that were 16-26 years of age, so it could be important to gather the voices of younger children (including those at secondary school) to identify how their experiences differed and what they found supportive. There was one gender questioning female in the current study, so further research could focus on the transmasculine voice (of trans boys and transmen); as well as those assigned female at birth that identify as non-binary.

Additionally, schools that have successfully adopted policies that address the needs of gender-diverse and neurodiverse students could be explored to find out what is working well from the perspective of young people. An area of further development is teachers' and school staff knowledge and confidence in the areas of gender diversity and neurodiversity to find out from their perspective what they feel they could benefit from.

Research into how schools can support the emotional wellbeing and mental health of this population of young people should be further developed, with consideration to school belonging through promoting acceptance and celebration of diversity.

5.5.5 Plans for Dissemination

This research will be shared at the UEL university research day with the three year groups of Trainee Educational Psychologists. In addition, the research will be shared at the researcher's current EP service; as well as it being presented to the EP service where forthcoming employment has been gained. It is hoped that the research will be published so findings can be disseminated to relevant professionals, including EPs.

5.6 Researcher's Reflections

Firstly, I am full of gratitude to the young people who shared their stories, encompassing both challenging and positive experiences. Each young person was incredibly giving in the detail of their narratives and had a willingness to share their journeys with me. I am aware that they only met me once (via phone or video call), and it felt like trust was placed to do justice to the experiences that were shared. I feel a responsibility to each participant who placed their trust in me by sharing their life experiences.

The overwhelming feeling I have felt during the interviews, then when listening to the recordings, reading the transcripts, and engaging in the process of analysis has been awe at the courage of each young person in their journeys in being themselves. I have been deeply moved and inspired by each of the young people who told their stories often with humour, how they found solidarity and belonging with others, sought acceptance, and made passionate calls for change. I was aware that some of their experiences, although quite different to my own, had similar themes to my own life in terms of my identity when I have not always fitted into the dominant narratives around me and sought to navigate this, perhaps with a sense of feeling different at times. I appreciate my experiences and worldview cannot be separated from my analysis of the young people's experiences, so this must be considered.
I have noticed I carry the participants' stories in my head, and hear their voices, when I have come across other young people in my professional life that share similar challenges or experiences. Through the young people, the reading of research and the writing of the thesis, I have developed in my own journey to better understanding of neurodiversity and gender identity. I hope to utilise the very privileged position I am in when working with young people, their families and school staff to champion the needs of autistic gender-diverse young people.

The process of this research has been very challenging in terms of time and emotional resilience, while balancing the other demands of the course. Yet, through it all, the participants stories have inspired and motivated me, as did my deepening understanding of the research relating to autistic gender-diverse young people. I hope to be a passionate advocate of neuro and gender-diverse young people and seek to be a facilitator to have their voices heard so their calls for change are realised.

5.7 Conclusion

This research has explored the experiences of autistic gender-diverse young people. Findings provide an understanding of how participants interpret their experiences, how they experience gender identity and autism, and how they describe school and educational experiences. The analysis process employed IPA. The findings included themes focusing on identity (including the importance of language), emotional and mental health challenges, transition, school (and college) stressors and supportive solutions. This research makes a unique contribution to the research canon in eliciting the voices of autistic gender-diverse young people in the UK. Suggestions for further research areas have been provided as well as implication for school and EP practice. This research highlights the importance of gathering the voices of autistic, gender-diverse young people. The young people in this study knew what would make their lives better, they made rousing calls for change.

As a closing comment, Anna, powerfully describes the world she would like to live in; it is a world of openness, acceptance, support, and appreciation of the diversity of the human condition. It is a world we all need to take part in creating.

'*I'd like a better world, like a kinder world…I'd like to live in a world where at minimum like we are allowed to at least be more open about who we are and who we want to be, that we have the resources to try and get that, and that then we're not punished, we're not shamed, we're not singled out for that but it's just a normal thing of the human condition*.' (1354-1367, p. 38).

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Appendices

Appendix A

Evidence of Ethical Approval

School of Psychology Research Ethics Committee

NOTICE OF ETHICS REVIEW DECISION

For research involving human participants

BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational Psychology

REVIEWER: Zahra Tizro

SUPERVISOR: Helena Bunn

STUDENT: Catherine Milne

Course: Professional Doctorate in Child and Educational Psychology

Title of proposed study: The experience of young people who identify as transgender and have autism

DECISION OPTIONS:

1. **APPROVED:** Ethics approval for the above named research study has been granted from the date of approval (see end of this notice) to the date it is submitted for assessment/examination.
2. **APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES** (see Minor Amendments box below)**:** In this circumstance, re-submission of an ethics application is not required but the student must confirm with their supervisor that all minor amendments have been made before the research commences. Students are to do this by filling in the confirmation box below when all amendments have been attended to and emailing a copy of this decision notice to her/his supervisor for their records. The supervisor will then forward the student's confirmation to the School for its records.
3. **NOT APPROVED, MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED** (see Major Amendments box below)**:** In this circumstance, a revised ethics application must be submitted and approved before any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.

DECISION ON THE ABOVE-NAMED PROPOSED RESEARCH STUDY
(Please indicate the decision according to one of the 3 options above)

Minor amendments required *(for reviewer)*:

Following the recent changes to conduct all face to face interviews online and use Team, or telephone calls, the student need to change the study procedure in sections 3, 4 and 5 and elsewhere in the ethics form.

This is a very sensitive topic and as online method is replacing face-to-face method some strategies need to be adopted (i.e. finding a private place/ device in the house and so on) to make sure the Ps's privacy won't be affected during the interview.

The consent form should be the Online research version from Psychology Noticeboard (the current version is for face-to-face and requires signature). If it is online anonymous platform, provide a box item for participant to type in a code that is memorable to themselves, so that should they want to withdraw their anonymous data later they can refer to that code.

Major amendments required *(for reviewer)*:

Confirmation of making the above minor amendments *(for students)*:

I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data.

Student's name *(Typed name to act as signature)*: Catherine Milne
Student number:

Date: 3rd April 2020

(Please submit a copy of this decision letter to your supervisor with this box completed, if minor amendments to your ethics application are required)

ASSESSMENT OF RISK TO RESEACHER *(for reviewer)*
Has an adequate risk assessment been offered in the application form?

YES / NO

Please request resubmission with an adequate risk assessment

If the proposed research could expose the researcher to any of kind of emotional, physical or health and safety hazard? Please rate the degree of risk:

☐ HIGH

Please do not approve a high risk application and refer to the Chair of Ethics. Travel to countries/provinces/areas deemed to be high risk should not be permitted and an application not approved on this basis. If unsure please refer to the Chair of Ethics.

☐ MEDIUM (Please approve but with appropriate recommendations)

☐ LOW

Reviewer comments in relation to researcher risk (if any).

Reviewer *(Typed name to act as signature)*:

Date:

This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Research Ethics Committee

RESEARCHER PLEASE NOTE:

For the researcher and participants involved in the above named study to be covered by UEL's Insurance, prior ethics approval from the School of Psychology (acting on behalf of the UEL Research Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.

For a copy of UELs Personal Accident & Travel Insurance Policy, please see the Ethics Folder in the Psychology Noticeboard

Appendix B

Information sheet For Young People

INFORMATION SHEET FOR YOUNG PEOPLE

The experience of young people who identify as transgender and have autism

You are being invited to participate in a research study. Before you agree it is important that you understand what taking part would involve. Please take time to read the following information.

Who I am?
My name is Catherine Milne – I am a Trainee Educational Psychologist from the University of East London. As part of my work I am conducting the research you are being invited to participate in.

What is the research?
I am conducting research into the views of young people who identify as transgender or non-binary and have a diagnosis of Autistic Spectrum Disorder (ASD). I am interested to find out about your experiences, including your experiences of school. My research has been approved by the School of Psychology Research Ethics Committee – this means everyone will stay safe.

Why have you been asked to participate?
You have been invited to participate in my research as someone who fits the kind of young person I am looking for to help me explore the research topic. I am looking to involve young people who have the dual experience of being trans (or non-binary) and having ASD. I want to know what you think – there are no right or wrong answers. You will be treated with respect. You are totally free to decide whether or not to take part and should not feel talked into this.

What will your participation involve?
If you agree to take part you will be asked to agree to this and sign a form. The following is a brief outline of what this would involve:

- You would be interviewed by me – this would be some questions relating to your experience of your gender and ASD. I am interested in your experiences and feelings. The interview will be like having an informal chat.
- The interview would take roughly 30 minutes to 1 hour.
- We would have the interview via the phone or the internet using TEAMS video calling software.
- The interviews will be audio (only sound) recorded (using a Dictaphone) and later typed out and made anonymous so no one could link your answers to your name.
- I will not be able to pay you for participating in our research but your participation would be very valuable in helping to develop understanding of our research topic.

Taking part will be safe and confidential
Your privacy and safety will be respected at all times.
Your name will not be on any written material resulting from the interview or in any write-up of the research.

- You do not have to answer all questions asked and can stop taking part at any time.

What will happen to the information that you provide?

With the information you provide I will:

- Securely store personal contact details on password protected computers that only I have access to.
- Change all names on material collected.
- Potentially show the following people the anonymised (your name will be removed) information collected: my research supervisor (and deputy research supervisor) at university, EPs at the Educational Psychology service and trainee colleagues at university. It may be published in academic journals and I may use some quotes from what you told me, but I will not be using your name.
- Make sure that after the study has been completed the information (including contact details, interview recordings and transcripts) will remain securely on password protected computers that only I have access to. I will delete all the information once I finish the study and potentially publish it. This may happen within the next two or three years.

What if you want to withdraw (this means stop taking part)?
You are free to withdraw from the research study at any time without explaining or anything happening. However, if you withdraw I would still reserve the right to use the material if we have already started exploring your answers.

Contact Details
If you would like further information about my research or have any questions or concerns, please contact me:

- Name: Catherine Milne
- Email: u0526873@uel.ac.uk

If you have any questions or concerns about how the research has been conducted please contact the research supervisor Dr Helena Bunn, School of Psychology, University of East London, Water Lane, London E15 4LZ,
Email: h.bunn@uel.ac.uk
or
Chair of the School of Psychology Research Ethics Sub-committee: Dr Tim Lomas, School of Psychology, University of East London, Water Lane, London E15 4LZ.
(Email: t.lomas@uel.ac.uk)

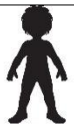
Appendix C

Information sheet for Young People - more accessible version

Participant invitation - Information sheet for Young People - *accessible version*

Young Person's Information Sheet

The experience of young people who identify as transgender (or non-binary) and have autism

	My name is Catherine Milne. I am a Trainee Educational Psychologist. This means that we work with young people in lots of different schools to help make school a better place for them. I also do some learning at university.
	I would like to ask if you would like to work with me to help us find out about your experiences as a young person who identifies as transgender or non-binary and has a diagnosis of Autistic Spectrum Disorder (ASD).
	I will ask you some questions about being trans and having ASD - about how you feel, your experiences, and how you feel about your experiences of school.
	I would like to audio record your answers on an audio recorder so I can listen to your answers later to help us with our research.
	I will change your name so that no one will know what you have said. I might share your answers with our tutors and other trainees, but your name will not be on these answers.
	If you would like to help me by answering some questions. We will have the interview via the phone or over the internet in a video call (using TEAMs video call). It should last roughly between 30 minutes to 1 hour. If you are at school a member of staff you know can also sit with us. This will be your choice.
	It is also OK to change your mind at any time.
	Do you have any questions?
	You can ask me any questions during the interview or if you have any afterwards you can email me at u0526873@uel.ac.uk Or you can email my supervisor Dr Helena Bunn h.bunn@uel.ac.uk

Appendix D

Parental information sheet

INFORMATION SHEET & INVITATION LETTER FOR PARENTS/GUARDIANS

You are being invited to give consent for your child to participate in a research study. Before you agree it is important that you understand what your participation would involve. Please take time to read the following information carefully.

Who am I?

I am a Trainee Educational Psychologists from the University of East London. I am currently based in the Educational Psychology service in Hertfordshire. As part of my work I am conducting the research your child is being invited to participate in.

What is the research?

I am conducting research into the views of young people who identify as transgender or non-binary and have a diagnosis of Autistic Spectrum Disorder (ASD). I am interested to find out about their experiences, including experiences of school. My research has been approved by the School of Psychology Research Ethics Committee – this means everyone will stay safe.

Why has your child been asked to participate?

Your child has been invited to participate in our research as someone who fits the kind of young people we are looking for to help us explore the research topic. We are looking to involve children and young people who have the dual experience of identifying as transgender (or non-binary) and having ASD. I emphasise that I are not looking for 'experts' on the topic I am studying. Your child will not be judged or personally analysed in any way and will be treated with respect. You are quite free to decide whether or not your child can participate and should not feel coerced.

What will your child's participation involve?

If you agree for your child to take part you will be asked to agree to this and sign a form. The following is a brief outline of what this would involve:

- Your child would be interviewed by me – this would be a series of questions relating to their experience of your gender and ASD. I am interested in experiences and feelings. The interview will be like having an informal chat.
- The interview would take roughly 30 minutes to 1 hour.
- The interviews would take place remotely via the phone or TEAMS video call (due to COVID-19).

- The interviews will be audio recorded (using a Dictaphone) and later typed out and made anonymous so no one could link your child's answers to their name.
- I will not be able to pay your child for participating in my research but their participation would be very valuable in helping to develop understanding of my research topic.

Taking part will be safe and confidential

You and your child's privacy and safety will be respected at all times.

- Your child will not be identified by the data collected, on any written material resulting from the data collected, or in any write-up of the research.
- Your child does not have to answer all questions asked of them and can stop their participation at any time.

What will happen to the information that your child provides?

What we will do with the material your child provides will involve:

- Securely storing personal contact details on password protected computers that only we have access to.
- All material collected will be anonymised – all names will be changed. Participants' names and contact details will not be linked to material provided
- The following people may see the anonymised data collected: my research supervisor (or Deputy Research Supervisor) at university, Educational Psychologists at Hertfordshire Educational Psychology service and trainee colleagues at university. It may be published in academic journals.
- After the study has been completed and findings published, the data (including contact details, interview recordings and transcripts) will be destroyed.

What if you want to withdraw?

You and your child are free to withdraw from the research study at any time without explanation, disadvantage or consequence. However, if you or your child withdraws we would reserve the right to use material that you provide up until the point of my analysis of the data.

Contact Details

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me – my details are below.

- Name: Catherine Milne
- Email: u0526873@uel.ac.uk

If you have any questions or concerns about how the research has been conducted please contact the research supervisor Dr Helena Bunn, School of Psychology, University of East London, Water Lane, London E15 4LZ,
Email: h.bunn@uel.ac.uk
or
Chair of the School of Psychology Research Ethics Sub-committee: Dr Tim Lomas, School of Psychology, University of East London, Water Lane, London E15 4LZ.
(Email: t.lomas@uel.ac.uk)

Appendix E

Young Person – Online Consent Form

Young Person - Online Consent Form

UNIVERSITY OF EAST LONDON

Study: The experience of young people who identify as transgender and have autism

Consent to participate in a research study

Please type in your name and age, then add 'Y' for Yes to the boxes to give consent:

Name: ____________________________

Age: ______________________________

1. I have the read the information page relating to the above research study and have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which I will be involved have been explained to me.
   - Please put a Y for Yes in the box ☐
2. I understand that my involvement in this study, and particular data from this research, will remain strictly confidential. Only the researcher(s) involved in the study will have access to identifying data. It has been explained to me what will happen once the research study has been completed.
   - Please put a Y for Yes in the box ☐
3. I hereby freely and fully consent to participate in the study which has been fully explained to me.
   - Please put a Y for Yes in the box ☐
4. Having given this consent, I understand that I have the right to withdraw from the study at any time without disadvantage to myself and without being obliged to give any reason. I also understand that should I withdraw; the researcher reserves the right

to use my anonymous data in the write-up of the study and in any further analysis that may be conducted by the researcher

- Please put a Y for Yes in the box ☐

5. In addition, I consent to the anonymised transcript of my interview to be deposited in UEL's repository in line with Research Data Management Policy (data to be reviewed at the end of the project and every 5 years thereafter until data are transferred or deleted).
   - Please put a Y for Yes in the box ☐

By only putting a Y (for Yes) in all of the above boxes this be taken as consent to participant in the research study

Appendix F

Demographics sheet for Participants

Title of study: The experience of young people who identify as transgender and have autism

Please complete the following to help provide anonymous information on the demographics of interviewees. Please type in the information or put an X in the relevant yellow boxes.

Age		**Country of birth**	
Year group at school or college			

What is your ethnicity? ***Please put an X in the correct box***

White

	English
	Welsh
	Scottish
	Northern Irish
	Irish
	Gypsy or Irish Traveller
Any other white background, write in:	

Asian / Asian British

	Indian
	Pakistani
	Bangladeshi
	Chinese
Any other Asian background, write in:	

Mixed / Multiple Ethnic Groups

	White & Black Caribbean
	White & Black African
	White & Asian
Any other mixed/multiple ethnic background, write in:	

Black / African / Caribbean / Black British

	African
	Caribbean
Any other Black/African/Caribbean background, write in:	

Other Ethnic Group

	Indian
	Pakistani
	Bangladeshi
	Chinese
Any other Asian background, write in:	

Gender assigned at birth	
Describe your gender now	
Age of Autism diagnosis	

Appendix G

Participant Debrief form

PARTICIPANT DEBRIEF LETTER

Thank you for participating in my research study on the experience of young people who identify as transgender and have autism. This letter offers information that may be relevant in light of you having now taken part. If you have any questions after your interview please contact me on the details below.

What will happen to the information that you have provided?

The following steps will be taken to ensure the confidentiality and integrity of the data you have provided.

- The recordings, transcripts and personal details (including the consent forms) will be stored securely electronically (on the researcher's password protected laptop and in secure university storage) - only the researcher will have access to them. If you were decide to withdraw before transcripts are analysed, then they would be destroyed on request.
- The interviews will be typed up into an anonymous transcript and stored securely on a password protected laptop for the duration of the project.
- All participants will be given a different name so the transcripts of the interview will become anonymous. Any mention of identifying information (like your school, staff names or family members will be removed).
- The interview transcripts will be shared with my research supervisor (and Deputy Research Supervisor) at University of East London. The information will be used for the thesis and any quotations selected will be anonymised. The thesis may be published later on but your information would always be anonymous. A summary of the research would be given to you, your parents, your school and professionals if requested.
- You can withdraw from the study up to 3 weeks after taking part - I reserve the right to keep and use your data if analysis has begun.
- Your data will be destroyed after the thesis is passed and any potential publication of the thesis (usually within two years).

What if you have been adversely affected by taking part?

It is not anticipated that you will have been adversely affected by taking part in the research, and all reasonable steps have been taken to minimise potential harm. Nevertheless, it is still possible that your participation – or its after-effects – may have been challenging, distressing or uncomfortable in some way. If you have been affected in any of those ways you may find the following resources/services helpful in relation to obtaining information and support:

- Stonewall – is a lesbian, gay, bisexual and transgender (LGBT) rights charity in the United Kingdom that provides an information service.
    - https://www.stonewall.org.uk/
    - Tel: 08000 50 20 20 - Information Service is available Monday to Friday, 9.30am - 4.30pm).
    - info@stonewall.org.uk
- Mermaids UK – a leading LGBT charity that supports trans and gender-diverse children, young people and their families.
    - https://mermaidsuk.org.uk/
    - Tel: 0808 801 0400 - **Helpline Open Monday to Friday, 9am to 9pm**
    - info@mermaidsuk.org.uk
- The National Autistic Society **- UK's leading charity for autistic people and their families.**
    - https://www.autism.org.uk/
    - Tel: 0808 800 4104 (10am-4pm from Monday-Thursday. On Fridays, we are open from 9am-3pm, excluding Bank Holidays). The Helpline provides confidential expert advice and support on autism for people with autism, their families and friends.

You are also very welcome to contact me or my supervisor if you have specific questions or concerns.

Contact Details

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

- Name: Catherine Milne
- Email: u0526873@uel.ac.uk

If you have any questions or concerns about how the research has been conducted please contact the research supervisor Dr Helena Bunn, School of Psychology, University of East London, Water Lane, London E15 4LZ,
Email: h.bunn@uel.ac.uk
or
Chair of the School of Psychology Research Ethics Sub-committee: Dr Tim Lomas, School of Psychology, University of East London, Water Lane, London E15 4LZ.
(Email: t.lomas@uel.ac.uk)

Appendix H

Participant Advert

Are you Trans

(or Non-binary or Gender Fluid)

& have a diagnosis of Autism?

Aged 12-21?

Trainee Educational Psychologist is looking for young people to take part in a study exploring their experiences.

You will qualify for this study if you are:

- 12-21 years old
- Identify as trans or non-binary or gender fluid
- Have a diagnosis of Autism (or Asperger's syndrome)
- Are in or have been in education in the UK

What does the study involve?

- You would take part in an interview answering questions about your experiences and feelings
- The interview would either be via the phone or video call
- This would last roughly between 1 hour

Why you might want to take part:

- You have a unique experience – by sharing this and your feelings you could help those that work with young people like you to better understand how things are for you (including your school/college experiences)

To find out more send me an email or DM:

Catherine Milne, Trainee Educational Psychologist, University of East London

Email: u0526873@uel.ac.uk

@AutismTrans

Appendix I

Email to Headteachers

Could you please forward this to the Headteacher. Thank you.

Dear Headteacher,

My name is Catherine Milne, I am a year 3 doctorate student at the University of East London, training to become an Educational and Child Psychologist. I am contacting you as I was hoping you may be interested and could help with my current thesis study.

I am conducting research with quite a niche group of participants - young people who identify as transgender or non-binary and have a diagnosis of Autistic Spectrum Disorder. I am interested in talking with young people (remotely via the phone or a video call due to COVID restrictions) to find out about their general life experiences, as well as their experiences of education. The attached 'Participant advert' (which is a brief overview) and 'Participant invitation information sheet' (both a more accessible version with my photo and the standard version) offer more detailed information about my study.

The aim of the research is to better inform professionals about the experiences of this group of young people, so their needs are better met.

I am looking for young people aged between 12-21 years of age (with a diagnosis of autism and who identify as transgender or non-binary) and I wonder whether you might have any young people in your school who might be interested in taking part in my study? Interviews would last approximately 30 minutes to 1 hour.

I would be very grateful if you could identify any young person in your school, who might be interested (and whose parents would be happy to consent – if the young person is under 16 years old).

Please let me know if any of your pupils would be interested. Do not hesitate to contact me or my research supervisor by email (detailed in the attached information) if you have any queries.

I look forward to hearing from you. Thank you.

Best wishes,

Catherine Milne
MA(Hons), PGCE, MSc
U0526873@uel.ac.uk
Year 3 Trainee Educational and Child Psychologist
University of East London
E15 4LZ

Appendix J

Email to LGBTQI+ Youth Group Organisers

Hi,

I am writing to you as a LGBT+/Trans youth group organiser hoping that you can help.

My name is Catherine Milne, I am a year 3 doctorate student at the University of East London, training to become an Educational and Child Psychologist. I am contacting you as I was hoping you may be interested and could help with my current thesis study.

I am conducting research with quite a niche group of participants - young people who identify as transgender or non-binary and have a diagnosis of Autistic Spectrum Disorder. I am interested in talking with young people (remotely via the phone or a video call due to COVID restrictions) to find out about their general life experiences, as well as their experiences of education. The attached 'Participant advert' (which is a brief overview) and 'Participant invitation information sheet' (both a more accessible version with my photo and the standard version) offer more detailed information about my study.

The aim of the research is to better inform professionals about the experiences of this group of young people, so their needs are better met.

I am looking for young people aged between 12-21 years of age (with a diagnosis of autism and who identify as transgender or non-binary) and I wonder whether you might know of any young people who might be interested in taking part in my study? Interviews would last approximately 30 minutes to 1 hour via phone or video.

I would be very grateful if you could identify any young person, who might be interested (and whose parents would be happy to consent – if the young person is under 16 years old).

Please let me know if you know any young people that might be interested or any further organisations you recommend that I could try. Do not hesitate to contact me or my research supervisor by email (detailed in the attached information) if you have any queries.

I look forward to hearing from you. Thank you.

Best wishes,

Catherine Milne
MA(Hons), PGCE, MSc
u0526873@uel.ac.uk
Year 3 Trainee Educational and Child Psychologist
University of East London
E15 4LZ

Appendix K

Interview Schedule

Interview Schedule

Opening Script:
Hello, my name is Catherine Milne, I am a Trainee Educational Psychologist. That means that I work with young people in different schools or colleges to help make school and college a better place for them. I also do some learning at university.

I am conducting research into the views of young people who identify as transgender or non-binary and have a diagnosis of Autism. I am interested to find out about your experiences, including your experiences of school and college.

I have some questions I would like to ask you, there are no right or wrong answers, just your experiences. Please answer in as much detail as you feel comfortable with. I would like to listen to your understanding of your experiences so I will be listening more than talking.
Do you have any questions you would like to ask me before we start?

Questions

1. Can you explain to me the words you would prefer me to use when talking about your identity around firstly your gender? And secondly autism?

Prompts:

- *How would you describe yourself? Can you explain the importance of the correct words being used to you?*

2. Can you tell me about when you first came to notice that your body did not fit with your feelings about your gender and how did these feelings affect you?

Prompts:

- What did you notice? What happened? How has this affected you? How did you feel? What helped you with your feelings?

3a. Can you describe your experience of transition?

Prompts:

- Firstly, tell me about your transition at home. Now, tell me about your transition at school. What happened? How did you feel? What helped you?

3b. Can you describe the impact your transition has had on you and on other people?

4. Do you have any further plans involving your transition (e.g. surgery), if so, could you describe what these plans are and how you feel about them?

5a. Can you tell me about your experiences at home with your family/carers in relation to your gender identity?

- **Please think back to the first experiences you can remember and begin telling me about your experiences from there.**

Prompts:

- What happened? How did you feel? How were you treated by others?

5b. What about your friends and others around you?

Prompts:

- What happened? How did you feel? How were you treated by others?

6. Can you tell me about how life at school was for you in relation to your gender identity?

- **Please go back to your first experiences of education and begin telling me about your experiences from there?**

Prompts:

- What happened? How did you feel? How were you treated by others? What helped you? What would you keep from your experiences?

7. Can you describe what it feels like to be a young person with autism?

Prompts:

- How does it feel? What do you experience? What is the impact on you?

8. Can you tell me about your diagnosis of autism?

- **What led to this?**

Prompts:

- How did it come about? / What led to this? How do you feel about your diagnosis? How has this affected you? What are the benefits of your diagnosis? What about any drawbacks/problems?

9a. Can you tell me about your experiences at home with your family/carers in relation to your autism?

- Please think back to the first experiences you can remember and begin telling me about your experiences from there.

Prompts:

- What happened? How did you feel? How were you treated by others?

9b. What about your friends and others around you?

Prompts:

- What happened? How did you feel? How were you treated by others?

10. Can you tell me about your school (& college) experiences in relation to you being a young person with autism?

Prompts:

- How do you feel about your school (&/or college) experiences? How were you treated by others? What helped you?

11. Can you explain to me what it is like to be a young person that identifies as transgender/non-binary and has a diagnosis of autism?

Prompts:

- How do you feel having this identity affects your experiences? How do you think your experiences made you the person you are now? What experiences are most significant for you? Why is this?

12. Can you tell me of an experience you have had at school and/or college in relation to your gender and/or autism, which helped you develop as a person?

Prompts:

- What happened? How did you feel? Why was it good for you?

13. Thinking back of your experiences in schools and/or college, what would you like to tell teachers, Educational Psychologists or school staff about what a person like you needs in school and/or college in order to feel happy, feel understood and be able to succeed?

14. How do you feel your experiences so far have shaped and will shape your future?
Prompts:

- How do you feel about the future? What are your hopes? Plans? Jobs? University?

15a. Can you tell me if there are any other experiences that feel important to you that I have not asked about?

15b. Are there any questions that you think I should add to my list for other young people?

- **Could you answer that question now yourself?**

Appendix L

Data Management Plan

UEL Data Management Plan

Completed plans must be sent to researchdata@uel.ac.uk for review

If you are bidding for funding from an external body, complete the Data Management Plan required by the funder (if specified).

Research data is defined as information or material captured or created during the course of research, and which underpins, tests, or validates the content of the final research output. The nature of it can vary greatly according to discipline. It is often empirical or statistical, but also includes material such as drafts, prototypes, and multimedia objects that underpin creative or 'non-traditional' outputs. Research data is often digital, but includes a wide range of paper-based and other physical objects.

Administrative Data	
PI/Researcher	Catherine Milne
PI/Researcher ID (e.g. ORCiD)	ORCiD/0000-0002-9121-0382
PI/Researcher email	U0526873@uel.ac.uk
Research Title	The experience of young people who identify as transgender and have autism.
Project ID	Will be updated when Ethics Application number is known.
Research start date and duration	1st April 2020 – proposed end date of April 2021.
Research Description	The purpose of this study is to explore young people's lived experience of identifying as transgender and having a diagnosis of autism; including educational experiences. The rationale for this research is to gain an understanding of this dual experience from the perspective of the young people themselves to facilitate better understanding of this minority group of gender and neurodiverse young people whose voices are underrepresented in psychological literature.

	The study will employ a qualitative approach. Semi-structured interviews will be conducted with a small number (five to eight participants) of young people to allow a detailed analysis of each case in line with Interpretative phenomenological analysis (IPA) principles. Interview transcripts will be analysed using IPA to explore the subjective experience of being a transgender young person with ASD, focusing on psychological implications and educational experiences. Five to eight participants will be recruited that fit the criteria - those who identify as transgender or non-binary and have a diagnosis of Autistic Spectrum Disorder (ASD). Participants will be aged between 12 and 18 ideally but due to the nature of the very specific criteria the researcher may need to expand the age range to find participants – therefore if participants are not found (aged 12-18) the age range will be expanded from 12-29 (with older participants looking back retrospectively at their educational experiences). It should also be noted that while the researcher will try her utmost to seek participants with the dual criteria (of identifying as transgender or non-binary and having a diagnosis of Autistic ASD) participants may be very hard to find. So, with this mind it is possible that the research will focus on either those with a transgender/non-binary identity or an ASD diagnosis, rather than both.
Funder	N/A – part of a professional doctorate.
Grant Reference Number (Post-award)	N/A
Date of first version (of DMP)	3rd April 2020
Date of last update (of DMP)	8th April 2020
Related Policies	e.g. [Research Data Management Policy]()

Does this research follow on from previous research? If so, provide details	No.
Data Collection	
What data will you collect or create?	1. Audio recordings of interviews (These will be in .mp3 format) 2. Transcripts of the interviews 3. Demographics – such as age, ethnic origin will be recorded on a demographics sheet that will be anonymous (no name will be recorded on the sheets). The purpose of the demographics sheet is to have an overall idea of the age range, ethnic backgrounds etc. of participants. Personal data such as the email address or the name of the participants will not be stored with the anonymous demographics sheets. Nor will sensitive data like ethnicity be stored with participants' names. 4. No further data will be created in the process of analysing the transcripts.
How will the data be collected or created?	1. Data will be collected via semi structured interviews (during the coronavirus this will via video call – video calls will not be recorded only the audio via the Dictaphone will be recorded). This will be via UEL's Microsoft Teams. 2. Researcher's Dictaphone (and potentially a UEL Dictaphone as back up) for audio files. 3. The researcher will transcribe the interviews – the transcripts will each be given a pseudonym and any identifying information removed at the point of transcription in a word document. 3. Audio files will be transcribed on a password protected Word document.
Documentation and Metadata	
What documentation and metadata will accompany the data?	1. Participant consent forms and information sheets. 2. Interview schedule.

Ethics and Intellectual Property	
Identify any ethical issues and how these will be managed	1. Consent will be obtained from all participants prior to the interview via them completing a consent form. In addition if parental consent is required due to the young person's age this will be obtained through a parent completing a consent form too. 2. It will be explained that participants have the right to withdraw before data analysis begins (within 3 weeks) and have the opportunity to read the transcripts. All data would be made anonymous – the young people would be reminded of this. Participants will be told they need to give no reason for withdrawing via the information and consent forms. If a participant withdraws the audio recordings and transcripts will be removed and destroyed, up to the point where data is analysed. 3. A debrief letter will be provided in case of any emotional distress – this will contain support organisations relevant to participants. During the interview if any distress is perceived by the researcher then the participant will be offered a break or to end the interview. 4 Participants will be informed that any issues relating to their safeguarding will be referred to the safe guarding lead at their educational place of provision. 5. Participants will be anonymised during transcript to protect confidentiality. There will be no names of schools, local authorities or personal names. Rather a pseudonym will be given and transcript files will be named with the pseudonym.
Identify any copyright and Intellectual Property Rights issues and how these will be managed	N/A
Storage and Backup	

How will the data be stored and backed up during the research?	1. Audio files and transcripts will be encrypted and saved in separate locations. Audio files will be saved with the participants' initials; then participants will be given a pseudonym that transcription files will be named with. Audio files from the Dictaphones will be uploaded to the researcher's laptop, then deleted from the Dictaphones. Only the researcher has access to the password protected laptop. During the coronavirus pandemic it will not be possible to have access to the university H: Drive so UEL's OneDrive for Business will be utilised. 2. Consent forms will be electronic during the coronavirus (they hold only checked boxes rather than participants' names). After the pandemic if paper copies are signed then these will be scanned and uploaded onto the researcher's laptop after the interview. These electronic forms will then be encrypted and password protected, with paper originals being shredded. Then the electronic forms will be uploaded onto the UEL H: Drive (with the researcher's password), then deleted from the laptop. However, during the coronavirus pandemic it will not be possible to have access to the university H: Drive so UEL's OneDrive for Business will be utilised in the meantime. The researcher will use the UEL H: Drive to store the consent forms and the audio files rather than the researcher's laptop. 3. Transcripts will be backed up on the UEL One drive for business in the researcher's personal space. These will again be encrypted and password protected. The electronic consent forms will be saved in a separate location, on the UEL H: Drive) from the other data relating to the research. However, during the coronavirus pandemic it will not be possible to have access to the university H: Drive so UEL's OneDrive for Business will be utilised in the meantime. In addition, anonymised transcripts will be backed up on an encrypted hard drive during the coronavirus pandemic.

	4. All research data on the researcher's personal laptop will be erased once the thesis has been examined and deemed to pass. 5. Any personal, identifiable data will be stored and backed up separately from the anonymised data with pseudonyms. All files will be password protected.
How will you manage access and security?	1. The interviews will be transcribed - the researcher, researcher supervisor (and deputy research supervisor) and examiners will be the only people to have access to the anonymised scripts. 2. Audio recordings from the Dictaphones will be uploaded onto the researcher's password protected laptop after the interview has ended. Recordings will then be deleted from the Dictaphones. Audio files will be saved in a folder on the researcher's laptop with the participants' initials. The audio recordings will be stored securely through encrypting the files an adding to the UEL storage (H: Drive) and then removed from the laptop. However, during the coronavirus pandemic it will not be possible to have access to the university H: Drive so UEL's OneDrive for Business will be utilised in the meantime. 3. Extracts of the transcripts will be provided in the final piece of research and any potential publications but this will be anonymous as only pseudonyms will be used in the extracts.
Data Sharing	
How will you share the data?	1. The researcher, researcher supervisor (and deputy research supervisor) and examiners will be the only people to have access to the anonymised scripts. File names will be pseudonyms and will be password protected. 2. Extracts of the transcripts will be provided in the final piece of research and any potential publications but this will be anonymous as only pseudonyms will be used in the extracts. No identifiable data will be contained in the extracts. 3. Potentially the research and transcripts may be stored on the UEL's repository
Are any restrictions on data sharing required?	Potentially the research and transcripts may be stored on the UEL's repository – however this would only happen with participants' consent. (Please see amendments to the consent forms on pages 21, 22, 24, 25 of the Ethics Application).

Selection and Preservation	
Which data are of long-term value and should be retained, shared, and/or preserved?	Once the thesis has been examined and passed – all transcripts and audio recordings will be deleted from the researcher's personal laptop. However, once she completes the programme transcripts will be kept on a password protected encrypted portable drive (for a period of 5 years) with a view to potential publication of the research. Consent forms and audio recordings will be then deleted from UEL storage. During the coronavirus pandemic it will not be possible to have access to the university H: Drive so UEL's OneDrive for Business will be utilised in the meantime to store the audio recordings and transcripts.
What is the long-term preservation plan for the data?	1. Once the thesis has been examined and passed – all transcripts and audio recordings will be deleted from the researcher's personal laptop. However, once she completes the programme transcripts will be kept on a password protected encrypted portable drive (for a period of 5 years) with a view to potential publication of the research. Consent forms and audio recordings will be then deleted from UEL storage. 2. As the university servers will not be accessible to the researcher once she completes the programme transcripts will be kept on a password protected encrypted portable drive with a view to potential publication of the research for a period of five years. Consent forms and audio recordings will be then deleted from UEL storage. If transcripts are deposited in UEL's repository this be in line with Research Data Management Policy (data to be reviewed at the end of the project and every 5 years thereafter until data are transferred or deleted).
Responsibilities and Resources	
Who will be responsible for data management?	The researcher.

What resources will you require to deliver your plan?	1. A Dictaphone 2. TEAMs software for video call. The researcher has both of these.
Review	**Update storage arrangements, if necessary once access to the H: Drive is available**
	Please send your plan to researchdata@uel.ac.uk **We will review within 5 working days and request further information or amendments as required before signing**
Date: 16/04/2020	Reviewer name: Penny Jackson Research Data Management Officer

Guidance

Brief information to help answer each section is below. Aim to be specific and concise.

For assistance in writing your data management plan, or with research data management more generally, please contact: **researchdata@uel.ac.uk**

Administrative Data

Related Policies

List any other relevant funder, institutional, departmental or group policies on data management, data sharing and data security. Some of the information you give in the remainder of the DMP will be determined by the content of other policies. If so, point/link to them here.

Data collection

Describe the data aspects of your research, how you will capture/generate them, the file formats you are using and why. Mention your reasons for choosing particular data standards and approaches. Note the likely volume of data to be created.

Documentation and Metadata

What metadata will be created to describe the data? Consider what other documentation is needed to enable reuse. This may include information on the methodology used to collect the data, analytical and procedural information, definitions of variables, the format and file type of the data and software used to collect and/or process the data. How will this be captured and recorded?

Ethics and Intellectual Property

Detail any ethical and privacy issues, including the consent of participants. Explain the copyright/IPR and whether there are any data licensing issues – either for data you are reusing, or your data which you will make available to others.

Storage and Backup

Give a rough idea of data volume. Say where and on what media you will store data, and how they will be backed-up. Mention security measures to protect data which are sensitive or valuable. Who will have access to the data during the project and how will this be controlled?

Data Sharing

Note who would be interested in your data, and describe how you will make them available (with any restrictions). Detail any reasons not to share, as well as embargo periods or if you want time to exploit your data for publishing.

Selection and Preservation

Consider what data are worth selecting for long-term access and preservation. Say where you intend to deposit the data, such as in UEL's data repository (https://repository.uel.ac.uk) or a subject repository. How long should data be retained?

Appendix M
Literature Review Summary Table

Literature Review Summary Table

No. *	Author(s)	Date	Title	Location	Purpose/Aim	Participants (number, age, and gender identity)	Design	Measures & data analysis	Findings	Critique
Theme 1: Co-occurrence traits (& rates) of GD and ASD										
1	Zucker et al.	2017	Intense/obsessional interests in children with gender dysphoria: A cross-validation study using the Teacher's Report Form	Canada	To cross validate VanderLann (2015) study. To assess whether children referred for GD to a GD clinic show symptoms that overlap with ASD.	Gender referred children (n= 386) (304 boys; 82 girls); mean age 7.77 years. Compared to non-referred children (n = 965)	Mixed methods: Quantitative and qualitative (teachers provided written comments)	Teacher report form measuring obsessions and compulsions & comments Chi square test	Gender referred children were significantly elevated in obsession scores; and elevated in compulsion scores compared to non-referred children. Suggests a link between GD and ASD traits.	Only single items on the teacher report form where endorsed. Were teachers reporting on atypical gendered behaviour and naming this obsessional or compulsive behaviour? Data speaks of potential presence of ASD traits rather than concrete ASD diagnosis. Only focusing on one aspect of potential ASD Items endorsed on the teacher report form could be suggestive of OCD rather than ASD (authors state OCD onsets at a later age).
2	Vanderlann et al.	2015	Do Children With Gender Dysphoria Have	Canada	Whether children referred for GD show	Gendered referred children, aged 3-12 (n = 534, 82%	Mixed methods:	Parent report Questionnaire:	GD referred children were elevated for obsessions compared to	Data based solely on parents reports rather than other systems

			Intense/Obsessional Interests?		increased symptoms of ASD (preoccupations or intense interests).	male) and their siblings (n= 419, 57.5% male). Non-GD clinic referred, and non-referred children were also examined.	Quantitative + Qualitative comments	Child behavior Checklist (CBCL) Thematic analysis	all groups & elevated for compulsion compared to siblings and non-referred children. Gender related themed obsessions were more common for gender referred boys than girls.	around the child or the children themselves. The items parents were asked to nominate on the checklist could have created bias in the themes they nominated.
3	van der Miesen et al.	2018	Autistic symptoms in children and adolescents with gender dysphoria	The Netherlands	Examined ASD symptoms in children with GD compared to typically developing children and children with ASD. Exploring hypothesis for the co-occurrence.	490 children with GD (referred to GD clinic), (mean age 11.1 years, 248 boys & 242 girl), compared to 2507 typically developing children and 196 children with ASD.	Quantitative	Children's Social Behaviour Questionnaire (CSBQ) Multivariate (generalized linear model) GLM & post hoc t tests	GD sample showed elevated levels of autistic symptoms on all subdomains including social interest and reciprocity, tuning to social situations, orientation problems and understanding of social language (not just stereotyped and resistance to change) compared to typically developing children but less that CYP with ASD. Extreme male brain theory not supported.	Elevated ASD symptoms can also be found in other populations such as those with depression, so other control groups could have been used. Recommendations for working with this population not supplied.
7	Mukaddes	2002	Gender identity problems in autistic children	Turkey	To discuss the developmental pattern of cross-gender behaviour in children with ASD.	10 year old boy + 7 year old boy.	Qualitative	Case studies	Early case report of this co-occurrence – seeking to illustrate 'cross-gender' behaviour in different phases of development in autistic children.	'Cross gender' behaviour is potentially influenced by cultural expectations of gender and pathologizing gender variance. This paper is the oldest so 19 years ago attitudes may well have been different

										around gender presentation.
11	Akgül et al.	2018	Autistic traits and executive functions in children and adolescents with gender dysphoria	Turkey	To examine autistic traits and executive functions in children and adolescents with GD.	25 young people with GD and 50 controls (aged 5 to 17 years). GD mean age = 11.56 years.	Quantitative	Social Responsiveness Scale (SRS) Behavior Rating Inventory of Executive Function (BRIEF) Chi-square tests + ANCOVA	Young people with GD had relatively more disturbed behaviour related to executive functions and social impairment associated with autistic traits compared to the control group.	Quite a small sample with large age range. On the SRS questions may be falsely interpreted as an autistic feature when they are actually a feature of GD.
Theme 2: Underlying hypothesis for the co-occurrence										
13	Schalkwyk et al.	2015	Gender Identity and Autism Spectrum Disorders	USA	Review to summarise much of the existing literature on gender related concerns and autism.	None.	Review of qualitative and quantitative studies.	Literature review.	The literature concludes GD is more common in individuals with ASD, and provide potential explanations – but the literature is quantitively limited. Plus, there are conceptual challenges.	Literature review method not specified. Comorbidity deemed not a fruitful way to conceptualise the issue – gender in developmental terms should be explored stated authors.
14	van der Miesen et al.	2016	Gender dysphoria and autism spectrum disorder: A narrative review	The Netherlands	To review the clinical and empirical data on the link between GD and ASD.	None. Narrative literature review.	Review of qualitative and quantitative studies.	Narrative literature review. 25 articles were selected and discussed (from 1996 – 2015)	Information was grouped: Found co-occurrence rates; Underlying hypothesis. Implications for diagnosis and treatment There is often atypical presentation of GD in the ASD population.	Review concludes that knowledge on the co-occurrence is far from complete. Longitudinal controlled studies on larger samples are required mapping gender identity from an early age in ASD. Studies for those with GD alone are not generalisable to

									Underlying hypothesis for co-occurrence almost all lack evidence.	populations with GD & ASD.
Theme 3: Implications for assessment, diagnosis, and care (medical and psychological)										
5	Strang, Meagher et al.	2018	Initial clinical guidelines for co-occurring autism spectrum disorder and gender dysphoria or incongruence in adolescents	USA	To develop initial clinic guidelines to for the assessment and care of adolescents with co-occurring ASD and GD.	22 experts in the field.	Qualitative	2 stage Delphi procedure – survey method	Initial guidelines for clinical care were produced (includes potential experiences the population may have experienced). . Includes themes: importance of assessment for GD in ASD and vice versa; an extended diagnostic period; & overlap of treatment and assessment. Short section on school/employment.	Key stake holders (i.e. the adolescents) were not included or their families in the consensus. Guidelines focused on puberty to age 19 so considerations for younger children are necessary. Needs of those with language impairments not included as recommendations require verbal ability.
8	Lemaire et al.	2014	Gender identity disorder and autism spectrum disorder in a 23-year-old female	France	To report on a case of a young woman with ASD and GD.	23 year old female assigned at birth – FTM awaiting surgery.	Qualitative	Case study	Findings relevant for diagnostic and clinical management of the co-occurrence.	Singular case study so limited generalisability.
12	Jacobs et al.	2014	Gender Dysphoria and Co-Occurring Autism Spectrum Disorders: Review, Case Examples, and Treatment Considerations	USA	To explore the impact of ASD characteristics on individual gender identity, expression, and the process of psychotherapy.	2 case studies of individuals with ASD and GD. 29 & 18 year olds - both males assigned at birth	Qualitative	Information presented based on psychotherapy sessions.	Limited ability to articulate inner experience; deficits in Theory of mind; intolerance to ambiguity – may present difficulties to gender identity formation & create challenges in psychotherapy.	Highly relevant exploration of the implications of ASD traits in individuals with GD. Links to working with this population explored.
15	Strang, Knauss et al.	2020	A Clinical Program for Transgender and Gender-	USA	Existing studies have focused on co-occurrence	Autistic/neuro diverse gender-diverse (A/ND-GD)	Qualitative	Multi-stage community-based	Four themes: 1. Youth Gender-related needs should be	Highly relevant papers as it seeks to elicit the young people and their

			Diverse Neurodiverse/Autistic Adolescents Developed through Community-Based Participatory Design		rates – this study aims to employ key stake holder driven clinical approaches.	youth (n = 31). Aged 12-19 years. Parents of the youth (N = 46) A/ND-GD Self-advocates (n = 10) Expert clinical providers (n = 10)		participatory procedure. Needs assessment data collected over time. Plus, interviews. Framework analysis.	supported/targeted in group 2. There are also broader support needs/targets for group 3. Youth connections/interactions in group are important 4. Parents need a group too	parents' voices to create clinical guidelines for support/intervention strategies.
Theme 4: Experiences of young people with ASD & GD: • **Sub-theme 4a: Memories and experiences of Gender Dysphoria** • **Sub-theme 4b: Mental health** • **Sub-theme 4c: Challenges related to gender and neuro diversity** ○ **Fear of animosity at gender expression** ○ **Bullying** • **Sub-theme 4d: Romantic and sexual experiences; and sexual orientation**									
4	Strang, Powers, et al.	2018	"They Thought It Was an Obsession": Trajectories and Perspectives of Autistic Transgender and Gender-Diverse Adolescents	USA	To elicit the perspectives of autistic gender-diverse adolescents (as no previous study had thus far) so needs and shared themes and experiences are discovered.	22 gender-diverse autistic adolescents. (Mean age, 16.6 years)	Qualitative	Interviews Framework analysis.	Themes: recollection of pre-pubertal; gender nonconformity; vivid experiences of gender dysphoria; fear of social gender expression due to perceived animosity toward transgender people; specific challenges that result from interplay of gender diversity and neurodiversity.	Demographically limited in terms of race (mainly white participants). It should be noted that clinical referrals in this population tend to come from educationally advantaged families. Verbal skills diversity was lacking, skills were average or above).
6	Nahata et al.	2017	Mental Health Concerns and Insurance Denials Among Transgender Adolescents	USA	To examine the prevalence of mental health diagnoses, self-injurious behaviours, and school victimisation &	Transgender adolescents (aged 9-18 years). 51 transgender males; 28 transgender females. Of which 6.3% have ASD):	Qualitative	Retrospective medical record review (2014-2016) .	Transgender population (including 6.3% ASD): 92.4% were diagnosed with one or more mental health conditions or ASD. 74.7% reported suicidal ideation; 55.7% exhibited self-harm;	ASD is listed under mental health conditions. This is not a mental health condition. Participants are mostly white and all binary.

					Rates of insurance coverage for hormone therapy. Diagnoses of other conditions were identified including ASD.				30.4% had one or more suicide attempts. 58.2% reported school victimisation. Only 29.6% received insurance coverage for hormone treatment. Ongoing mental health challenges and barriers to hormone therapy.	
9	Kaltiala-Heino et al.	2019	Sexual experiences of clinically referred adolescents with features of gender dysphoria	Finland	Examined sexual experiences of adolescents with GD (some of which had ASD) with typical developing population.	99 adolescents attending GID clinic desiring gender reassignment. Age range 14-18 years. Mean age 16.91 years (birth assigned males) & 16.86 years (birth assigned females). Males with ASD = 13.3%. Females with ASD = 17.9%.	Quantitative	Questionnaires Reviews of medical/ psychiatric files survey = comparison of data Multivariate associations using logistic regression; also, chi square/Fisher's exact test statistics	Compared with the general population adolescents with GD were less sexually experienced. ASD was associated with more delayed sexual development.	Only 2/15 birth assigned males and 15/84 birth assigned females had ASD. Good that the study identified that there is a variety of sexual orientation presentation in transgender people – so focused on experiences rather than sexual orientation.
10	Holt et al.	2016	Young people with features of gender dysphoria: Demographics and associated difficulties	England, UK	Examining demographic variables and associated difficulties in adolescents with GD.	218 participants with GD aged 5-17 years old. Mean age = 14 years referred to GIDS in London 2012.	Quantitative	Referral letters & GIDs clinical notes/reports – associated difficulties collected. Chi-square tests	Most commonly reported difficulties were bullying, low mood/depression and self-harming. Adolescents with GD have complex presentations which	ASD only in 18.5% of those assigned male at birth & 10.2% of those assigned female at birth examined. Not all behaviours or moods may have been asked about by clinicians

									clinicians need to take into account.	e.g. self-harm or low mood so then this behaviour/mood would not have been documented.
16	Mahfouda et al.	2019	Mental Health Correlates of Autism Spectrum Disorder in Gender-diverse Young People: Evidence from a Specialised Child and Adolescent Gender Clinic in Australia	Australia	Retrospective chart review to explore psychopathology and quality of life in GD children with cooccurring ASD.	104 participant families (clinic for those under 18 years) who had attended the GD clinic. Referral sample = average age 14.62 years. Of which 23 participants indicated ASD.	Quantitative	Medical and psychological data was examined through the GENTLE project (Gender identity Longitudinal Experience. Social Responsiveness Scale 2 Achenbach Youth Self-Report Paediatric Quality of Life Inventory Chi-square & linear regressions.	GD children and adolescents with ASD are a vulnerable group that are at risk of mental health difficulties (particularly internalising disorders) and poor quality of life outcomes.	Children included in the sample usually have at least one supportive parent that has supported the GDS referral – this might not represent all GDS young people. Those estranged from families may experience more severe mental health distress.

** Papers were given numbers by the researcher for ease of reference when conducting the literature review*

Appendix N

Transcript analysis extract example

('I' is Interviewer; 'P2' is the participant Hailey)

Line	Emergent Themes	Original transcript	Exploratory comments Descriptive comments Linguistic comments Conceptual comments
212	Loss of parent (death) in middle childhood	P2: Okay, so (sigh) we're (sigh) gonna need a little bit of backstory here erm about the rest of my life. So erm, so erm we, my family lost my father, when I was 12.	Repeatedly sighing – precedes the explanation about the loss of her father. Death of her father when she was 12 resulted in depression. Refers to her family losing her father, not just her.
216		I: Lost your mother?	
218		P2: No, my family lost my father.	
220		I: Oh father, sorry.	
222	Depression Gender dysphoria Not responding sooner to gender dysphoria due to depression Impact of hormones on emotions Significant depression Depression blocking the processing of gender dysphoria reactions	P2: When I was 12, erm which put me into a deep depression. Erm which then got made worse through erm emotional complications with one of my peers at school when I was 14, so when I started erm experiencing gender dysphoria, I didn't erm act on it as soon as I should have, because I was already heavily depressed. And had you know growth hormones, had erm, had erm hormones are saved, associated with with erm erm, with sort of like physical bonding. So, like, half of my brain was high on, on, on like dopamine and oxytocin. And the other half was completely, erm like, paralytically depressed to the point where I didn't have energy to do anything. So, when I first started experiencing erm sort of like gender dysphoria around 14 erm I, you know, I didn't do anything about it because I had more pressing matters to resolve at the time. And it and it generally only lasted in for periods of erm so, like, extreme like intense periods of like 6 to roughly 24 hours at a time.	Depression. Emotional issue with a peer when aged 14. Delayed reaction to gender dysphoria – due to depression. A sense of regret at not dealing with the dysphoria? 'should' – does she regret not acting on experiencing gender dysphoria sooner? Does she feel bonding hormones are opposite to feelings of depression? 'heavily' – adverb suggestive weight felt of the depression. Describes her brain as two halves: one high on dopamine and oxytocin; the other incredibly depressed. 'paralytically depressed' – adverb with connotations of being incredibly drunk and unable to walk, perhaps suggests the overwhelming nature of the depression. Gender dysphoria at 14. 'more pressing matters' – depression was so consuming there seemed like space left to deal with gender dysphoria. Feelings of gender dysphoria lasting for 6-24 hours at a time.
240		I: Right. What did you notice?	
242	Emotional discomfort at body Wants body to match gender identity	P2: Where I would have phases where I would feel uncomfortable with myself on want to have, erm so like developed a body of the opposite sex.	Body does not fit with internal gender. Wishes to have developed opposite body. Discomfort associated with not having the body she wants.
246		I: Right.	
250	Hormones & emotions around gender dysphoria	P2: Then after that phase, sort of after that, so like period dies off. Erm so looking back on it now, that was probably caused by, you know, hormonal growth surges. Which I had a massive repeat of erm age 19. Yeah, it's erm…	'dies off' – referring to the intense period of felling uncomfortable with herself – wanting a body of the 'opposite sex'. Feels hormonal growth surges are contributing to feelings of gender dysphoria.
255		I: What did it feel like when you had those feelings?	
257	Long term depression Trying to disentangle depression from gender dysphoria	P2: Oh it's (sigh) (pause) I guess the best way to describe it is like, a sense of like trying to distinguish it from the depression I had at the time because I was heavily depressed from the age erm like 12 and a half to 20 and a half. So, it's so it's like, you know, it's hard for me to, like specifically figure out, which things were which.	Depression lasting a period of 8.5 years (from death of her father until more recently). 'heavily' – adverb to describe the depression repeated. If it is hard for her to disentangle depression from gender dysphoria are they interlinked rather than separate?
264		I: Yeah.	
266	Disgust, doom, distress at own body Embarrassment at appearance associated with assigned sex 'Phases' alternating between being OK verses distressed Certainty of future transition	P2: Yeah, I guess it, it feels like a sense of impending doom, or distress. And, erm and disgust, but not in the sort of way where someone would normally be displeased or embarrassed by their appearance erm in the sense of how someone would feel if they have slight, a giant bumpy rash fairly visible on their body. Which, you know, which is a abnormal rather than having a bit of extra weight or not liking the shape of their nose. Erm but yeah as I say, most of the time, like I've been, I've been okay, which is why it took me so long to get to the point where I'm at now, where I only came to the conclusion that it's a matter of *when* I transition not *if* I transition, at the start of this year.	Appearance disgusting her and she is aware everyone can see. 'doom, or distress' and 'disgust' - nouns linked by the repetition of 'd' sound – extremely negative emotions about her appearance in a male body. Metaphor – comparing having a male body to having like a 'giant bumpy rash fairly visible on their body' – highlighting how 'abnormal' it felt and how everyone could see her male body. It is suggestive of feeling very exposed. Feelings of abnormality around male appearance – an intensely negative feeling. Shame and disgust at body? Embarrassment? Transition is a certainty now.
279		I: So it's changed.	

Experimentation with gender expression when younger	P2: Because before then, I started experimenting with erm gender expression and that kind of thing when I was 17.	First experimented with gender expression aged 17.
	I: Right.	
Time to plan (2 years) the details of transition **Waying up the pros and cons of specific aspects of transition**	P2: And like moving on, since then erm so like, yeah so it took me a couple of years to figure out that I would be comfortable erm and sort of like transitioning, and then it was the question of, you know, like, how the pros and cons of doing that way up.	Took some time to work out how to transition looking at the for and against.
	I: So that sort of leads me on to the next question. So can you describe your experience of transition, that might be social transition, physical transition?	
Social transition **Specific social environments to trial preferred clothing** **Dressing in clothing associated with gender identity creates comfort**	P2: Yeah, well, as I say, I haven't officially started the process but when I have sort of like social engagements, like youth group or meeting with a friend erm like being in social environments, um, I do feel more comfortable like dressed as a woman of my age.	Has begun to socially transition. Do only some social situations enable feelings of safety to dress in female clothing? Dressing in female clothing at certain social events. 'of my age' – suggesting she does not wish to dress like a woman of any other age. Age has been mentioned in relation to her stepfather (as in being significantly older which appears to be a negative for her).
	I: Yeah.	
Social communication / bond disconnect with peers of assigned gender	P2: And you know, interacting, as such, because, quite honestly, I never fully understood or connected how, erm how men and boys, like, socially communicate or bond with each other. Just never clicked for me.	Disconnect between herself and how males communicate and bond. 'never clicked' – suggestive of a disconnect between herself and the social communication and bonding of males.
	I: So when did you start? Was it 17? You said you` started exploring different gender expression in your clothing, is that right?	Does her autism add to the issues with social communication with male peers?
Perceptions of others when dressed in clothing associated with inner gender identity	P2: Yeah, more, more privately and most of the time, it's only been when I've gone to so like youth groups meetings, or when I needed to erm go buy something, which would look like weird, sort of creepy or suspicious being a young man in that environment. If you know I mean.	Dressing in female clothing – aware in some spaces she wouldn't be welcome as a male. 'creepy or suspicious' – adjectives associated with others' perceptions of males in female spaces?
	I: Right.	
Weekly practice (clothing) helps reduce anxiety **Anxiety on being in public dressed in clothing associated with inner gender identity** **Anxiety causing physical health issues**	P2: Erm which is fine, and sometimes I still get surges of anxiety when I, when I go, when I go outside dressed like that. But that tends to subside with erm sort of like erm weekly practice, as it were, like being used to doing that. Just 'cause I didn't have like a reason to, to do that. So like for most of this year, so I didn't so when I, like started again, like, a few weeks ago, I had, like a massive surge of anxiety, you know, which is a pain for me, because then that kicks off other physical health issues I have but that's another issue.	Anxiety on dressing in female clothes in public. 'subside' and 'surges' and 'pain' – words suggesting the build up of anxiety is incredibly painful but does then subside. The weekly practice gradually exposes her to the discomfort so she builds up tolerance to the discomfort. Anxiety results in IBS.
	I: So when you're dressing in your preferred gender, you can feel incredibly anxious, and that can set off some of your other health issues, because you're in quite an anxious state. Is that right?	Stress at feeling vulnerable in female clothing.
	P2: Yeah, cuz I assume you're aware how stress affects different people in different ways?	
	I: Yeah.	
	P2: Well, well, I've got erm extremely aggressive hereditary IBS from my mum.	Anxiety causing IBS.
	I: Right.	
	P2: So, that you know, that's, and that's the issues there, like, all of my stress and anxiety goes to my bowels. And that you know, and that causes causes like, stomach aches and cramps and everything else you'd expect.	Emotions causing physical pain.
	I: Yeah that's difficult.	

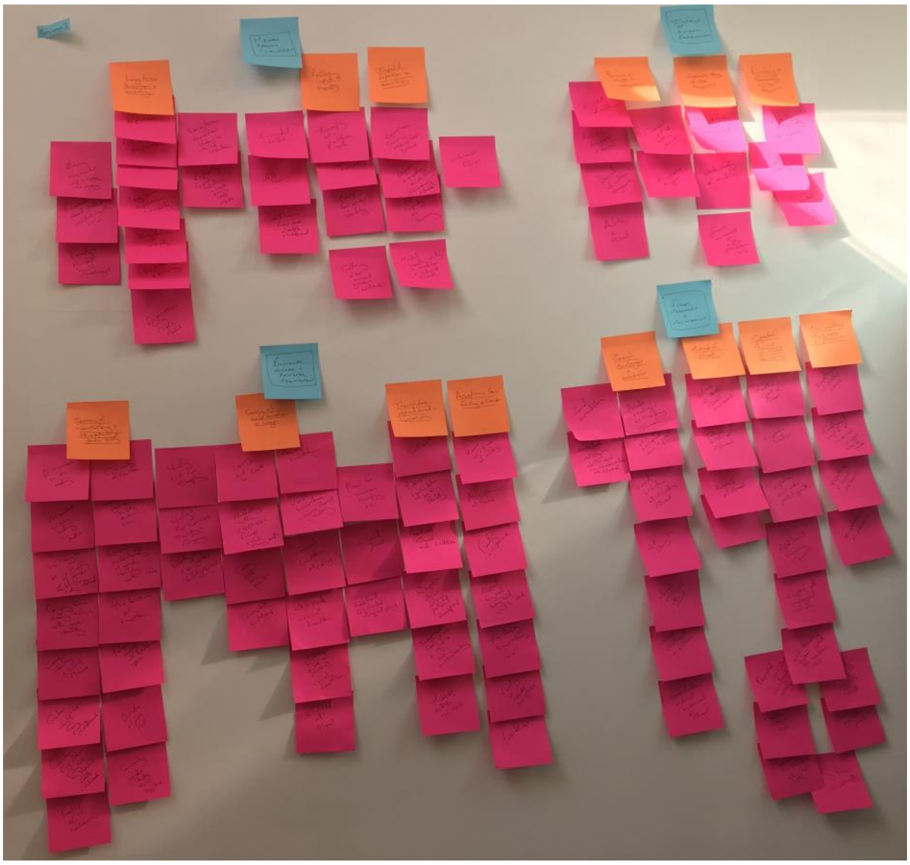
Physical health issues as a result of stress **Stress related physical health issues debilitating - causing absence at work** **Anxiety & trans identity**	P2: Like, you know, erm for like, for extended periods of time, it is completely unmanageable. Like when I first moved to my current flat I'm living in and started erm and started the job I had, it was all too much. So, I was only able to work half the time. And even then, I was pushing myself with how unwell I was. And you know, and that was because, you know, stress of many different things. You know, the anxiety of, you know, identifying as a transgender woman can be quite a large part of that.	Health issues 'completely unmanageable' – clearly stating how negative and overwhelming these issues were to deal with resulting in her 'pushing' herself. Physical ill health resulting in only being able to to work half the time. Stress and anxiety of being a transgender woman. Identity as a transwoman involves anxiety.
	I: So when we went, sorry, when you went to work, you were going as a woman.	
	P2: No.	
Employment clothing causing gender dysphoria	I: No, you know, I wasn't out about my issues at work. And I was, I was working as a security officer, so my uniform because I was also extremely hormonal at the time erm that was kicking off my gender dysphoria. And my work uniform really, really screwed with that.	Not out at work. Male work uniform causing gender dysphoria. Again the role of hormones is ascribed as a factor in gender dysphoria. Repetition of 'really, really' – emphasising how violently wearing the stereotypically male uniform 'screwed' with her mind.
	I: Yeah, I understand that was difficult.	
Understanding others' confusion at gender presentation	P2: I compensated the best I could which led to a couple of times where I was on duty young children completely not understanding what they were looking at.	Awareness of others not able to interpret gender.
	I: Right.	
Dual feelings about verbal / physical 'lashing out'	P2: 'Cause of like the mixed signals of what you expect from a person of a particular gender. You know, so when you see someone who's clearly wearing the suit and has stubble you're like that's a man and then when they also have a metre long ponytail and earrings, you're like, well, that's a woman's thing. So, it yeah, so like, you know, I've never had any issues of someone verbally or physically lashing out at me over my gender issues. Erm well, you know, since I left school, but you know, kids are thick.	Awareness of combined male and female traits – may lead to misgendering or others' being confused about her gender. Not had verbal or physical assault due to gender identity (but suggests she did at school) – but anxiety levels suggest this is an acute fear. Associates lack of understanding as lack of intelligence.
Possible experience of verbal or physical assault (at school)	I: So when the couple of young children saw you in the uniform that that you found very difficult to wear how did you feel when they were maybe, you know, responding to you maybe in a negative way?	
Use of humour	P2: Well, it wasn't negative, they were just confused about what they were seeing so they'd ask me, and I would just give them truthful but deliberately vague answers. Such as erm with one young boy, erm you know, he was like, you know, 'Are you a boy or a girl?' I was like (pause) well like I'm not really sure myself (laughs) you know.	Awareness of other's confusion at her gender, mirroring her own uncertainty. Laughter – using humour to align with the young boy's curiosity. Seen externally as of an ambiguous gender but also relates to the gender confusion internally.
Others' questioning gender	I: So you were a very honest and spoke freely.	
Honesty around gender identity **Amusement at others' confusion at gender identity**	P2: Yeah and it doesn't, and he was like well there's this, you know, sort of like you know, I can see this about you. But I was like just because there's this about someone it doesn't mean they're not the other thing. So yeah, I erm somewhat chaotically left that young lad, feeling very confused and bewildered (laughing). But like, you know, there's no point in, like, lying about these issues erm because they do come up.	Honesty about gender but amused by another's confusion. 'chaotically' – an adverb to describe how she left the young lad who questioned her gender - does she feel her identity leads to feelings of chaos at times? 'confused', 'bewildered' – adjectives used to convey amusement at how she left the boy feeling in response to her gender. Laughing – finding the questioning young lad being bewildered amusing perhaps mirroring her own confusion at points.
	I: Yes, of course. Yes. Sounds like were honest and spoke freely which is good. Can I just take you back, so when you were living your family home, with your mum, tell me about your transition or had you not really transitioned there you were just experimenting when you were living in your family home?	
	P2: Yeah. Yeah, I erm I lived with my mum until, erm until was it…round Autumn 2018 at which point she asked me to move out because my lack of process of getting my life sorted erm	Mother asked her to move out the family home – appears to be a relationship of conflict and left somewhat fractured.

Conflict with parent **Requested to move out of family home**	was stressing her out. Which, you know, was partly my fault, partly outside of my own control, but you know, that's a different matter.	Is there a sense of regret at behaviour at home but also knowing her gender identity and communication challenges are out of her control? 'Different matter' - alluding to a deeper matter perhaps that is not detailed.
	I: Yeah. So you have about 18 then?	
	P2: Yeah.	
	I: About 19?	
	P2: Yeah.	
	I: And then you moved to live on your own, did you?	
Rented accommodation (three in three years) – transient homes	P2: Well, I started by unofficially sort of like renting from other people like, erm like my nan runs a summertime B&B because they live in X, which is, you know, a seasonal tourist economy.	Not got a stable home for a while – moving around. Nan took her in for a while in one of her rooms.
	I: Yeah.	
Developing in gender identity	P2: So, I, you know, so I stayed in one of the rooms at their house for a while, and then after that, I unofficially rented with someone else until I moved to where I am now. You know, and I was still going through my developmental stage at that point.	After a few moves now has a more permanent home. Developmental stage – does she mean like she is developing now as a woman at this time, like learning how to be a woman?
	I: Thank you. OK.	
Discomfort around sharing gender identity	P2: Which I kept to myself as much as I could because, you know, I felt awkward about it. So, I didn't feel comfortable talking to anyone else about it.	Shrouds gender identity with silence – perhaps safer. 'awkward' – adjective to describe inner feeling denoting unease about being open about gender identity. Unable to discuss transition as uncomfortable at that time.
	I: Yes. I understand. And so, in terms of your transition, can you describe the impact of your transition had on other people? So, we've mentioned I suppose the people like the children, you know.	
Coming out unofficially and officially	P2: Yeah. Not really, cuz you know, I haven't you know officially come out as anything. So, you know, I keep in my close friends and family members, updated, good. We're talking part of the extended family, like sort of legal document I'm not out as anything.	Not officially out – only out to close friends and family members. Difference in being out to family and legally – does this feel like a contraction or there is not a need to go through a legal process?
	I: Right. Okay.	
Conflict at home (with mother) **Lack of perceived parental understanding**	P2: So it's not so much at that point sort of like discussing these issues with those few people there haven't been any issues. Erm I mean erm (sigh), my mum's mentally very low.	No issues with those she has come out to. Is she meaning her mum is intellectually challenged or actually she means that her mum does not understand her gender identity and autism? Linked to her calling the boy 'thick' for questioning her gender earlier.
	I: Right.	
Frustration at parent's understanding of trans identity and autism. **Ongoing process of coming out**	P2: Like she's, she's not stupid, she's just the slow learner and not academic. So, so she hasn't entirely grasped, like, the specific issues that are going on with me. But at the same time, she's trying to be supportive, even though she's not doing very well at that, put that aside you know, there haven't been any issues as of yeah, I mean, one time I had an in depth discussion about this a few years ago, with one of my cousin's which was fine. And a few months ago, whilst clearing some stuff out I ended up having a stressful, difficult conversation with my stepmum because of the family situation after my dad died means we hadn't like, you know, my dad's family and myself, and my brother haven't had a lot of sort of like close contact time. So, like, since since about, I don't know like (pause) kind of 2015 ish, 'cuz, cuz she moved to be with her parents in Edinburgh a year or two after my Dad died and so because of that, like, whenever I went to visit, my very young half-sisters were around, which meant there wasn't really a good opportunity to have a discussion about this.	'hasn't entirely grasped' – conveying feelings of frustration at her mother not understanding what she is going through. Aware her mum is trying to be supportive, but she perceives her to lack understanding and knowledge. Discussed gender identity with a cousin some years ago. 'stressful, difficult' – negative adjectives to describe the conversation with her stepmother regarding gender identity. Conveys the need to explain her gender identity to close family and then the additional layers of family – a constant process of coming out. Death of her father led to disconnect with stepmum. Unable to explain gender identity to step mum as young stepsisters present. Discomfort in coming out when the situation is not right – it needs to be time where she can feel comfortable and able to speak.

Appendix O

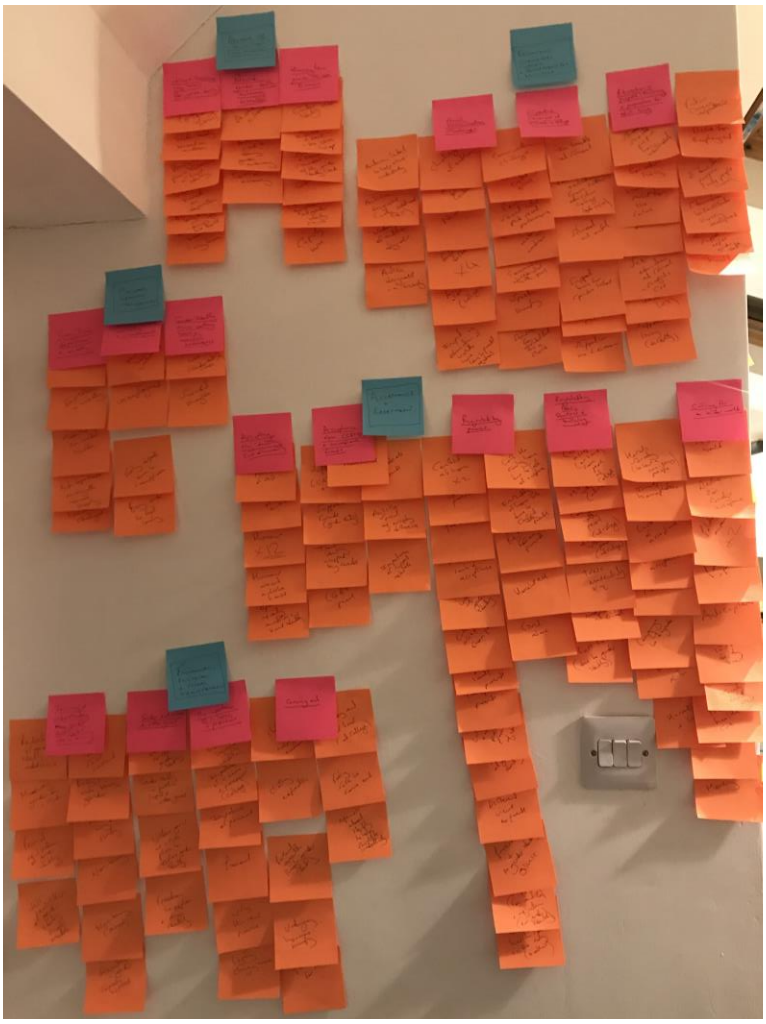
Grouping of Individual Participant Emergent Themes

Grouping of the transcript emergent themes for Christine



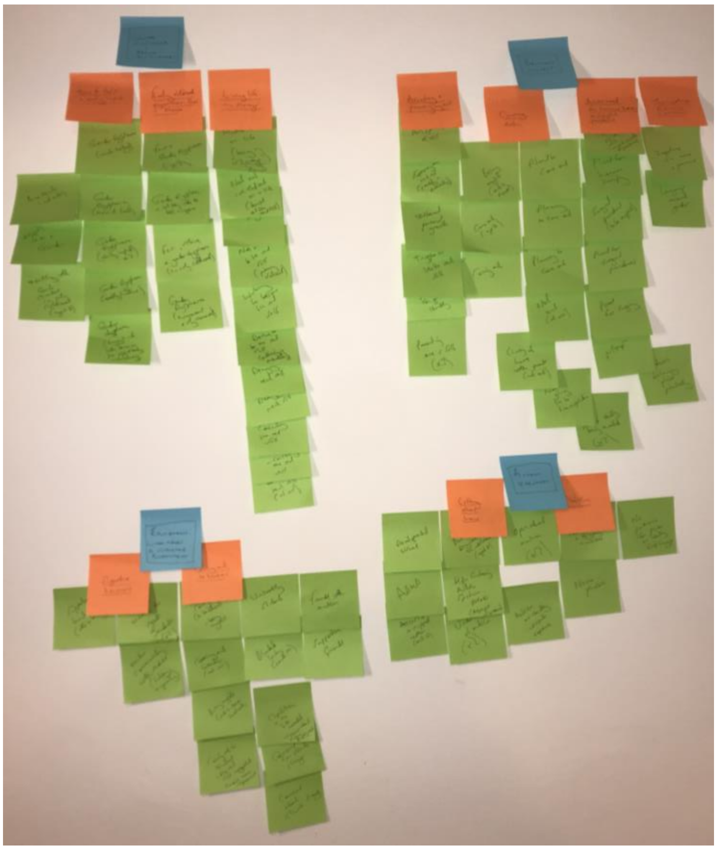
Grouping of the transcript emergent themes for Hailey

Grouping of the transcript emergent themes for Anna

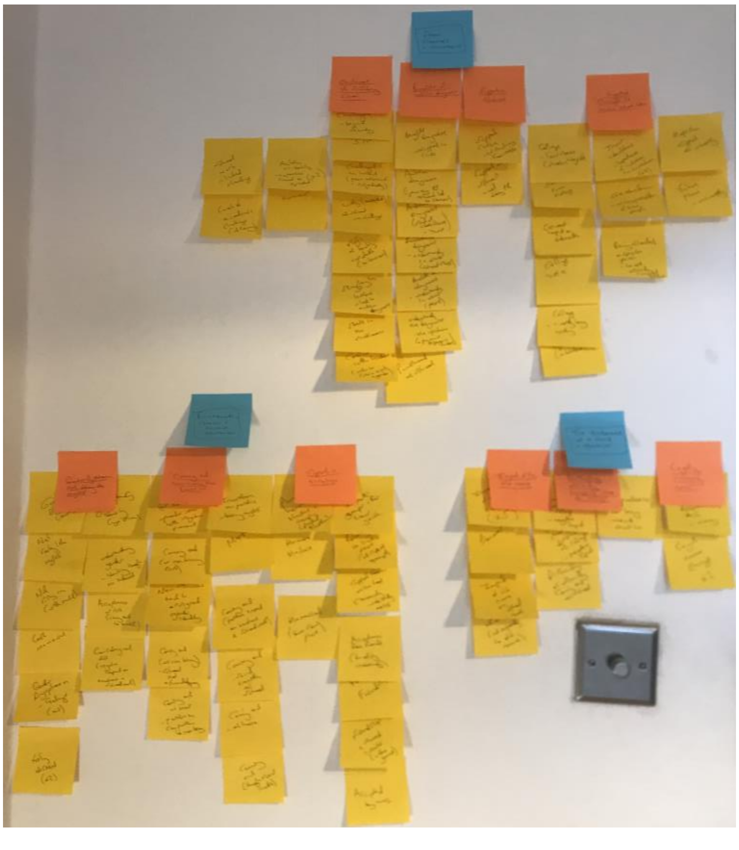


Grouping of the transcript emergent themes for Clara

Grouping of the transcript emergent themes for Dalia



Grouping of the transcript emergent themes for Carly



Appendix P

Tables of super-ordinate and themes relating to each participant

Table of super-ordinate themes and themes for Christine

Super-ordinate themes & themes	Line number (& page)	Key quotes
1. ***Mental health challenges***		
• Long term depression & anxiety	255-256 (p. 8)	• '…my erm depression and anxiety has been bad since I was around (pause) twelve'
• Positive impact of therapy	123-124 (p. 4)	• I: 'was there anything that helped you…? P1: 'Therapy'
• Impact of depression on education	357-368 (p. 11)	• '…I didn't go to classes because my depression was that bad'
2. ***Impact of autism diagnosis***		
• Denial & anger at diagnosis	306-307 (p. 9)	• '…turned out I had autism, but I was in denial about it for so many years'
• Understanding of the diagnosis	562-563 (p. 16)	• '…my autism is not on the high spectrum…more to do erm with social'
• Revealing & concealing autism diagnosis	604-605 (p. 17)	• 'I know I have autism, but I don't, blurt it out that that I have it'
3. ***Emotional, social & physical transition***		
• Journey of understanding & self-acceptance of gender identity	960-963 (p. 27) 1007-1008 (p. 28)	• 'I didn't understand it as much when I was 13…started to understand it when I turned 15 and…using the name I have now when…16' • '…choosing a different name and…a tiny bit more feminine clothes'
• Starting the social transition	626-627 (p. 18)	• '…you are going to get judged…do what you what for your one life'
• Transphobia: judgement, threat & confrontation		
• Acceptance from family & friends	165 (p. 5)	• '…my family is very accepting with practically anything'
4. ***School stressors & solutions***		
• Social challenges & overwhelm	528-529 (p. 15)	• 'I just never fit…I, I always since I was a kid I've hated to socialise, over socialise. I can't deal with it. It really bothers me'
• Hatred of school	524 (p. 15)	• 'I hated school (exhales)'
• Supportive solutions at school	279-280 (p. 8)	• '- the teachers were much more supportive than my mainstream'
• The importance of a name & pronouns	948-950 (p. 27)	• 'the correct words being used around gender matters a lot because it could knock down someone's self-esteem or make you them feel like worthless'

Table of super-ordinate themes and themes for Hailey

Super-ordinate themes & themes	Line number (& page)	Key quotes
1. ***Communication & Conflict***		
• Miscommunication & eruptions with parents	908-910 (p. 26)	• '…my mum would get upset with me for being blunt and… dropping F bombs'
• Social challenges with peers	919-920 (p. 26)	• '…because my peers would be like, oh well fuck you too and would walk off'
• Communication challenges – confusion & interpretation	825-826 (p. 24)	• '…as a child and teenager…my communication skills were erm like, extremely hindered to non-existent'
2. ***Mental Health Challenges***		
• Anxiety & trans identity	362-363 (p. 11)	• 'the anxiety of, you know, identifying as a transgender woman…'
• Long term depression	259-260 (p. 8)	• 'I was heavily depressed from the age erm like 12 and a half to 20 and a half'
• Emotional distress at the body	266-267 (p. 8)	• '…a sense of impending doom, or distress. And, erm and disgust'
• Depression hindering response to gender dysphoria	225-227 (p. 7)	• 'I started erm experiencing gender dysphoria, I didn't erm act on it as soon as I should have, because I was already heavily depressed'
3. ***Emotional, Social & Physical Transition***		
• Aligning the body to gender identity: plans for hormone therapy & surgery	650-652 (p. 19)	• '…aside from my bottom bits…I want to undergo a course of HRT 'cause I'm really adamant about growing my breasts'
• Fear, safety & threat – 'passing' to avoid confrontation	700-701 (p. 20)	• '…managed to pass really well…I haven't experienced any public backlash…'
• Transitioning legally – demeaning process & right to autonomy	623-627 (p. 18)	• '…six strangers…assess the evidence…which quite honestly, is just demeaning'
• Coming out: trust, mistrust & acceptance	735-739 (p. 21)	• 'I told my friends about being gender fluid but I never addressed that with school staff 'cause, like…they're gonna take it out of portion'
4. ***School Stressors & Solutions***		
• Environmental triggers & sensory overwhelm	1268-1270 (p. 36)	• '…having to go to school and put up with the noise…is still stressful'
• Teachers' knowledge of SEN & gender identities	1474-1478 (P. 44)	• '…teachers…up to date…learning disabilities…Asperger's…'
• Supportive solutions at school	1265-1266 (p. 36)	• 'certain members of staff being supportive at school were extremely helpful'

Table of super-ordinate themes and themes for Anna

Super-ordinate themes & themes	Line number (& page)	Key quotes
1. ***Mental Health Challenges***		
• Long term depression & anxiety	814-816 (p. 23)	• '…that enables my anxiety and depression…'
• Mental health instability & unemployment	94-96 (p. 3)	• 'I don't have…mental health stability to be able to do that…'
• Gender identity clinic waiting lists & mental endurance	1143-1147 (32)	• '…maybe if they're denied long enough, they might go away or they might do something to themselves…cull the weak from the strong'
2. ***Emotion, Physical & Social Transition***		
• Journey of understanding gender identity (as non-binary)	441-446 (p. 13)	• '…most masculine I could get was like, you know, just in the middle ish erm but, like, for the most part, it was like, more feminine'
• Gender exploration & video games	355-356 (p. 10)	• 'I could play as a female'
• The importance of a name & pronouns	477-478 (p. 14)	• '…they still don't use my pronouns. They don't use my name'
• Coming out	712-714 (p. 20)	• 'I did eventually come out that I was trans…they didn't accept it'
3. ***Acceptance & Rejection***		
• Accepting my identity (use of humour)	1014-1016 (p. 29)	• 'people might think there might be something not right about me and I might be a little bit too obsessed with the 1700s'
• Acceptance from LGBTQI+ & neurodiverse friends	648-651 (p. 19)	• 'friend groups where it's like, we all have autism…it's not neurotypical'
• Rejected by parents	465-467 (p. 14)	• '…for my parents and that it's been a difficult…I did have to run away'
• Rejected by peers – conflict & bullying	1055-1056 (p. 30)	• 'The interpersonal relationships between students was awful and terrible. I got consistently bullied a lot {sighs}'
• Calling for a kinder world	1362-1367 (p. 38)	• 'a world where at minimum like we are allowed to at least be more open about who we are and who we want to be…not shamed'
4. ***Believe me – I'm trans! (& autistic)***		
• Others blaming my brain (for gender identity)	805-807 (p. 23)	• '…heart breaking when my mum goes and says, "you don't know what you're doing because of your brain", which is already really gas lighty'
• Denied gender identity autonomy due to autism	791-794 (p. 23)	• '…can't be…trans…you don't know any better because you're autistic'.
• Having to prove I am trans	1239-1240 (p. 35)	• 'no, I have literally went homeless for this, I am not kidding {laughing}'
5. ***Education: Challenges, Support, & Preparation for Adulthood***		
• Social communication challenges	990-991 (p. 28)	• '…sometimes I can't read my friends, you know, like, emotions and stuff'
• Supportive solutions at school & college	224-225 (p. 7)	• 'I had, like, support where I was just in like a classroom'
• Education's purpose – thriving & preparation for adult living	1316-1324 (p. 37)	• '…how can you as an educational professional help…make them thrive'

Table of super-ordinate themes and themes for Clara

Super-ordinate themes & themes	**Line number (& page)**	**Key quotes**
1. ***<u>Mental Health Challenges</u>***		
• Positive impact of therapy	728-731 (p. 21)	• ‘…I had a lot of like anxiety and I went to a therapist…helped me a lot…’
• My complex brain: OCD, anxiety, and dissociation	1598-1603 (p. 45)	• ‘… some of them have their own names…how complex like your brain is’
2. ***<u>Questioning & Exploring my Gender Identity</u>***		
• Trying to make sense of my gender identity	25-26 (p. 1) / 1503-1504 (p. 42)	• ‘A mess…leaning towards male’ / 'I'm hoping that the kind of the gender will make sense at some point’
• Gender assumptions	350-352 (p. 10)	• ‘…they've assumed…they think of me as a girl…’
• Suitable support – autistic exploring gender identity	1218-1221 (p. 34)	• ‘support groups…on the spectrum…don’t want to be in a group…’
• Importance of language (name, pronouns & gendered language)	1410-1413 (p. 40)	• ‘…so much gendered language…like ‘hello girls’…that's not great’
3. ***<u>Feeling Different</u>***		
• Others misunderstanding & understanding	544-547 (p. 16)	• ‘…people just didn't understand… nothing that they've ever experienced’
• Autism diagnosis – understanding myself	1334-1337 (p. 38)	• ‘…just having a diagnosis…I'm different and that's cool!’
• A sense of belonging	1518-1525 (p. 43)	• ‘…sense of belonging…connect with people like literally all over the world’
• Loneliness (in the experience of being autistic & gender questioning)	180-181 (p. 6)	• ‘…I was different from everyone else…no understanding of why’
4. ***<u>School Stressors, Adapting, & Potential Solutions</u>***		
• Trying to make sense of the social world at school	715-716 (p. 20)	• ‘At that point I had no social skills {laughs}’
• My senses: overwhelm & synaesthesia	993-996 (p. 28)	• ‘…be it like words or places or people, of like certain colours and textures’
• Masking at school: learning gendered behaviours & copying	441-444 (p. 13)	• ‘ behaviours that I picked up on…common among the girls there’
• Home schooling: teaching myself	410-412 (p. 12)	• ‘…technically I'm still part of the school but I teach myself’
• Supportive solutions at school	918-922 (p. 26)	• ‘…very supportive school…somewhere quiet to go at lunch…’

Table of super-ordinate themes and themes for Dalia

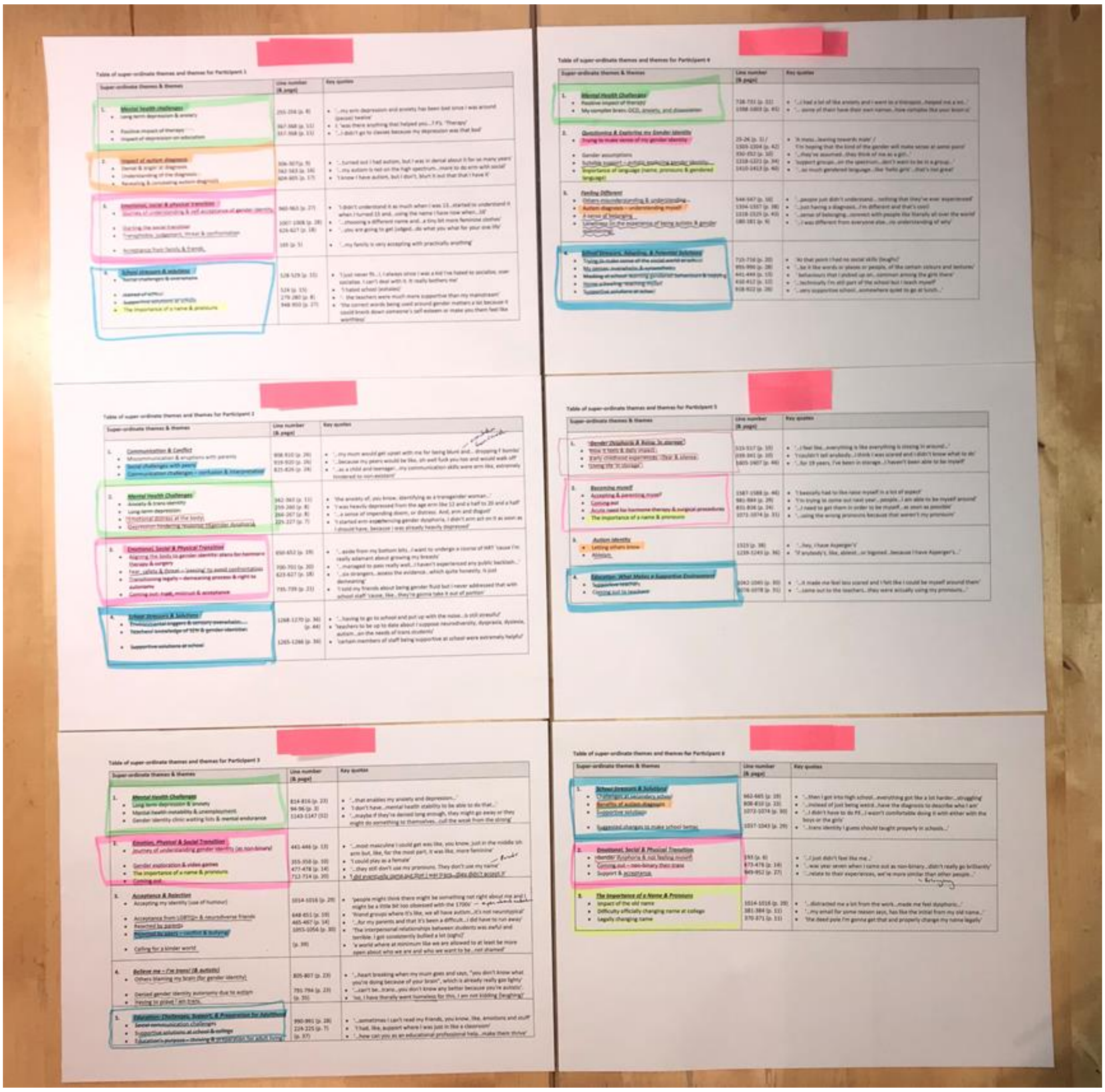
Super-ordinate themes & themes	Line number (& page)	Key quotes
1. *Gender Dysphoria & Being 'in storage'*		
• How it feels & daily impact	515-517 (p. 15)	• '…I feel like…everything is like everything is closing in around…'
• Early childhood experiences – fear & silence	339-341 (p. 10)	• 'I couldn't tell anybody…I think I was scared and I didn't know what to do'
• Living life 'in storage'	1605-1607 (p. 46)	• '…for 19 years, I've been in storage…I haven't been able to be myself'
2. *Becoming myself*		
• Accepting & parenting myself	1587-1588 (p. 46)	• 'I basically had to like raise myself in a lot of aspect'
• Coming out	981-984 (p. 29)	• 'I'm trying to come out next year…people…I am able to be myself around'
• Acute need for hormone therapy & surgical procedures	831-836 (p. 24)	• '…I need to get them in order to be myself…as soon as possible'
• The importance of a name & pronouns	1071-1074 (p. 31)	• '…using the wrong pronouns because that weren't my pronouns'
3. *Autism Identity*		
• Letting others know	1323 (p. 38)	• '…hey, I have Asperger's'
• Ableism	1239-1243 (p. 36)	• if anybody's, like, ableist…or bigoted…because I have Asperger's…'
4. *Education: What Makes a Supportive Environment*		
• Supportive teachers	1042-1045 (p. 30)	• '…it made me feel less scared and I felt like I could be myself around them'
• Coming out to teachers	1076-1078 (p. 31)	• '…came out to the teachers…they were actually using my pronouns…'

Table of super-ordinate themes and themes for Carly

Super-ordinate themes & themes	**Line number (& page)**	**Key quotes**
1. ***<u>School Stressors & Solutions</u>***		
• Challenges at secondary school	662-665 (p. 19)	• '…then I got into high school…everything got like a lot harder…struggling'
• Benefits of autism diagnosis	808-810 (p. 23)	• '…instead of just being weird…have the diagnosis to describe who I am'
• Supportive solutions	1072-1074 (p. 30)	• '…I didn't have to do PE…I wasn't comfortable doing it with either with the boys or the girls'
• Suggested changes to make school better	1037-1043 (p. 29)	• '…trans identity I guess should taught properly in schools…'
2. ***<u>Emotional, Social & Physical Transition</u>***		
• Gender dysphoria & not feeling myself	193 (p. 6)	• '…I just didn't feel like me…'
• Coming out – non-binary then trans	473-476 (p. 14)	• '…was year seven when I came out as non-binary…didn't really go brilliantly'
• Support & acceptance	949-952 (p. 27)	• '…relate to their experiences, we're more similar than other people…'
3. ***<u>The Importance of a Name & Pronouns</u>***		
• Impact of the old name	1014-1016 (p. 29)	• '…distracted me a lot from the work…made me feel dysphoric…'
• Difficulty officially changing name at college	381-384 (p. 11)	• '…my email for some reason says, has like the initial from my old name…'
• Legally changing name	370-371 (p. 11)	• 'the deed pole I'm gonna get that and properly change my name legally'

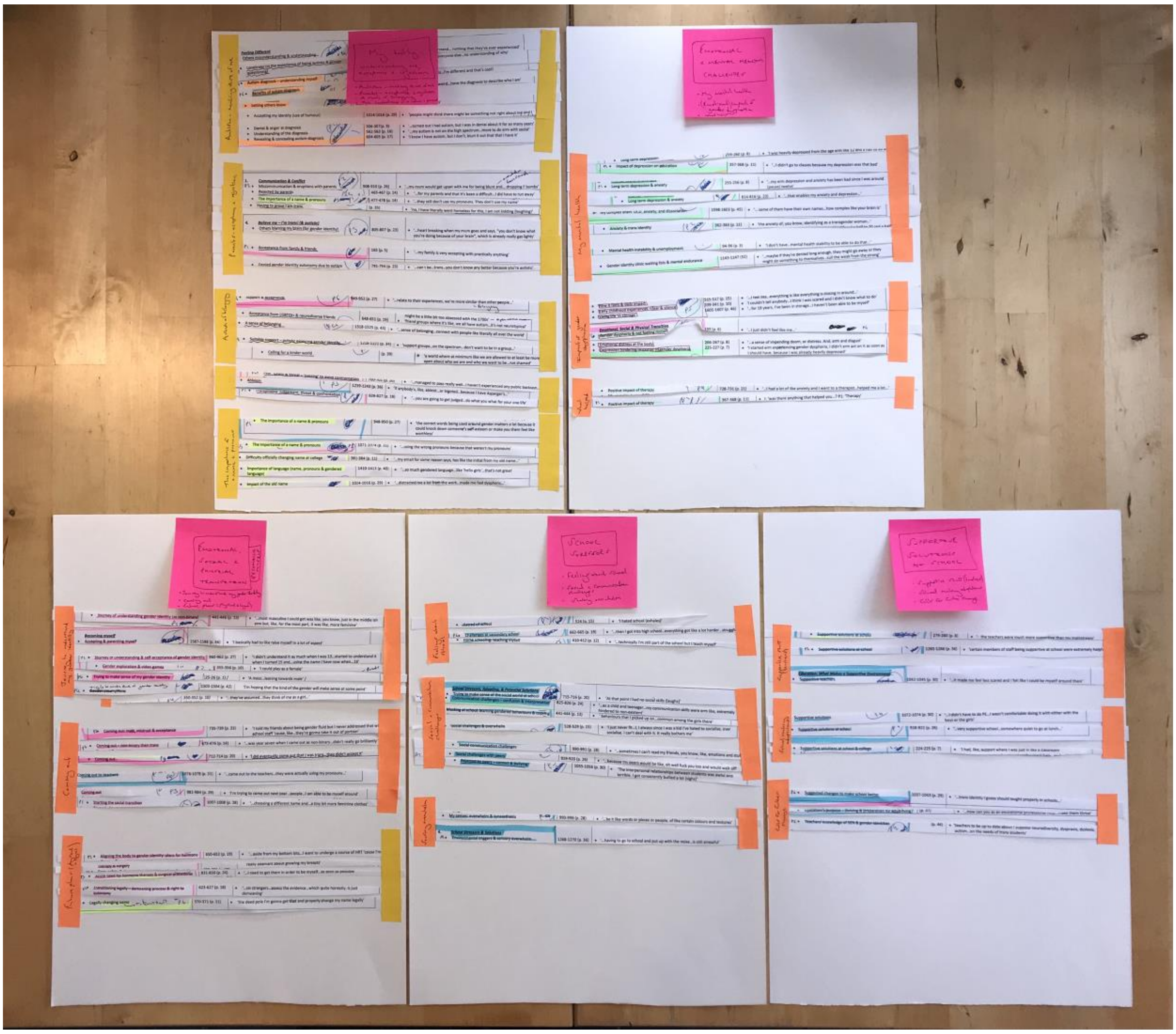
Appendix Q

Identifying Group Superordinate and Subordinate Themes – initial process



Appendix R

Identifying Group Super-ordinate and Subordinate Themes – secondly using quotes



Appendix S

Master table of Superordinate and related Subordinate Themes for the group: cross case analysis

Master table of superordinate and related subordinate themes for the group: cross case analysis

Superordinate theme 1: My identity – understanding me, acceptance & rejection

Subordinate theme A: Autism – making sense of me		lines (page)
P1*	‘…turned out I had autism, but I was in denial about it for so many years’	306-307 (p. 9)
P1	‘…my autism is not on the high spectrum…more to do erm with social’	562-563 (p. 16)
P2*	‘…something different about me…then I got the diagnosis’	847- 853 (p. 24)
P3*	‘people might think there might be something not right about me…’	1014-1016 (p. 29)
P4*	‘…just having a diagnosis…I'm different and that's cool!’	1334-1337 (p. 38)
P4	‘…I was different from everyone else…no understanding of why’	180-181 (p. 6)
P5*	‘…hey, I have Asperger's’	1323 (p. 38)
P6*	‘…instead of just being weird…have the diagnosis to describe who I am’	808-810 (p. 23)

Subordinate theme B: Parents – acceptance & rejection		
P1	‘…my family is very accepting with practically anything’	165 (p. 5)
P2	‘I lived with my mum until…she asked me to move out’.	424-429 (p. 12)
P3	‘…for my parents and that it's been a difficult…I did have to run away’	465-467 (p. 14)
P3	‘no, I have literally went homeless for this, I am not kidding {laughing}’	1239-1240 (p. 35)
P3	‘…mum…says, “you don't know what you're doing because of your brain”’	805-807 (p. 23)
P3	‘…you can't be you know trans…you don't know…because you're autistic’.	792-794 (p. 23)
P4	‘…my parents are very understanding….as understanding as they can be…’	891-892 (p. 25)
P5	‘I’m not out yet’	739 (p. 22)
P6	‘I came out properly at home, it was better and now everything's…fine’	272-273 (p. 8)

Subordinate theme C: Solidarity & a sense of belonging		
P1	‘… who also has autism, I think it's easier…the same as you it's just easier’	1066-1069 (p. 30)
P1	‘She was very understanding…she's very LGBTQ+’	202-204 (p. 6)
P2	‘…like youth group…more comfortable like dressed as a woman of my age’	299-302 (p. 9)
P3	‘friend groups where it's like, we all have autism…it's not neurotypical’	648-651 (p. 19)
P4	‘…sense of belonging…connect with people like literally all over the world’	1518-1525 (p. 43)
P4	‘support groups…on the spectrum…don’t want to be in a group…’	1218-1221 (p. 34)
P5	‘I have multiple friends that I can do that I can be myself around’	971 (p. 28)
P6	‘…relate to their experiences, we’re more similar than other people…’	949-952 (p. 27)
P6	‘…online support group…run by some trans people…really helped me…’	1225-1228 (p. 34)

Superordinate theme D: Language & identity		
P1	‘the correct words being used around gender matters a lot…self-esteem’	948-950 (p. 27)
P1	‘I don’t really care {laughs}’	943 (p. 27)
P2	‘*she, they*…I've been getting myself used to using those…adjustment’	201-203 (p. 6)
P3	‘…they still don't use my pronouns. They don't use my name’	477-478 (p. 14)
P3	‘Autistic when I’m referring to myself….wouldn't mind…autistic person’	303-305 (p. 3)
P4	‘…the kind of pretty basic thing like respecting names and pronouns’	1407-1408 (p. 40)
P4	‘…an autistic person, rather than somebody with autism…that’s a bit weird’	93-96 (p. 3)
P5	‘“an autistic woman” or “a person with Asperger’s”…either’	269-271 (p. 8)
P6	‘…referring to me with…proper name and pronouns…less like dysphoric’	1022-1025 (p. 29)
P6	‘Not really. I’m not particularly fussed about that’	154 (p. 5)

Superordinate theme 2: Emotional & mental health challenges

Subordinate theme A: My mental health

P1	'…my erm depression and anxiety has been bad since I was…twelve'	255-256 (p. 8)
P1	'…I didn't go to classes because my depression was that bad'	357-368 (p. 11)
P2	'I was heavily depressed from the age…like 12 and a half to 20 and a half'	259-260 (p. 8)
P2	'my mental health leading me down a road of…to attempt suicide'	1801-1803 (p. 51)
P2	'the anxiety of, you know, identifying as a transgender woman…'	362-363 (p. 11)
P3	'…that enables my anxiety and depression…'	814-816 (p. 23)
P3	'I don't have…mental health stability to be able to do that…'	94-96 (p. 3)
P3	'…if they're denied long enough…they might do something to themselves'	1143-1147 (p. 32)
P4	'… some of them have their own names…how complex like your brain is'	1598-1603 (p. 45)
P5	X**	
P6	X	

Subordinate theme B: Impact of gender dysphoria

P1	'…made me very depressed…self-harming…like threatening to kill myself'	93-94 (p. 3)
P2	'…a sense of impending doom, or distress. And, erm and disgust'	266-267 (p. 8)
P2	'…experiencing gender dysphoria, I didn't erm act…heavily depressed'	225-227 (p. 7)
P3	'I realised I wasn't technically male…very terrified… clasping on'	427-430 (p. 13)
P4	'to experience it as mine was kind of like…bit gross and not always the best'	226-229 (p. 7)
P5	'…I feel like…everything is like everything is closing in around…'	517-519 (p. 15)
P5	'I couldn't tell anybody…I think I was scared and I didn't know what to do'	361-362 (p. 11)
P5	'…for 19 years, I've been in storage…I haven't been able to be myself'	1605-1607 (p. 46)
P6	'…I just didn't feel like me…'	193 (p. 6)

Subordinate theme C: What helps

P1	I: 'was there anything that helped you…? P1: 'Therapy'	123-124 (p. 4)
P2	'…studying art…because I needed a creative outlet for my depression'	1668-1670 (p. 47)
P2	'anxiety…outside dressed like that…tends to subside…weekly practice'	324-327 (p. 10)
P3	'…I was given like a skirt…I'd wear it…it helped a lot'	1271-1274 (p. 36)
P4	'…I had a lot of like anxiety and I went to a therapist…helped me a lot…'	728-731 (p. 21)
P5	'…I act as if though I can be myself…act…as if I'm in the right body'	572-574 (p. 17)
P6	'…a lot easier…when people were not messing up…names & pronouns…'	234-235 (p. 7)

Superordinate theme 3: Emotional, social & physical transition

Subordinate theme A: Journey to understanding my gender identity

P1	‘I didn't understand it…when I was 13…started to understand it…fifteen’	960-963 (p. 27)
P2	‘…started exploring alternative gender identity… gender fluid...non-binary’	176-180 (p. 6)
P3	‘…most masculine I could get was like…in the middle…more feminine’	441-446 (p. 13)
P3	‘I could play as a female’	355-356 (p. 10)
P4	‘…they've assumed…they think of me as a girl…’	350-352 (p. 10)
P4	‘A mess…leaning towards male’	25-26 (p. 1)
P4	‘I'm hoping…the gender will make sense’	1503-1504 (p. 42)
P5	‘I basically had to like raise myself in a lot of aspect’	1587-1588 (p. 46)
P6	I was all confused…accidently stumbled upon something online…related’	1041-1044 (p. 30)

Subordinate theme B: Coming out

P1	‘…choosing a different name and…a tiny bit more feminine clothes’	1007-1008 (p. 28)
P2	‘I told my friends about being gender fluid…never…with school staff…’	735-739 (p. 21)
P3	‘I did eventually come out that I was trans…they didn't accept it’	712-714 (p. 20)
P4	X	
P5	‘…came out to the teachers…they were actually using my pronouns…’	1076-1078 (p. 31)
P5	‘I’m trying to come out next year…people…I am able to be myself around’	981-984 (p. 29)
P6	‘…year seven when I came out as non-binary…didn’t really go brilliantly’	473-476 (p. 14)
P6	‘I came out to other students first…I think I came out on social media’	284-286 (p. 9)
P6	‘…freeing…I just felt like myself more’	304-307 (p. 9)

Subordinate theme C: Future plans (physical & legal)

P1	‘…on waiting list since 13…surgery sometime when I’m in my early 20s’	1031-1033 (p. 29)
P2	‘…my bottom bits…I want to undergo a course of HRT…growing my breasts’	650-652 (p. 19)
P2	‘…six strangers…assess the evidence…quite honestly, is just demeaning’	623-627 (p. 18)
P3	‘...thinking about…gender reaffirment surgery… remove, like facial hair…’	568-573 (p. 16)
P4	‘…there’s no like plans, I'm just trying to work out what’s going on’	294-295 (p. 9)
P5	‘…I need to get them in order to be myself…as soon as possible’	831-836 (p. 24)
P6	‘the deed pole I'm gonna get that and properly change my name legally’	370-371 (p. 11)

Superordinate theme 4: School & college stressors

Subordinate theme A: Feelings about school

P1	‘I hated school (exhales)’	524 (p. 15)
P2	‘…go to school and put up with the noise…obnoxious children…stressful’	1258-1260 (p. 36)
P3	‘Awful. Absolutely awful’	1050 (p. 30)
P4	‘I went in for two hours {laughing}…came home…I’m not going back’	490-495 (p. 14)
P4	‘…moving into high schools is a massive change…’	716 (p. 21)
P5	‘…primary school and secondary school, I wasn’t unable to be myself…’	1016-1018 (p. 30)
P6	‘…then I got into high school…everything got like a lot harder…struggling’	662-665 (p. 19)

Subordinate theme B: Social & communication challenges

P1	‘I just never fit…always since I was a kid I've hated to socialise…bothers me’	528-529 (p. 15)
P2	‘…because my peers would be like, oh well fuck you too and would walk off’	919-920 (p. 26)
P2	‘…child and teenager…my communication skills…hindered to non-existent’	825-826 (p. 24)
P2	‘…learning erm social communication skills was very difficult and stressful’	900-901 (p. 26)
P3	‘The interpersonal relationships between students was awful and terrible’	1055-1056 (p. 30)
P4	‘At that point I had no social skills {laughs}’	715-716 (p. 20)
P4	‘ behaviours that I picked up on…common among the girls there’	441-444 (p. 13)
P5	X	X
P6	I’m different…more distant from the other students…harder to relate’	909-914 (p. 26)

Subordinate theme C: Sensory overwhelm

P1	‘at school for around six hours it’s really hard…can’t just get that space’	533-534 (p. 15)
P2	‘…having to go to school and put up with the noise…is still stressful’	1268-1270 (p. 36)
P2	‘…journey…extremely noisy, extremely crowded…strong smells’	1115-1124 (p. 32)
P3	‘you know, sensory overloads are a thing’	906 (p. 26)
P4	‘…be it like words or places or people, of like certain colours and textures’	993-996 (p. 28)
P4	‘…it slowly starts just chipping away…I’ve absolutely just had enough’	968-970 (p. 28)
P5	X	
P6	X	

Subordinate theme D: My name, pronouns, and gendered language

P1	‘…it's important to erm be called the name…have the pronouns you want’	716-719 (p. 21)
P2	X	X
P3	‘…college…I was a woman and stuff, but they wouldn't refer to me as such’	705-707 (p. 20)
P4	‘…so much gendered language…like ‘hello girls’…that's not great’	1410-1413 (p. 40)
P5	‘…using the wrong pronouns because that weren't my pronouns’	1071-1074 (p. 31)
P6	‘…easier to…work when people were not messing up…names & pronouns’	234-235 (p. 7)
P6	‘…my email for some reason says, has like the initial from my `old name…’	381-384 (p. 11)

Superordinate theme 5: Supportive solutions at school

Subordinate theme A: Supportive staff

P1	‘- the teachers were much more supportive than my mainstream’	279-280 (p. 8)
P2	‘members of staff being supportive at school were extremely helpful’	1265-1266 (p. 36)
P3	X	
P4	‘I think they are a very supportive school’	917-918 (p. 26)
P5	‘…it made me feel less scared and I felt like I could be myself around them’	1042-1045 (p. 30)
	‘I had this one teacher that helped me a lot, that I could be myself around’	1377-1378 (p. 40)
P6	X	

Subordinate theme B: School making adaptations

P1	‘…timetable…have some like periods of the day off ‘cause my anxiety’	364-365 (p. 11)
P1	‘learning support. It was a whole little mini building’	375 (p. 11)
P2	X	
P3	‘I had, like, support where I was just in like a classroom’	224-225 (p. 7)
P3	‘…mainstream thing, but…some lessons were specifically Base focused’	1095-1096 (p. 31)
P4	‘…very supportive school…somewhere quiet to go at lunch’	918-922 (p. 26)
P5	X	
P6	‘…I didn't have to do PE…wasn't comfortable…either with the boys…girls’	1072-1074 (p. 30)
P6	‘…Teaching Assistant…the harder ones, like English…long writing’	705-707 (p. 20)
P6	‘…Hub…I could go…if I needed to get out of a lesson…if it was stressful’	705-708 (p. 20)

Subordinate theme C: Calls for further change

P1	‘…supportive people around you…’	680 (p. 20)
P2	‘…teachers…up to date…learning disabilities…Asperger’s…’	1474-1478 (p. 44)
P2	‘teachers…need to know…needs of a student who identifies as transgender’	1520-1522 (p. 43)
P2	‘…helped if…a specific room…go to just to shut down when…overwhelmed’	1440-1443 (p. 41)
P3	‘…how can you as an educational professional help…make them thrive’	1316-1324 (p. 37)
P3	‘a world where…allowed…open about who we are and…not shamed’	1362-1367 (p. 38)
P3	‘taught it twice…it was entirely formatted on straight and cis people’	1176-1179 (p. 33)
P3	‘…affirmative educational support….to change their name on the register’	13012-1305 (p. 37)
P4	‘…email very helpful…I find when I'm face to face, my brain just goes blank’	1376-1377 (p. 39)
P4	‘I'm also found not being like asked questions in class’	1386-1387 (p. 39)
P4	‘when I, I'm allowed to…do things my own way...helped me learn’	1403-1404 (p. 40)
P5	‘…their needs need to be met…that their feelings are just as valid	1737-1744 (p. 50)
P6	‘…trans identity I guess should taught properly in schools…’	1037-1043 (p. 29)
P6	‘…difficult to come out to school…I had no, like direct channels…’	1112-1117 (p.32)
P6	‘…not teaching it and like my style of learning…teaching it to everyone’	554-556 (p. 16)

Key:
P1*: Christine
P2*: Hailey
P3*: Anna
P4*: Clara
P5*: Dalia
P6*: Carly
X**: Denotes there were no relevant quotes for this participant

Appendix T

Request for change of title change to ethics application

University of East London Psychology

REQUEST FOR TITLE CHANGE TO AN ETHICS APPLICATION

FOR BSc, MSc/MA & TAUGHT PROFESSIONAL DOCTORATE STUDENTS

Please complete this form if you are requesting approval for proposed title change to an ethics application that has been approved by the School of Psychology.

By applying for a change of title request you confirm that in doing so the process by which you have collected your data/conducted your research has not changed or deviated from your original ethics approval. If either of these have changed then you are required to complete an Ethics Amendments Form.

HOW TO COMPLETE & SUBMIT THE REQUEST

1. Complete the request form electronically and accurately.
2. Type your name in the 'student's signature' section (page 2).
3. Using your UEL email address, email the completed request form along with associated documents to: Psychology.Ethics@uel.ac.uk
4. Your request form will be returned to you via your UEL email address with reviewer's response box completed. This will normally be within five days. Keep a copy of the approval to submit with your project/dissertation/thesis.

REQUIRED DOCUMENTS

1. A copy of the approval of your initial ethics application.

Name of applicant:	Catherine Milne
Programme of study:	Professional Doctorate Educational and child psychology
Name of supervisor:	Dr. Helena Bunn

Briefly outline the nature of your proposed title change in the boxes below

Proposed amendment	Rationale
Old Title: The experience of young people who identify as transgender and have autism	Now further into the project my understanding has changed that the autistic community prefers identity first language ('autistic') although of course up to the individual. I fear using person first language is actually offensive to many in the autistic community. Also, my participants in the end were not all transgender – two were gender diverse.
New Title: The Experiences of Autistic Transgender and Gender-Diverse Young People	

Please tick	YES	NO
Is your supervisor aware of your proposed amendment(s) and agree to them?	Yes	
Does your change of title impact the process of how you collected your data/conducted your research?		No

Student's signature (please type your name): Catherine Milne

Date: 18th March 2021

TO BE COMPLETED BY REVIEWER		
Title changes approved	YES	
Comments		

Reviewer: Glen Rooney

Date: 22/03/2021

Appendix U

Extracts from Reflexive Diary

Date	Reflection	Actions
27th August 2020	I had an interview today with the first participant. I felt nervous beforehand as I wanted to make sure I was able to put the participant at ease, express my gratitude for them taking part, and make sure that I was able to uncover the relevant details of her story. This participant had chosen to speak over the phone as she felt more comfortable the head teacher had relayed. The headteacher had been helpful in organising the logistics and offering to sit with the participant as she had requested this. The opening script felt like it helped explain the research and direction of the interview. Once the interview began my fears were alleviated, the participant was very giving in the sharing of her experiences and it worked well on the phone and the recorder picked up both voices. I felt I had covered all the questions and the participant appeared to be at ease and happy to share her story.	Continue recruitment to find more participants.
24th September 2020	Today I have sent an email to 171 schools and numerous LGBTQI+ youth groups and organisations from a database that has taken some time to create. I am really concerned I am not going to find further participants, with such a niche criterion, especially when schools are focusing on return to school and COVID. I really hope to find participants, so the research takes place.	Follow up any leads if they come in. Create a presence on social media by creating a Twitter account to further advertise the study.
27th March 2021	My thoughts after relistening to the third participant's interview (P3). P3 was incredibly humorous and eloquent using metaphors to illustrate her story. It again felt very moving to hear her talk about her experience of transphobia at home resulting in her having to leave, then resulting homelessness sleeping on the sofas of her LGBTQI+ group members. I noticed that I felt really saddened again that this wonderful young person, who spoke with such positivity, was not accepted for who she is. P3 talked about her mental health not being stable enough to find employment. She talked about if she was able to seek employment she would like to work in the archives. I hope very much that P3 fulfils this dream one day. P3 described some of her experiences often in a humorous way evoking laughter from me in the interview and on relistening to the audio. In the retelling of other experiences she is serious and described her school experiences as awful. I feel troubled that her needs were not better met at school so that she could have been happier. P3 is the oldest participant, she conveys a maturity beyond her years, developed I imagine as a result of all that she has been through.	Continue with analysis and writing.