

St. Cloud State University

The Repository at St. Cloud State

Culminating Projects in Special Education

Department of Special Education

8-2021

Supporting Students on the Autism Spectrum and Gender Identity Spectrum

Kelly Steinke

Follow this and additional works at: https://repository.stcloudstate.edu/sped_etds



Part of the [Special Education and Teaching Commons](#)

Recommended Citation

Steinke, Kelly, "Supporting Students on the Autism Spectrum and Gender Identity Spectrum" (2021).
Culminating Projects in Special Education. 116.
https://repository.stcloudstate.edu/sped_etds/116

This Starred Paper is brought to you for free and open access by the Department of Special Education at The Repository at St. Cloud State. It has been accepted for inclusion in Culminating Projects in Special Education by an authorized administrator of The Repository at St. Cloud State. For more information, please contact tdsteman@stcloudstate.edu.

Supporting Students on the Autism Spectrum and Gender Identity Spectrum

by

Kelly Steinke

A Starred Paper

Submitted to the Graduate Faculty of

St. Cloud State University

in Partial Fulfillment of the Requirements

for the Degree

Master of Science in

Special Education

August, 2021

Starred Paper Committee:
Bradley Kaffar, Chairperson
J. Michael Pickle
Jennifer Christenson

Acknowledgements

To my teen, Dani. Thank you for educating me with your first-hand knowledge of Autism, gender identity, and your generational perspective.

Love,

Mom

Table of Contents

Chapter	Page
1. Introduction.....	3
Statement of the Problem and Theoretical Rationale	3
Practical Consequences Emerging from the Analysis	4
Glossary	5
Definition of Terms.....	5
2. Review of Literature	9
Focus of the Review.....	9
Scope of the Review	9
Presentation of Studies.....	11
Factors that Increase the Incidence of Gender Dysphoria	11
Changes in the Generational View of Gender Identity.....	12
School and Community-Based Programs	13
3. Conclusions and Recommendations	15
Recommendations for Future Research	15
Implications for Current Practice.....	16
References.....	18
Appendix	20

Chapter 1: Introduction

Although a myriad of studies have examined the social, academic, and behavioral characteristics of students who are diagnosed with Autism Spectrum Disorder (ASD), few studies have investigated students with autism and the emergence and the instantiation of their gender identity. Autism Spectrum Disorder is a “bio-neurological developmental disability that...impacts the normal development of the brain in the areas of social interaction, communication skills, and cognitive function” (National Autism Association, n.d., para. 1). Gender identity is “One’s innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. One’s gender identity can be the same or different from their sex assigned at birth” (Human Rights Campaign, n.d., para. 3). According to the American Psychological Association, gender identity refers to “one’s sense of oneself as male, female, or transgender” (American Psychological Association, n.d., p. 4). Ehrensaft (2018) used the term “Double Helix Rainbow Kids” to represent the growing number of students who are diagnosed with autism and who do not identify with the gender they were assigned at birth.

Statement of the Problem and Theoretical Rationale

Among the population of students diagnosed with autism, the incidence of individuals who experience gender dysphoria exceeds the prevalence levels for the general population. Gender Dysphoria (GD) is a term that has changed in title and definition over time. Here is the 2015 definition from the APA: “Gender dysphoria: discomfort or distress related to incongruence between a person’s gender identity, sex assigned at birth, gender identity, and/or primary and secondary sex characteristics.” In 2013, the fifth edition of the Diagnostic and Statistical Manual

of Mental Disorders adopted the term gender dysphoria as a diagnosis characterized by “a marked incongruence between” a person’s gender assigned at birth and gender identity” (American Psychiatric Association, 2013, p. 453). Gender dysphoria replaced the diagnosis of gender identity disorder (GID) in the previous version of the DSM (American Psychiatric Association, 2000).” (American Psychiatric Association, 2015, p. 861). The definition is, in fact, a set of definitions.

Within the ASD population, George and Stokes (2017) found “7.1% of the females with GD ($n=28$) and 4.8% of males with GD ($n=63$).” Some studies stated that this number can be as high as 25-28% and even 10 times the general population. Despite this overrepresentation of gender dysphoria, many parents and educators do not understand how to address the concomitant social and emotional issues with the context of autism.

Practical Consequences Emerging from the Analysis

Several applied outcomes may result from this review. First, a better understanding of gender identity will allow educators to recognize the social and emotional needs of students with ASD that may be struggling with gender identity. Second, normalizing the conversation that the concept of a gender identity spectrum is real and must be approached from an educational and scientific perspective as opposed to a political or personal belief system. This will reduce the stigma associated with people who are not cisgender. Finally, being intentional about creating and maintaining a safe and accepting gender neutral environment in the classroom will improve the level of inclusivity to all students.

Glossary

Several terms are applied and defined uniquely within the literature. This glossary defines these terms within the contexts of gender studies and of disabilities research. The definitions are arranged thematically.

This glossary grounds the theoretical tenets that organize this paper. A principal belief emerges from sociocultural models of language use. As reported by Gender Spectrum, “The power of language to shape our perceptions of other people is immense. Precise use of terms in regard to gender can have a significant impact on demystifying many of the misperceptions associated with gender” (Gender Spectrum, n.d., para. 1).

Definitions of Terms

Gender identity: a person’s deeply felt, inherent sense of being a boy, a man, or male; a girl, a woman, or female; or an alternative gender (e.g., genderqueer, gender nonconforming, gender neutral) that may or may not correspond to a person’s sex assigned at birth or to a person’s primary or secondary sex characteristics. Since gender identity is internal, a person’s gender identity is not necessarily visible to others. “Affirmed gender identity” refers to a person’s gender identity after coming out as transgender non-confirming (TGNC) or undergoing a social and/or medical transition process (American Psychological Association, n.d., p. 4).

Cisgender refers to a person whose gender identity matches their gender assignment at the time of birth. For example, I was born female and I identify as female, therefore I am cisgender. This can sometimes be confused with heterosexual. Cisgender is referring to gender identity, and heterosexual is referring to sexual identity, aka, attraction.

(Gender) binary status refers to a true dichotomy. In the context of this analysis, a gender binary dichotomy is an identification that is exclusively male or female. Basically, binary means your gender is simply male or female.

(Gender) non-binary is an umbrella term for gender identities that are not exclusively masculine or feminine. Non-binary is another word for gender identity spectrum, the basis of this paper. When a person “comes out” as non-binary, they may be stating that they do not fully recognize themselves as male or female. This is not the same as stating what a person’s sexual orientation is. Stating one is non-binary is specifically identifying gender identity, not sexual attraction.

An individual is *ungendered* if they do not identify with a gender. They may describe this as feeling the exact opposite of feeling like they have a gender.

Sexual orientation addresses to whom one is sexually or romantically/emotionally attracted. This is where traditional terms such as heterosexual, homosexual, and bi-sexual fall under. It is not the same as gender identity.

Gender-dysphoria refers to discomfort or distress that is associated with a discrepancy between a person's gender identity and that person's sex as assigned at birth and to the associated gender role or primary and secondary sex characteristics. Gender-dysphoria replaces the previous descriptor, gender identity disorder. Gender dysphoria is an actual clinical diagnosis and is treated like a disorder that requires clinic care. Gender dysphoria may be seen as the result of a society that only recognizes a binary cisgender population as being acceptable.

Gender-euphoria describes the feeling that one’s gender identity matches one’s physical characteristics. Gender-euphoria is the antonym of gender dysphoria. Gender euphoria is the goal

of a person who does not identify as the sex assigned at birth. A person may have their body altered or change their appearance for gender euphoria.

LGBTQ+ is an acronym for lesbian, gay, bisexual, transgender and queer or questioning (The Center, n.d.). The LGBTQ+ community advocates for the rights of people that are not gender conforming (non-binary) and that have sexual orientations outside of the heterosexual population.

Transgender non-conforming (TGNC) is an adjective that is an umbrella term used to describe the full range of people whose gender identities or gender roles do not conform to what is typically associated with their sex assigned at birth. While the term “transgender” is commonly accepted, not all TGNC people self-identify as transgender (American Psychological Association, n.d.).

Autism spectrum disorder is “a bio-neurological developmental disability that...impacts the normal development of the brain in the areas of social interaction, communication skills, and cognitive function” (National Autism Association, n.d.). While the term itself uses the word disorder, many people that are autistic or that are a part of the autism community do not associate autism as a disorder. Autism represents a spectrum of abilities that may vary related to social skills, communication skills and academic abilities.

A person that is *neurotypical* is not affected by a developmental disorder, especially autism spectrum disorder and exhibits characteristic or typical neurological development (Merriam- Webster, n.d.). This is a common term used in the autism community to identify people who are not autistic.

Neurodivergence is the belief that differences in brain functioning within the human population are normal and that brain functioning that is not neurotypical should not be stigmatized (Merriam- Webster, n.d.). This is an inclusive term to recognize that everyone, whether they are autistic or not, have varying abilities related to their brain functions. It is specifically associated with Autism, Attention Deficit Hyperactivity Disorder, Obsessive Compulsive Disorder and other neuro-biological diagnoses.

Chapter 2: Review of Literature

Double Helix Rainbow Kids (DHRK) (Double Helix Rainbow Kids, 2018) is often used to identify children who are diagnosed with ASD and do not personally identify as cisgender. This review examines the behavioral, emotional, and cognitive sequelae arising from the interplay of Autism Spectrum Disorder (ASD) and the Gender Identity Spectrum (GIS) within Double Helix Rainbow Children. Historically, sequelae have denoted and connoted a pathological condition, but within the context of this paper, it refers to elements that arise from the dual influences of ASD and GIS. The usage is neither othering nor intended to connote pathology.

Focus of the Review

Three issues guided this review. First, factors that increase the incidence of gender dysphoria among DHRC is examined. Second, the change in the generational view of gender identity will be reviewed and contrasted. Finally, school and community-based programs will be reviewed. Issues related to gender dysphoria among the population diagnosed with ASD is a specific focus. By identifying and defining Gender Identity, educators will be more equipped to support all students and create a gender inclusive classroom.

Scope of the Review

Initial research for this paper started with conversation amongst people that were familiar with autism and the LGBTQ+ community, including my teen, Dani. This resulted in a pivotal need to create a list of terminology. Terminology varied greatly by source and continues to be ever-changing, so the terms listed in this paper may change in definition over time and are

directly impacted by their source's perspective. For this reason, the terms listed were chosen from a lens of being reputable in the LGBTQ+ community and in the autism community.

This further exposed the large gap in comprehension and communication between the people familiar with the gender identity spectrum and everyone else, including myself.

Therefore, terminology is a key piece to this paper. With each conversation of peers in the field of education, similar responses were given such as, "I want to know more, and I want to understand gender identity, but I don't know what the words mean." "I want to support students that identify outside of (cisgender), but I don't know how" and "I've never heard of the term non-binary before, and now students are labeling themselves as it, but I don't understand what it means."

<https://www.apa.org/pi/lgbt/resources/sexuality-definitions.pdf> is a resource published by the APA which compiles seven pages of terms and definitions from four different perspectives of the American Psychological Association. Even within the same organization, their terminology varies greatly depending on the use of the terms.

Regarding peer-reviewed journals, several early searches led me to sexuality instead of gender identity. After better educating myself on terminology and specifically focusing on gender identity and autism, these searches resulted:

Autism Spectrum Disorder and Gender–5034 hits

Autism Spectrum Disorder and Gender Dysphoria–168 hits

Autism Spectrum Disorder and Gender Identity–282 hits

To ensure quality and plausibility, the search was then narrowed to articles less than 10 years old.

Presentation of Studies

In this section, studies addressing gender dysphoria in both the population with ASD and the neurotypical population are presented thematically. The articles address factors that increase the incidence of gender dysphoria, generational changes in descriptions of gender and gender identity, and programs that address the effects of gender dysphoria.

Factors that Increase the Incidence of Gender Dysphoria

Gender dysphoria is how a person feels when they do not physically appear the way they identify. Some people may feel that their physical body does not represent how they feel and may decide to alter or change their body while others may simply wear clothing that is gender neutral or closer to the gender that they identify with. One question we need to ask ourselves is if we are causing gender dysphoria because of the expectations we as a society place on a person who does not fully identify with the sex they were assigned at birth.

If we were to actively promote gender neutral environments and minimize the need to assign gender to clothing and toys, we could ultimately decrease the frequency of gender dysphoria. Gender dysphoria is seen as a disorder that needs clinical reference. We need to recognize how to minimize the likelihood of gender dysphoria.

Jackson-Perry, D. (2020) questioned the notion that being autistic with gender identity on a spectrum should be seen as a deficit; instead, ASD gives a person the ability to be one's true self due to the fact that a common autistic trait is not to recognize social norms. Jackson-Perry, D. wrote: "Were autistic manifestations of gender not considered as de facto confirmations of deficit, then researchers would be freed up to consider alternative hypotheses, for example that

inflexibility may be a predictor of gender and sexual behavior and identity on the part of non-autistic cisgender heterosexuals.”

An individual’s gender identity is most likely an interaction of their biological and psychological make-up (George & Stokes, 2017), and certain ASD specific psychological characteristics may increase the risk of the development of gender dysphoric expressions (George & Stokes, 2017). Glidden et al. (2015) reported a co-occurrence of atypical gender identity and gender dysphoria amongst adults with ASD when compared to matched peers who are neurotypical.

Ehrensaft, D. (2018) described both gender identity and ASD as representing spectra, and thus, descriptions need to reflect this relation. Gender dysphoria in people with autism arises because “...notion of a gender web, a three-dimensional interweaving of nature, nurture, and culture, accompanied by a fourth dimension of time, in which each individual spins together their own unique gender identity (who I am as male, female, or other) and gender expressions (how I “do” my gender—dress, appearance, activities, etc.) to arrive at their authentic gender self” (p. 1). Because gender identity represents a spectrum, individuals may associate with their identities to varying degrees. According to Kallitsounaki, A., & Williams, D. (2019), higher functioning individuals who are diagnosed with ASD have “... a weaker inclination not only to identify with gender differentiated traits, but also (females, at least) to incorporate these into their self-concept” (p. 436)

Changes in the Generational View of Gender Identity

Age and cultural variables affect individuals’ conceptions of gender and gender identity. Derrida and Lyotard suggest culture affect language, and language shapes the

construction of knowledge. (Hall & Jagose, 2012, as cited in Purdue Writing Lab, n.d.)

Otherness and individuals who culturally identified as other provide lenses for understanding and for reinterpreting established cultural paradigms. Jackson-Perry, D. (2020) wrote: “It is possible that autistic subjectivity may be particularly well placed to carry out the project proposed in the introduction: to question both what we think we know about autism and what we may be able to know about sexuality and gender through autism” (p. 226). The belief that ASD and GD are deficits, disorders, or other should be changed. Understanding that people with autism may be more capable of factually identifying their gender identity and sexuality may change societal norms. These changes are already emerging. Landsverk, G. (2021) reported: “Both Gen Z and Y are far more likely to think of gender as a spectrum (and nonbinary or gender-neutral products and resources) than Americans aged 55 and older” (p. 1).

School and Community-Based Programs

School and community-based programs that improve the emotional well-being of the neurodiverse and transgender community are increasing. The greater number of programs reflects higher incidence of both ASD and GD. Van Der Miesen, A. I. R., Hurley, H., & De Vries, A. L. C. (2016) reported: “Just like the prevalence of ASD, an increase of the GD prevalence is reported over time, and gender identity clinics consequently report an increase in referrals” (p. 71).

A list of school and community-based programs and concomitant descriptions are attached in the Appendix.

Chapter 3: Conclusions and Recommendations

As a parent of a teen with ASD who identifies as non-binary, and as a special education teacher for students with autism, I must continue to learn about gender identity and neurodiversity. From my experiences, I perceive ASD as a disability for some, but not for all. I believe that society can decrease the frequency of gender dysphoria with education on gender identity. Understanding and correctly using terminology shows inclusion and support to people with ASD and people who are transgender non-conforming. I question whether ASD and non-traditional gender identities represent anything other than variants of typicality. I question why some scholars treat them as clinical conditions. Jackson-Perry, D. (2020) argued that society must "... question both what we think we know about autism and what we may be able to know about sexuality and gender through autism" (p. 226).

If we can teach parents and educators to recognize that gender identity is on a spectrum, it will decrease the social stigma of identifying as LGBTQ+ and minimize the need for clinical management. Broader society may benefit; individuals may be "...freed from the social constrictions and binding mores of 'correct' gender roles and behavior, allowing them a far more creative gender journey, in line with the 21st century understanding of gender in its multiplicity and expansiveness rather than its entrapment in two designated boxes" (Ehrensaft, D. 2018, p. 4080).

Recommendations for Future Research

Despite the existing research on autism spectrum disorder and the research on gender identity, very little research examines the relation between autism and gender identity. Most of the extant studies focused on the clinical diagnosis of gender dysphoria in relation to ASD.

Further research on why a person with autism may be more likely to identify on the gender identity spectrum is needed. Social and cultural factors that generate gender dysphoria must be investigated. These needed studies must be conducted through a window of inclusion, not through the lens of ableism.

Terminology needs to be standardized with a lens unaltered by societal norms. The definitions, names, and timelines related to terminology impacts the meaning of each word and how it is used. The use of definitions, labels, and pronouns is directly related to recognizing how a person identifies, and it is a way to show respect for how a person identifies. Gender identity is clarified with the words used to refer to a person and it is imperative that the words are not derogatory and are used in the context of respect. Future research should examine teaching parents, educators, and other professionals how to use the correct pronouns and to study the effects of such changes. The difficulty in calling one's child by a different pronoun consistently is only to be compared to the difficulty of being the person who does not identify with their sex assigned at birth.

Implications for Current Practice

Multiple implications result from this review. First, gender identity and autism were defined, acknowledged, and discussed. This language provides educators with inclusive vocabulary that may provide social and emotional support to some students. Normalizing conversations around gender identity spectrum must occur, and it must be approached from an educational and scientific perspective as opposed to a political or personal belief system. The stigma associated with people who are not cisgender must be eradicated. Finally, teachers must

be intentional about creating and maintaining a safe and accepting gender neutral environment in the classroom which will improve the level of inclusivity to all students.

References

- American Psychological Association. (n.d.). *Definitions related to sexual orientation and gender diversity in APA documents*. <https://www.apa.org/pi/lgbt/resources/sexuality-definitinos.pdf>.
- American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. *American Psychologist*, *70*(9), 832–864. <https://doi.org/10.1037/a0039906>
- Ehrensaft, D. (2018). Double helix rainbow kids. *Journal of Autism and Developmental Disorders*, *48*(12), 4079–4081. <https://doi.org/10.1007/s10803-018-3716-5>
- Gender Spectrum. (n.d.). The Language of Gender. <https://genderspectrum.org/articles/language-of-gender>
- George, R., & Stokes, M. A. (2017). Gender identity and sexual orientation in autism spectrum disorder. *Autism*, *22*(8), 970–982. <https://doi.org/10.1177/1362361317714587>
- Human Rights Campaign. (n.d.). *Sexual orientation and gender identity definitions*. <https://www.hrc.org/resources/sexual-orientation-and-gender-identity-terminology-and-definitions>.
- Jackson-Perry, D. (2020). *Scandinavian Journal of Disability Research*. <https://doi.org/10.16993/sjdr.634>.
- Kallitsounaki, A., & Williams, D. (2019). *A relation between autism traits and gender self-concept: Evidence from explicit and implicit measures*. <https://link.springer.com/article/10.1007/s10803-019-04262-z#:~:text=In%20conclusion%2C%20the%20current%20study,these%20into%20their%20self%2Dconcept>.

Landsverk, G. (2021). *Gen Zers are less progressive than millennials about gender identity and stereotypes, a new survey says*. <https://www.insider.com/millennials-more-progressive-than-gen-z-about-gender-survey-finds-2021-2>.

Merriam-Webster. (n.d.). *Neurotypical*. <https://www.merriam-webster.com/dictionary/neurotypical>.

National Autism Association. (n.d.) *NAA autism fact sheet*. <https://nationalautismassociation.org/resources/autism-fact-sheet/>.

Purdue Writing Lab. (2021). *Gender Studies and Queer Theory // Purdue Writing Lab*. Purdue Writing Lab.
https://owl.purdue.edu/owl/subject_specific_writing/writing_in_literature/literary_theory_and_schools_of_criticism/gender_studies_and_queer_theory.html.

The Center. (n.d.). *What is LGBTQ+?*. <https://gaycenter.org/about/lgbtq/>

Van Der Miesen, A. I. R., Hurley, H., & De Vries, A. L. C. (2016). Gender dysphoria and autism spectrum disorder: A narrative review. *International Review of Psychiatry*, 28(1), 70–80.
<https://doi.org/10.3109/09540261.2015.1111199>

Appendix

Center of Expertise on Gender Dysphoria, Department of Child and Adolescent Psychiatry, VU University Medical Center in Amsterdam, The Netherlands

<https://www.vumc.com/departments/center-of-expertise-on-gender-dysphoria.htm>

Research is organized in a multidisciplinary Gender Dysphoria Research Group that works together in a European network for research into gender incongruence with hospitals and institutes in Belgium, Finland, Germany, Italy, Norway, Serbia and the United Kingdom. In North America, the VU University Medical Center Amsterdam has established partnerships with institutions in Chicago, Minneapolis, and Toronto.

Gender and Autism Program at Children’s National Medical Center in Washington, D.C.

<https://childrensnational.org/departments/gender-development-program/gender-and-autism-program>. The Gender and Autism (and Related Conditions) Program at Children’s National Hospital is dedicated to supporting youth with gender and autism (or related conditions) through evaluations, consultation and a specialized ongoing support program.

The Human Rights Campaign

<https://www.hrc.org/>

A force of more than 3 million members and supporters nationwide. As the largest national lesbian, gay, bisexual, transgender and queer civil rights organization, HRC envisions a world where LGBTQ people are ensured of their basic equal rights, and can be open, honest, and safe at home, at work, and in the community.