2020

Exploring the Competencies of Educators who Serve Transgender Learners in Secondary School

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Walden University
February 2020

Abstract

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Dissertation Submitted in Partial Fulfillment

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Abstract

The majority of transgender youth have learning experiences in school that are less than optimal; however, there is a paucity of research on the competencies of educators of transgender learners that could ameliorate the comorbidities and adversities they endure in secondary school. The purpose of this study was to explore what knowledge, attitudes, and skills educators apply to serve transgender learners in secondary school. The conceptual framework of servant leadership was used in this inquiry. A single case study design was used to examine a secondary school participating in the Alberta Sexual Orientation and Gender Identity Educator Network that serves all students, including transgender learners. Seven educators from various disciplines and roles participated in a staged collection of data sources, including (a) a document, (b) a questionnaire, and (c) an interview. Data were analyzed using a priori coding, followed by pattern coding. Results showed that educators applied an interrelated and mutual standard of knowledge conventions, attitudinal compassions, and skillful collaborations through various dimensions of servant leadership unique to transgender learners. Educators collectively (a) drew from knowledge largely based on professional experience and grounded in what students had experienced; (b) drew upon attitudes largely based on a shared level of agreement for their thoughts, positions, and feelings and grounded in acceptance, empathy, and focus on the student; and (c) demonstrated skills largely based on their individual roles and grounded in backing students. The findings of this study contribute to positive social change by informing the paradigms, perceptions, and practices of professionals who serve this marginalized group of learners in secondary education.

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Dedication

This academic endeavor is dedicated to all the students, and those who serve them, trying to navigate the reciprocal game of learning and teaching. In particular, to the transgender students who trust us, their teachers, regardless of how we identify in terms of gender, sexuality, name, or pronoun to coach them towards their personal bests. Thank you for giving us the opportunity to practice with you in preparation for the mutual game of life - listening, learning, and leading towards our collective bests. Let the human spirit of the game, simplify the rules of sportsmanship in the same, for others to contribute to positive social change.

Acknowledgments

I would like to acknowledge those individuals who helped me throughout my doctoral journey. To my committee members, thank you for your patience, guidance, expertise, and fellowship. To my research participants, thank you for your dedication and diligence in sharing your experiences about serving transgender learners. To my associates, thank you for the engaging in timely think tanks and inspiring me to stay the course for the greater good. To my colleagues, thank you for being collaborative instructional leaders and empowering me to do my best for students. To my husband, thank you understanding who I am and respecting the time and space needed to do my best. To my sister, thank you for encouraging a purposeful path and recognizing my hard work. To my neighbors, thank you for entertaining needed brain breaks and being open to learning about my topic. To my friends, thank you for being there in spirit and with spirits at milestones along the way. And alas, to my fur-real kids, thank you for stealing me from the computer for a walk every day, talking me through my academic neurosis hourly without pay, and comforting me in all the ways. Together, you helped me, complete the research that was meant to be.

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Chapter 1: Introduction to the Study

Concerning transgender learners in secondary schools across Canada, 23% of experienced educators looked the other way and/or even contributed to homophobic and transphobic comments (Taylor et al., 2011). Ninety percent of educators in secondary schools across Canada felt students should express their gender freely; 86% supported lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) content in curriculum; and 76% felt confident to "respond effectively [to] LGBTQ incidents" (Taylor et al., 2015, p. 21). However, the lowest rates of participation in LGBTQ inclusive education came from 15% of educators in the Prairies provinces (Taylor et al., 2015). Of the 4.4% of transgender learners in secondary schools across Alberta, 50% felt unsafe at school, 71% experienced discrimination, 59% were bullied, 35% were physically threatened/injured, and 38% had poor mental health (Wells et al., 2017). Compared to cisgender peers, transgender youth experience higher rates of victimization (Taylor & Peter, 2011) and psychological comorbidities (Veale, Watson, Peter, & Saewyc, 2017), including "depression, anxiety, isolation, self-harm, [and] suicidality" (Olson & Garofalo, 2014, p. 132). The victimization and comorbidities endured by transgender youth affected meaningful measures of learning to be served by educators (Learning Bar, 2018). Given the disconnect between the experiences of transgender youth and the perceptions and practices of educators who served them (Taylor et al., 2016), the goal of this study was to explore the competencies of educators who serve transgender learners in secondary school.

The moderating effects of knowledgeable (Olson & Garofalo, 2014), positive (Ullman, 2016), and supportive (Kosciw, Palmer, Kull, & Greytak, 2013) adults found in studies inclusive of transgender youth could be applied to address the learning measures for transgender youth. These moderators resembled the interrelated knowledge, attitudes, and skills (KASs) competencies standard to all educators in service of optimal learning experiences for *all* students outlined by the Government of Alberta (GOA; Government of Alberta, 2018a, 2018b, 2018c). These professional standards include (a) the consideration of student variables, such as gender, and (b) the establishment of inclusive learning environments for all learners (GOA, 2018a, 2018b, 2018c). Likewise, these standards align with federal legislation to protect the human rights of all individuals who identify and express themselves according to their perceptions of gender (Bill C-16, 2017) and provincial legislation to protect the learning rights of LGBTQ students and presence of gay-straight alliances (GSAs) in all schools (Bill 24, 2017). Given the current research, standards, and legislation, the platform of GSAs was a logical point of inquiry from which to address the places required for the safety and inclusion for transgender youth. However, a comprehensive review of literature about the service of transgender youth incited a literal point of inquiry: the professionals responsible for the safety and inclusion of transgender youth. Hence, this study was warranted in order to gain a better understanding of how educators apply competencies to serve transgender youth with optimal learning experiences.

If transgender youth are to be served with optimal learning experiences, then "schools will need to offer a suitable nuanced approach" (Jones et al., 2015, p. 167). As

such, educators need "be intentionally inclusive to the needs of [transgender learners]" (Toomey, McGuire, & Russell, 2012, p. 195) across meaningful measures of learning for *all* students. This intentional inclusion could be served by educators who apply improved paradigms about, perceptions of, and practices for transgender learners at the secondary level. To echo the Twitter hashtag, #transrightsarehumanrights, educators need be principled by a social justice pedagogy of their own: #transrightsarelearningrights. Therefore, the findings of this study may have social implications for furthering innovative learning and instruction, improving professional competency, and contributing to positive social change.

Chapter 1 is composed of six sections. In a brief background of literature related to educator competency for transgender learners, I state the problem and establish the need for a formal inquiry. While providing the purpose of the formal inquiry, I address the nascent phenomenon as per specified research questions. The conceptual framework of servant leadership is framed in terms of its connection to the topic, contribution to design, and nature of the study. Definitions of key terms and concepts are stated, assumptions of participants are presented, the scope and delimitations of the study are outlined, and the limitations of the study are acknowledged. Next, contributions of significance to education and implications for social change are provided. Finally, I conclude with a summary of points from this chapter and the following chapter.

Background

As related to the scope of this study, I conducted a review of literature from around the world according to the three components of educator competency. Since little

was known about the competency of educators who serve transgender learners, literature pertaining to the knowledge of, attitudes towards, and skills for transgender youth were accessed from multiple disciplines and professions. Upon extensive analysis and synthesis, I proposed that an educator might serve transgender youth with optimal learning experiences given the summary of disciplines, circumstances, and approaches that follow.

The first component of educator competency is *knowledge* (K). There were four academic disciplines that informed the ways in which educators might understand transgender youth. From the humanities discipline, assumptions of gender were challenged by theories like queer theory (Blaise & Taylor, 2012; Goodrich, Luke, & Smith, 2016) and transgender theory (Nagoshi & Brzuzy, 2010) and processes for transgender learners were described by concepts like transgender emergence model (Lev, 2004b) and minority stress framework (Hendricks & Testa, 2012). Additionally, the ways in which transgender learners were affirmed through language, including gender identity (Ehrensaft, 2012; Rossi & Lopez, 2017); sexual orientation (Dentice & Dietert, 2015; Nagoshi, Terrell, Nagoshi, & Brzuzy, 2014); and gender expression (Kuklin, 2014; Leibowitz & de Vries, 2016) as well as interpersonal validation (Ehrensaft, 2017; Richards et al., 2016) and communication (Coleman et al., 2012; Fink & Miller, 2014; Pan & Moore, n.d.). And the ways in which transgender learners were supported theologically varied in tolerance (Agoramoorthy & Hsu, 2015; Corless, 2004; Gess, 2016; Kalbasi-Isfahani & Deleer, 2016; McCarty, 2015; Wirth, 2015); resolution (Liboro, 2015; Shah, 2016); and interaction (Super & Jacobson, 2011; Venn-Brown, 2015). From

the discipline of humanities, there were theoretical, conceptual, lingual, and theological paradigms that could have contributed to an educator's understanding of what is known about transgender learners.

From the social sciences discipline, the recognition of transgender learners varied culturally among island (Schmidt, 2016; VanderLaan, Petterson, Mallard, & Vasey, 2015) and mainland (Diehl et al., 2017; Page & Daniel, 2016) ethnicities. Additionally, the composition and progression of transgender learners varied developmentally in terms of constructs (Alberta Teachers' Association, 2017; Drescher & Byne, 2012; Ehrensaft, 2017) and stages of influences (Dunham, Baron, & Banaji, 2016; Zucker, Lawrence, & Kreukels, 2016). The comprehension of what being transgender entails was assessed metrically according to transgender (Deogracias et al., 2007; Kozee, Tylka, & Bauerband, 2012; Testa, Habarth, Peta, Balsam, & Bockting, 2015) and cisgender (Kanamori, Cornelius-White, Pegors, Daniel, & Hulgus, 2017; Tebbe, Moradi, & Ege, 2014; Walch, Ngamake, Francisco, Stitt, & Shingler, 2012) positions. Likewise, the condition of transgender was diagnosed psychologically via protocols prepared by the World Health Organization (WHO; World Health Organization, 2017) and the American Psychiatric Association (APA; American Psychiatric Association, 2013). From the discipline of social sciences, there were cultural, developmental, metrical, and psychological paradigms that could have contributed to an educator's understanding of what is known about transgender learners.

From the natural sciences discipline, the physiological presentation of transgender learners may be informed by the endocrine system via disorders of sexual development

(Jürgensen et al., 2014; Lee et al., 2016). A person's presentation may also be informed by the nervous system via differences in brain structure and function (Guillamon, Junque, & Gómez-Gil, 2016; Kreukels & Guillamon, 2016). From the discipline of natural sciences, there was a physiological paradigm that could have contributed to an educator's understanding of what is known about transgender learners.

Finally, from the applied sciences discipline, medical care of transgender learners may be categorized by stage of human development (Coleman et al., 2012; World Professional Association for Transgender Health, 2011), including theoretical care models of affirmative social support in childhood (Ehrensaft, 2017; Ristori & Steensma, 2016; Turban, 2017); permanence varied interventions for controlled physical support in adolescence (Abel, 2014; Alegría, 2016; Edwards-Leeper, Leibowitz, & Sangganjanavanich, 2016; Ehrensaft, 2017; Leibowitz & de Vries, 2016; Steever, 2014; Van Meter, 2016); and preferred areas of alignment for sequenced surgical support in adulthood (Ahmad et al., 2013; Kuyper & Wijsen, 2014; Richards, 2016; Zucker et al., 2016). From the discipline of applied sciences, there was a medical paradigm that could have contributed to an educator's understanding of what is known about transgender learners.

The second component of educator competency was *attitudes* (A). There were two learner circumstances that might influence the ways in which educators are mindful of transgender youth. Within the comorbidity circumstance, the prevalence of complex psychological profiles could compound the lived experiences of transgender youth. Referrals for transgender youth with concurrent psychological diagnoses, as defined by

the APA (2013), were 60% and 63% at Canadian and U.S. gender identity clinics, respectively (Bechard, VanderLaan, Wood, Wasserman, & Zucker, 2016; Chen, Fuqua, & Eugster, 2016), and as high as 75% at a Finnish gender identity clinic (Kaltiala-Heino, Sumia, Työläjärvi, & Lindberg, 2015). Therefore, more than half of transgender youth had psychological comorbidities.

Among these referral clinics and other individual cases, transgender youth presented with psychological conditions in a number of categories: neurodevelopmental, depressive, anxiety, obsessive compulsive, trauma and stressor related, feeding and eating, disruptive, impulsive control, and conduct disorders (Bechard et al., 2016; Chen, et al., 2016; Kaltiala-Heino et al., 2015). Likewise, these referral clinics found transgender youth were symptomatic of other conditions that may be a focus of clinical attention, including personal histories of psychological trauma, self-harm, and personal risk factors. Evidenced disorders unconfirmed formally across these clinics were schizophrenia, psychotic, personality, and substance related and addictive disorders. Other subcategories also described of transgender youth at these clinics pertained to relational problems, abuse and neglect, housing and economic problems, social environment, crime/interaction with the legal system, psycho-social personal/environmental circumstances, access to medical/other health care, and educational and occupational problems. Within the circumstance of comorbidity, concurrent conditions and difficulties related to transgender youth could have influenced/impacted optimal learning opportunities in multiple areas.

Within the adversity circumstance, the perceptions of transgender learners and perceptions of educators who served them, are conflicted. A national study of LGBTQ learners and teachers of LGBTQ learners was conducted in two phases, respectively (Taylor et al., 2011, 2015). In the first phase, 74% of learners who identified as transgender reported being verbally harassed because of their gender expression, and 23% were subjected to daily/weekly transphobic comments from their teachers; yet, positive relationships with peers and adults were found to mitigate such harassment (Taylor et al., 2011). In the second phase, 90% of educators agreed that students should be free to express their gender as they see fit, and "participants in schools with transphobic harassment policies were much less likely to hear [transnegative comments], and far less likely if they had been well trained in the policy" (Taylor et al., 2015, p. 18). Therefore, the impact felt by learners differed from the ideals put forth by educators.

When survey data of transgender youth from a health care focus in Canada (Wells et al., 2017) and learning focus in Australia (Jones et al., 2015) were analyzed according to meaningful measures of learning (Learning Bar, 2018), the areas of concern perceived by learners were related to Social-Emotional Outcomes, Physical Health Outcomes, Drivers of Student Outcomes, and Demographic Factors. When survey data of educators who serve LGBTQ youth in the United States (Collier, Bos, & Sandfort, 2015; Perez, Schanding, & Dao, 2013; Vega, Crawford, & Van Pelt, 2012) were compared to educators of LGBTQ youth from Canada (Taylor et al., 2015, 2016), six themes pertaining to safety, equality, spirituality, reality, heteronormativity, and professionality prevailed. Since the data of educators specific to transgender youth were not delineated in

these studies, individual accounts of transgender youth described by Kuklin (2014) were drawn from to elaborate on these themes. In comparing these themes and accounts to the same meaningful measures of learning, the sole area of concern perceived by educators was related to drivers of student outcomes. Within the circumstance of adversity, the discrepancy between actual experiences of transgender youth and assumed experiences for transgender youth could have influenced/impacted optimal learning opportunities in multiple areas.

The third component of educator competency is *skills* (S). There were three professional approaches that might influence the ways in which educators engaged in service for transgender learners. Through a school approach, there were policies at various levels of the education system to help schools promote positive social change for transgender learners: (a) policies regarding inclusive education as outlined by the Alberta School Boards Association (ASBA; Alberta School Boards Association, 2018) and the GOA (2017), (b) inclusive athletics as outlined by the Alberta Schools Athletic Association (ASAA; Alberta Schools Athletic Association, 2017), (c) guidelines for best practice as outlined by the GOA (2016), and (d) a code of professional conduct as outlined by the Alberta Teachers' Association (ATA; Alberta Teachers' Association, 2004) to support sexual and gender minority students. However, policies regarding harassment, bullying dress code, facility use, and records management were essentially left to individual schools to develop and revise as needed. In part, there were provincial networks specializing in sexual orientation and gender identity (SOGI) inclusive education to help address these needs and build the capacity of educators and learners as

supported by the ARC Foundation (2018) and the Institute for Sexual Minority Studies and Services (2018).

Likewise, there were places in school, like GSA clubs, where transgender learners could go for needed supports and advocacy (Kassen & Lapointe, 2013). In one study, GSAs and antibullying/harassment policies had a positive effect on transgender youth more than their LGB peers (Greytak, Kosciw, & Boesen, 2013). Conversely, in another study, GSAs did not necessarily (a) acknowledge transgender youth within the LGBTQ minority group, (b) protect them from teacher born transphobia, or (c) generate related policies to empower and protect transgender youth (Fetner, Elafros, Bortolin, & Drechsler, 2012). Through the school approach, there were policies, projects, and places that educators could access to serve transgender learners.

Through a role approach, professional standards described the KASs an educator must demonstrate in service of optimal learning opportunities for all students (GOA, 2018c). In a leading role, the professional standards for superintendents (GOA, 2018b) and principals (GOA, 2018a) do not delineate the KASs required to serve transgender learners explicitly. Turning to the research, superintendents served transgender learners via policy and professional development (Curtis, 2016; Workman as cited in Eckes, 2017), and principals served transgender learners via environmental scans and social transition plans (Rodela & Tobin, 2017) as well as social justice activities (Fusarelli & Eaton, 2011).

In a counselling role, the professional standards for counsellors (Access and Privacy Service Alberta, 2007) do not delineate the KASs required to serve transgender

learners explicitly. Turning to the research, counsellors served transgender learners via assessment, intervention, and networking (Harper & Singh, 2013) as well as ally/alliance development (Harper & Singh, 2014).

In a teaching role, the professional standards for educators of special education (GOA, 2004) do not delineate the KASs required to serve transgender learners explicitly. Turning to the research, special education teachers served transgender learners via targeted provisions, such as alternative schooling, empowerment activities, protective adults, and best practice sharing (Meyer, Tilland-Stafford, & Airton, 2016). Conversely, other special education teachers served transgender learners based on inadequate training, unfounded assumptions, and professional compliance (Arrieta & Palladino, 2015).

In an advising role, the professional standards for advisors of GSAs (Wells, 2015) do delineate the KASs required to serve transgender learners generally. Turning to the research, GSA advisors served transgender learners out of concern for student safety and professional obligation (Graybill et al., 2015) as well as self-efficacy to relate, support, and sustain a GSA club (Poteat & Scheer, 2016). Through the role approach, there were leading, counselling, teaching, and advising roles that could serve transgender learners.

Through a team approach, professionals from within fields and/or across field compose multidisciplinary teams (MDTs) that served transgender learners. In health care, gender identity clinics might have MDTs composed of psychiatrists, psychologists, social workers, and psychotherapists (Skagerberg, Parkinson, & Carmichael, 2013) as well as endocrinologists, family physicians, pediatricians, nurses (Fines & Richardson, 2017), dieticians, and family members (Strandjord, Ng, & Rome, 2015). However, educators

had yet to be included these health care MDTs, according to the literature. In education, the collaborative approach of a parent, counsellor, principal, and consultant who served the needs of a transgender child in elementary school was narrated in one study (Slesaransky-Poe, Ruzzi, Dimedio, & Stanley, 2013). The student's optimal learning experience was attributed to 10Cs of success (Slesaransky-Poe et al., 2013), including three of the same qualities found in successful MDTs in nursing: compassion, courage, and commitment (Ndoro, 2014). The concept of an alliance prevailed across MDTs in (health care and) education by virtue of the relational competency required to serve transgender youth. Albeit in different ways across the ally spectrum, it appeared that leaders wanted to learn, counsellors addressed their barriers, teachers supported in various ways, and advisors were diverse (Navetta, 2016). Through the team approach, there were various professionals in health care and education who composed MDTs and alliances that could serve transgender learners.

Regarding the educational service of transgender youth, the notion of competency was a gap in academics that needed to be explored. This competency gap was composed of three interrelated competencies. In terms of the knowledge component, much was known about the concept of transgender individuals across disciplines; yet, little was known about the paradigms held by educators related to these disciplines. In terms of the attitudes component, much was known about how transgender youth perceive their circumstances; yet, little is known about the perceptions of educators related to these circumstances. In terms of the skills component, much was known about how transgender youth may be approached with service; yet, little is known about the practices of

educators related to these approaches. Therefore, the gap in academia that was addressed in this study included the interrelated paradigms, perceptions, and practices of educators who serve transgender learners at the secondary level. This study was needed because it could advance an understanding of what KASs guided the service of optimal learning experiences for transgender youth.

Problem Statement

The problem addressed in this study was that little is known about how educators in a secondary school are responding to the complex learning needs/experiences of transgender youth. In particular, research about the applied competencies of educators to serve transgender youth with optimal learning experiences had yet to be conducted and/or published. Among scholars, there was evidence of consensus that this problem is current, relevant, and significant. Most recently, the problem has been well documented in the literature in terms of: (a) knowledge, the development (Ehrensaft, 2017; Holt, Skagerberg, & Dunsford, 2016; Lemaster, Delaney, & Strough, 2017; Vrouenraets, Fredriks, Hannema, Cohen-Kettenis, & de Vries, 2016) and treatment of transgender youth (Costa et al., 2015; de Vries et al., 2014; Gridley et al., 2016; Olson & Garofalo, 2014; Vrouenraets, Fredriks, Hannema, Cohen-Kettenis, & de Vries, 2015); (b) attitudes, a mindfulness of the comorbid (Aitken, VanderLaan, Wasserman, Stojanovski, & Zucker, 2016; Day, Fish, Perez-Brumer, Hatzenbuehler, & Russell, 2017; Shiffman et al., 2016; Veale et al., 2017) and adverse circumstances experienced by transgender youth (Kuklin, 2014; Taylor et al., 2016); and (c) skills, the difficulties for educators of transgender learners (Harper & Singh, 2014; Meyer et al., 2016; Poteat & Scheer, 2016; Rodela &

Tobin, 2017). The problem was relevant in several contexts, especially in the mental health care needs of transgender youth (Bechard et al., 2016; Chen et al., 2016; Kaltiala-Heino et al., 2015) and optimal learning care needs of transgender youth (Taylor et al., 2011; Ullman, 2015; Wells et al., 2017). The problem continues to be significant because an increased understanding of educator competencies for transgender youth would advance knowledge in the field of education, describe practices and policies at the secondary level, innovatively tend to the reciprocation of learning and teaching, and professionally advocate for a marginalized population of learners.

Researchers have addressed solutions to the problem with varying approaches. In terms of knowledge, the cause and cure lay theories of transgender reflected in a mixed methods study of young adults from Britain (Furnham & Sen, 2013) could be elaborated on by educators in Canada. In terms of attitudes, the social, behavioral, and engagement needs of gender variant children recognized in a qualitative study of children, parents, and professionals (Riley, Sitharthan, Clemson, & Diamond, 2013) could be extended to focus on the learning needs of transgender youth as recognized by educators. In terms of skills, the fear and anxiety responses of educators revealed in a qualitative study of those who served transgender learners at the elementary level (Payne & Smith, 2014) could be explored through a similar inquiry at the secondary level. Furthermore, the mental health and medical health professionals who collaboratively served the psychological and physical wellness needs of transgender youth at a gender clinic in Boston (Tishelman et al., 2015) could be inquired about, in part, by involving educational health professionals (per se) who serve the related learning needs of transgender youth. Therefore, there was a

need for increased understanding of the paradigms, perceptions, and practices of those educators who serve transgender learners at the secondary level.

Purpose of the Study

The purpose of this study was to explore what KASs educators applied to serve transgender learners in secondary school. Simply stated, the phenomenon I addressed in this qualitative inquiry was educator competencies for transgender learners. The research questions were based, in part, on the conceptual framework and propositions that emerged from the literature reviewed for this study. These questions were posed on a central and related research level.

Research Questions

The following central research question (CRQ) and related research questions (RRQs) guided this study:

CRQ: How do educators apply professional competencies (i.e., knowledge, attitudes, and skills) to serve transgender learners in secondary school?

RRQ1: What professional knowledge do educators draw from to serve transgender learners in secondary school?

RRQ2: What professional attitudes do educators draw upon to serve transgender learners in secondary school?

RRQ3: What professional skills do educators demonstrate to serve transgender learners in secondary school.

Conceptual Framework

The phenomenon of this study was educator competencies for transgender learners as served through a person's KASs. As such, the conceptual framework for this study was rooted in servant leadership as presented by Liden, Wayne, Zhao, and Henderson (2008). This conceptualization of servant leadership is based on seven dimensions with logical connections to competency components of the inquiry topic:

1. *emotional healing* relates to the mindfulness of educators of/towards transgender youth (A);
2. *creating value for the community* relates to the worthy intention of SOGI inclusive education (S);
3. *conceptual skills* relates to disciplines of educators about transgender learners (K);
4. *empowering* relates to practices of educators to help transgender learners make engagement and learning choices based on their needs and abilities (A and S);
5. *helping subordinates grow and succeed* relates to the practices of educators that promote the engagement and achievement transgender learners (S);
6. *putting subordinates first* relates to practices of educators to prioritize service based on the needs of transgender learners (A and S); and
7. *behaving ethically* relates to the professional standards common to all educators and pursuant to their given roles (K, A, and S).

While this notion of servant leadership was validated in a few countries, applied in a business context, recognized in literature reviews, and innovated for use in higher education, it had yet to be purposed in the context of secondary education and/or for transgender learners. In a metric validation by Liden et al. (2008), it was proposed that the degree to which these leadership dimensions are present could predict the commitment, behavior, and performance of followers. From a qualitative position of inquiry, evidence of these leadership dimensions could inform how the learning measures of transgender youth are being served by educators. A thorough examination of each dimension of servant leadership, the history of servant leadership, and the ways in which educators have/have yet to serve transgender learners across competency components can be found in Chapter 2.

The conceptual framework of servant leadership related to this qualitative approach in that I explored the scholarly gap of interrelated competencies applied by educators to serve transgender learners. Data analysis included an examination of the service gaps in paradigms, perceptions, and practices with respect to the KASs that compose educator competency. In terms of instrument development, I embedded the concept of (held, reflected, and demonstrated) service in all drill-down questions for the journal, questionnaire, and interview. And finally, I used these dimensions of servant leadership as an interpretive lens to discuss the findings from this qualitative study in Chapter 5.

Nature of the Study

I employed a qualitative research approach in this study. In reflecting on the advice by Korstjens and Moser (2017), this approach was appropriate because it aligned with the nature of research problem, questions, and objectives of the investigation. In this study, a key objective of qualitative research was to understand "the phenomenon of interest from the participants' perspectives, not the researcher's" (Merriam & Tisdell, 2016, p. 16) and juxtaposed to what was presented in the review of literature. Because serving transgender learners is a relatively new and sensitive topic, a qualitative research approach was helpful in gaining an in-depth understanding of what competencies were applied by educators to serve transgender learners with optimal learning experiences.

For this study, the key phenomenon investigated was educator competencies for transgender learners. When separated into parts, I investigated the KASs drawn from, drawn upon, and demonstrated by educators, respectively, to serve transgender learners. Therefore, a single case, exploratory study approach was appropriate for a number of reasons. First, it allowed me to address the phenomenon and RRQs (see Merriam & Tisdell, 2016). This approach also allowed me to use the *how* and *what* lines of questioning in an exploratory nature (see Tellis, 1997). Finally, the case was bound by a unique qualifier related to the unit of analysis (Yin, 2014) – participation in the Alberta SOGI Educator Network. The unit of analysis (i.e., case) for this study, its selection logic, sampling strategy, and selection criteria are detailed in Chapter 3.

Within this unit of analysis, educators from various roles were invited to share what competencies they applied towards the transgender learners that they serve. As the

primary investigator for this single case, exploratory design, I collected data from multiple sources (see Yin, 2014). In preferred order, participants remotely responded via journal, survey, and interview about their professional competency attributes for transgender learners. My analysis of data took place in two cycles. The first cycle involved a priori coding based on the revised standard for teaching quality to chunk the data into large groups. The second cycle involved pattern coding to drill down large group data into smaller groups of commonalities. As the primary investigator, I was responsible for collecting, managing, analyzing, interpreting, challenging, and reporting the data and findings (see Merriam & Tisdell, 2016; Miles, Huberman, & Saldaña, 2014). The instruments prepared to collect data commensurate to the research questions are also detailed in Chapter 3 and listed in the Appendices.

Definitions

In this section, I define key concepts or constructs related to this qualitative topic of inquiry. Where applicable, key terms with multiple meanings are also disclosed. For a comprehensive list of related terminology and common acronyms recognized in this study, Appendix A includes a Glossary of Terms.

Cisgender: A concept referring to those individuals whose gender assigned at birth by others aligns with their gender perceived at present by themselves (Kahn, 2016). The term cisgender tends to include a "nontransgender/transsexual person whose gender identity, gender expression and natal (birth) sex align with conventional expectations of male or female" (ATA, 2017, p. 15). Cis- comes from the "Latin root meaning *on the same side [as]* or *on this side [of]*" (Brill & Kenney, 2016, p. 307).

Competency: A construct referring to an interrelated set of "knowledge, skills, and attitudes" (Rossi & Lopez, 2017, p. 1330) which are "developed over time and drawn upon and applied [by educators] to a particular teaching context in order to support optimum student learning" (GOA, 2018c, p. 3). The term educator is used interchangeably with the term teacher and or the assignments/roles a person might fill, including superintendent, director, manager, coordinator, consultant, administrator, counsellor, advisor, department head, faculty lead, and learning coach.

Gender: A concept referring to the interrelated components of a person's identity, expression, anatomy, and sexuality according to cultural norms of femininity and masculinity (ATA, 2017; Ehrensaft, 2017). How a person chooses to dress, interact, or take interest "[is] not genetically based" (ATA, 2014, p. 14).

LGBTQ: An acronym used to collectively represent the "diverse sexual orientations, gender identities and gender expressions" (ATA, 2017, p. 15) of individuals who identify as "lesbian, gay, bisexual, transgender, and queer/questioning" (Peter, Taylor, & Campbell, 2016, p. 195). There are other long and short acronyms to acknowledge a multitude of identities such as: LGBT, and LGBTI/LGBTQI to include *intersex* (Vega et al., 2012), LGBTIQ2S+ to include *two-spirit* (TS) and *other* people of color and emerging identities (Edmonton Pride Festival Society, 2018), and SGM to capture all sexual and gender minority identities (ATA, 2017).

Secondary: A level of schooling composed of [learners] in Grades 7–12 and preceded by [learners] in Grades K–6 at the elementary level (ATA, 2017; Ullman, 2016). Other terms used interchangeably in this context are (secondary and) high school

and (learners and) students (Taylor & Peter, 2011) as well as adolescents and youth (Sloat, Audas, & Willms, 2007).

Transgender: A concept referring to those individuals whose gender assigned at birth by others does not align with their gender perceived at present by themselves (Kahn, 2016). The term transgender tends to include trans; trans-identified TS (ATA, 2017); and other gender categories, such as gender nonconforming (GNC); genderqueer or nonbinary (NB); gender fluid (GF); as well as, agender and androgynous, to name a few (Kahn, 2016, p. 71). Other terms related to transgender used interchangeably included trans female/girl/woman (MTF) and trans male/boy/man (FTM) as described by the World Professional Association for Transgender Health (WPATH; WPATH, 2011). Trans- comes from the "Latin root meaning *across*, *beyond*, or *on the opposite side [of]"* (Brill & Kenney, 2016, p. 307).

Assumptions

For this study, there were a few assumptions believed to be true by intention and critical to exploration. First, I assumed that participants "[would] provide inclusive learning environments in which diversity [was] respected and members of the school community [were] welcomed, cared for, respected and safe" (GOA, 2018c, p.1), according to professional standards. I also assumed that participants would use SOGI inclusive education strategies that contributed to optimal learning experiences for transgender youth. Another assumption was that participants would provide reflective and honest responses in the journal, questionnaire, and interview collections of actual practices to serve transgender learners. Finally, I assumed that participants would not

deter one another from providing authentic individual accounts of service for transgender learners. In the context of this study, these assumptions were necessary in order to gain insight about the competency of educators in their professional roles.

Scope and Delimitations

The scope of a study includes the parameters of that study and rationale for selection. The specific components of the research problem addressed in this study included the KASs applied by educators to serve transgender learners in secondary school. I chose this specific focus because it would contribute to multiple gaps in literature about optimal education for transgender youth.

Within this qualitative inquiry, several boundaries existed. By design, this single case study was bound to a school that was implementing SOGI inclusive education strategies. By population, participants included permanent licensed educators who knowingly serve transgender learners at the secondary level. Since qualitative studies involving educators for transgender learners at the elementary level were conducted previously (Payne & Smith, 2014; Slesaransky-Poe et al., 2013), I chose a similar population of educators and transgender learners, albeit at the secondary level instead. The application of competency components examined in the literature was grounded through the conceptual framework of servant leadership (see Liden et al., 2008). While theories and frameworks most related to this area of study, such as queer theory (Blaise & Taylor, 2012; Daley & Mulé, 2014; DePalma, 2013; Stiegler & Sullivan, 2015); transgender theory (Fleming, 2015; Nagoshi, Brzuzy, & Terrell, 2012); and minority stress frameworks/models (Goldbach & Gibbs, 2015; Hendricks & Testa, 201; Testa et

al., 2015) were examined with transgender learners in various articles and research across disciplines, they were not an alignment most suitable for this study given the professional competency and context of public service education.

The potential transferability, or distance to which findings could be transferred to other contexts, was subject to research realities, such as location, participants, and time. The district and school approached for this inquiry was delimited to engagement in professional development and/or implementation of a project or program pertaining to the inclusion of SOGI inclusive education strategies in the school. My goal was to obtain at least two educators from each of leadership, counselling, teaching, and advising roles in the school. The time of year framed for this was delimited to at least 1 year of engagement/implementation of SOGI inclusive education strategies and sufficient time to reflect and respond to such in the related collection of data. Stated formally, the delimitations that narrowed the scope of this qualitative inquiry were considered in terms of transferability to other education/discipline settings.

Limitations

As with any method of inquiry, limitations were inevitable. In the case study approach, researchers are to be mindful of potential weaknesses (Simons, 2012). There are steps a researcher can take to mitigate these weaknesses in terms of number and nuance. At the forefront of planning, there were five potential limitations related to issues of trustworthiness. The first potential limitation was with respect to credibility. As the principal investigator responsible for transcribing and analyzing collected data, the potential for misprocessing the responses of participants may exist. The second potential

limitation was with respect to transferability. As the principal investigator responsible for choosing a case site based on a unique qualifier, the potential for limited comparison to other sites/participants may exist. The third potential limitation was with respect to dependability. As the principal investigator responsible for collecting data in a related and reasonable amount of time with busy educators, the potential for inconsistent data collection activities may exist. The fourth potential limitation was with respect to confirmability. As the principal investigator responsible for the proper alignment, sequence, and follow through of design components, the potential for undocumented oversights may exist. And the fifth potential limitation was with respect to reflexivity. As the principal investigator who has also served transgender youth in my own professional practice as an educator, the potential for researcher bias may exist. Therefore, the potential limitations for this study of most concern pertained to researcher bias and data collection. Respectively, reasonable measures, such as keeping a reflective journal and recording cumulative field notes, reduced the likelihood of jeopardizing the integrity of this study. Strategic preparedness for the breadth of potential limitations are detailed in Chapter 3.

Significance

In qualitative research, significance is proposed, as compared to predicted in quantitative research (Maxwell, 2013). Therefore, I gauged the significance of this qualitative inquiry by proposed contributions in four areas commensurate to this doctoral discipline. First, in terms of advancing knowledge in the discipline, the results of this qualitative approach may advance knowledge in the field of secondary education about

the competencies of educators who serve transgender learners. Few researchers have examined components of competency related to LGBTQ/transgender students in limited view, but research had yet to be published on the holistic competency of educators in various roles who serve transgender youth. The findings of this case study may contribute to an understanding of what educators know about transgender youth and may also help scholars understand how educators perceive transgender youth. Ultimately, the results of this study may help scholars understand how educators apply their understanding and perceptions of transgender youth to provide optimal learning experiences that best serve these students.

With respect to advancing practice and/or policy in the discipline, this case study may also contribute to a broader understanding of the interrelated KASs applied by educators who serve transgender learners at the secondary level. While conditions present in the participating secondary school (i.e., case site) were guided by policy to complement educator competencies for a system capacity that supports transgender learners, the findings from this study may be applicable for policy acceptance and/or development by scholars in other contexts (see Simons, 2012).

In terms of advancing the specialization within the discipline, the results of this study may contribute to learning, instruction, and innovation. The findings from this study may compare to the analysis of learning needs for transgender youth discovered in the literature. The results from this study may inform educators as to how roles and teams provided inclusive and intentional instruction for transgender learners as well as encourage courageous conversations, responsive reflections, and innovative initiatives in

advocating for a marginalized group of learners who are subject to societal norms and sensitive discourse. Through enhanced paradigms, perspectives, and practices, professionals in various roles and across various disciplines could collaboratively serve transgender youth.

Most importantly, there are potential implications for positive social change consistent with and bounded by the scope of this study. Ultimately, the potential for positive social change rests in the power of the professionals who serve transgender youth. The findings from this study may empower educators to serve as academic advocates for transgender youth in their bounded practice. Additionally, the results from this study may encourage educators to serve as holistic advocates for transgender youth in their bounded practice with professionals from other roles and in other fields. Exponentially, the scope of this study may promote positive social change reason, reflection, and responsibility in service providers of transgender youth.

Summary

Chapter 1 was composed of key elements that set the stage for this study. I introduced the gaps in reality and literature pertaining to the service competencies of educators for transgender learners that warranted exploration. A greater understanding of how educators apply competencies to serve transgender youth with optional learning experiences had the potential to improve learning and instruction and contribute to positive social change in an innovative way. Literature about the KASs related to transgender youth noted a number of disciplines, circumstances, and approaches known to transgender learners and pointed out the paradigms, perceptions, and practices that

were unknown regarding transgender learners. Little is known about how to serve the complex learning needs of transgender youth, especially in terms of applied KASs, and this is a problem. Therefore, I designed this qualitative study to explore the application of educator competencies in service of transgender learners at the secondary level. The conceptual framework of servant leadership grounded the CRQ about competencies and RRQs pertaining to the interrelated KAS components. These questions were addressed through a single case, exploratory approach with educators from various roles in a secondary school. Data were collected from these participants through a journal, questionnaire, and interview process, coded in two cycles, and discussed according to the dimensions of servant leadership. Definitions specific to the title of inquiry were provided, and assumptions pertaining to participants were stated. Likewise, sections related to the scope and delimitations, as well as the limitations, created the boundaries of this case study. Finally, I determined this qualitative inquiry was significant because of its contributions to (a) the field of secondary education, (b) a broader understanding of educator KASs for transgender learners, (c) the differentiated approaches in service, and (d) the efforts to advocate for marginalized youth. In Chapter 2, I outline the literature search strategy, elaborate on the conceptual framework, and explore literature about competency components related to serving transgender learners.

Chapter 2: Literature Review

Credible discourse and scholarly inquiry has focused on what being transgender entails (Coleman et al., 2012; Leibowitz & de Vries, 2016; WPATH, 2011); who transgender youth are (Kuklin, 2014); their associated difficulties (Bechard, et al., 2016; Chen et al., 2016; Kaltiala-Heino et al., 2015); their lived experiences (Jones et al., 2015; Wells et al., 2017); and recommended supports for safe and/or inclusive learning spaces (ATA, 2017; Campbell & Taylor, 2017; Slesaransky-Poe et al., 2013; Wells, 2015; Wells, Roberts, & Allan, 2012). However, scholars have yet to investigate how educators in secondary schools are responding to the complex learning needs/experiences of transgender youth. The purpose of this study was to explore what KASs educators apply to serve transgender learners in secondary school.

Chapter 2 is composed of six sections. The literature search strategy section includes a description of the databases, search engines, key terms, and phrases used as well as my process of resource review, selection, and management of literature. The conceptual framework section includes key components, past applications, and potential benefits of servant leadership. Respectively, the third, fourth and fifth sections include a review of literature to inform the KASs pertaining to transgender learners. In the summary and conclusions section, I discuss key themes per competency component, literature concentrations and gaps, and a related segue into the methodology chapter.

Literature Search Strategy

In order to obtain literature for this review, I used a number of library databases and search engines. Walden Library databases, including Academic Search Complete,

Education Source, LGBT Life with Full Text, PsycINFO, and SOCIndex with Full Text, were accessed for peer-reviewed articles pertaining to secondary school supports for transgender students. Google Scholar was the search engine used to locate additional academic materials in this regard.

I used a number of search terms and phrases to identify research articles appropriate for this literature review. Key search terms, including *transgender, adolescence, needs, school, educator, competency, support,* and *service,* were searched initially. Related phrases were used to expand the search, such as: *lesbian-gay-bisexual-transgender-queer youth, gender dysphoria, learner difficulties, secondary school, school recommendations, school leader, school superintendent, school administrator, school counsellor, school teacher, school advisor, educator knowledge, educator attitudes, educator skill,* and *servant leadership*.

As the search for empirical research continued, I employed additional terms and methods. In addition to singular and plural forms of search terms and phrases, common acronyms, like *LGBTQ* and related variations, were also used. Likewise, synonyms for key search terms were entered, such as: *gender nonconforming, gender creative, gender fluid, teenager, student, comorbidities, high school, principal, classroom, understanding, awareness, perception, procedure, strategy, practice, suggestions,* and *policy*.

Because current research on the topic of educator competencies for transgender learners was sparse, I took additional measures to ensure that my search for extant literature had been exhausted. First, peer-reviewed articles older than those published in the past 5 years were considered. Second, literature pertaining to transgender children and

adults and LGBTQ adolescents were included. Third, I extended the search to include articles across K–12 education. Finally, a literature matrix was created to (a) record critical components of selected articles; (b) cross-reference recurring search results; and (c) assess selection of articles for examination based on year, location, scholarly review, topic relevance, empirical design, and academic prose. These search attempts and trials informed the literature review and methodology components of this study.

Conceptual Framework

In this study, I studied and analyzed the phenomenon of educator competencies for transgender learners through the conceptual framework of servant leadership. This phenomenon was defined by the KASs applied by educators to serve learners with atypical gender identities. Specifically, I examined what KASs were applied by educators to serve transgender youth with optimal learning experiences in this study. In this section, the history, dimensions, examinations, and future exploration of servant leadership are discussed.

History of Servant Leadership

The conceptual framework of servant leadership selected for this inquiry was developed by Liden et al. (2008). However, the notion of "servant leadership has been around for thousands of years" (Jaworski, 2012, p. 44). Its history can be traced from ancient roots, to its philosophical founder and his scholarly predecessors (Parris & Peachey, 2013). Teachings from prominent religions, such as Christianity and Buddhism (Rachmawati & Lantu, 2014; Sendjaya, Sarros, & Santora, 2008), and contributions from

world leaders, like Mother Teresa and Gandhi, were grounded in altruistic service to others (Caldwell et al., 2012).

In 1970, Greenleaf proposed an approach to leadership that selflessly serves the highest priority needs of a person's followers (first) towards a path of growth, health, wisdom, freedom, autonomy, and future service (Robert Greenleaf Center for Servant Leadership, 2016). In an essay, *Servant as Leader*, Greenleaf (1970) described a vague philosophy of servant leadership based on their personal spirituality and professional experience in the business field (Sendjaya et al., 2008). Additionally, leadership studies pertaining to trait theory also contributed "a key cluster of desirable physiological or psychological characteristics" (Dean, 2014, p. 274) to the idea of servant leadership. It gained popularity in the 1980s and 1990s when Spears (2010), a supporter of Greenleaf, put forth 10 characteristics to frame servant leadership more clearly. Other creative thinkers and leadership advocates, including, but not limited to, Covey, Jaworski, Senge, Wheatley, and Zohar, contributed to the "unparalleled explosion of interest in, and practice of, servant leadership" (Spears, 2010, p. 26) in various contexts and settings.

Over the past 2 decades, a number of scholars have expanded on and/or used Greenleaf's philosophy to cultivate and validate their own models and metrics of servant leadership. Likewise, "many of the proposed servant leadership models' characteristics [overlapped], building on the work of earlier models and general surveys of the servant leadership literature" (Rohm & Osula, 2013, p. 33). In earlier models, researchers made a few assumptions and acknowledgements about servant leadership that may not be necessarily be embraced by all those who wish to lead and be led (Parris & Peachey,

2013). While servant leadership assumes that leaders want to serve their followers, they may not necessarily know how to serve their followers (Mertel & Brill, 2015). Conversely, in the theory, it is assumed that followers want to be led by servant leaders and should respond favorably for having their individual and collective needs met (Mertel & Brill, 2015). It has also been noted that not all leaders will demonstrate essential servant attributes (Focht & Ponton, 2015) and that more research is needed to investigate the mediators and moderators that may impact favorable returns from followers (Focht & Ponton, 2015; Mertel & Brill, 2015). While scholars have yet to achieve full consensus on a concise definition of servant leadership that could assist further inquiries of its many nuances, "perhaps the safest definition is that [servant leadership] is a complex process having multiple dimensions" (Letizia, 2014, p. 182).

Dimensions of Servant Leadership

Liden et al. (2008) drew from the work of Barbuto and Wheeler (2006), Page and Wong (2000), and Spears and Lawrence (2002), in part, to empirically develop and validate a servant leadership metric. Constructed from seven dimensions of servant behaviors, this 28-item long scale survey (SL-28) predicts the commitment, behavior, and performance of followers within the organization (Liden et al., 2008). The seven dimensions of servant leadership are (1) emotional healing, (2) creating value for the community, (3) conceptual skills, (4) empowering, (5) helping subordinates grow and succeed, (6) putting subordinates first, and (7) behaving ethically (Liden et al., 2008). Liden et al. (2015) empirically developed and validated these same seven dimensions of servant leadership in a short scale survey (SL-7) that measures global servant leadership.

Results from the development and validation of both the long and short scale surveys asserted that the construct of servant leadership was an aggregate of its dimensions (Liden et al., 2008, 2015) and that "the relationships that form between leaders and followers are central to this construct" (Liden et al., 2008, p. 162). Essentially, this servant leadership construct "captures honest leaders who put the needs of followers first, promote helping in the larger community as well as at work, and possess the technical skills necessary to provide meaningful help to followers" (Liden et al., 2015, p. 255). Specific to the conceptual framework of servant leadership developed by Liden et al. (2008) are seven dimensions and descriptions.

Dimension 1. The first dimension of servant leadership is emotional healing, which includes "the act of showing sensitivity to others' personal concerns" (Liden et al., 2008, p. 162). A servant leader is compassionate towards their followers' feelings. This dimension also "involves the degree to which the leader cares about followers' personal problems and well-being" (Liden et al., 2015, p. 255). The servant leader looks out for their followers' individual welfares. An example item of this dimension would be: "My [educator] takes time to talk to me on a personal level" (Liden et al., 2008, p. 168). A person who makes a genuine and concerted effort to understand the holistic needs of their followers would be considered servant according to this first dimension.

Dimension 2. The second dimension of servant leadership is creating value for the community, which includes "a conscious, genuine concern for helping the community" (Liden et al., 2008, p. 162). A servant leader is mindful of the ways in which the community may need support. This dimension also "captures the leader's

involvement in helping the community surrounding the organization as well as encouraging followers to be active in the community" (Liden et al., 2015, p. 255). The servant leader participates in community activities and invites their followers to do the same. An example item of this dimension would be: "My [educator] emphasizes the importance of giving back to the community" (Liden et al., 2008, p. 168). A person who involves themself and their followers in positively contributing to the greater good of society at any level would be considered servant according to this second dimension.

Dimension 3. The third dimension of servant leadership is conceptual skills, which includes "possessing knowledge of the organization and the tasks at hand so as to be in a position to effectively support and assist other, especially immediate followers" (Liden et al., 2008, p. 162). A servant leader is aware of the values and goals of the group. This dimension also "[reflects] the leader's competency in solving work problems and understanding the organization's goals" (Liden et al., 2015, p. 255). The servant leader is able to address their followers' concerns within the group's larger objectives. An example item of this dimension would be: "My [educator] can tell if something is going wrong" (Liden et al., 2008, p. 168). A person who demonstrates the knowledge and ability to address their followers' personal concerns within the collective interests of the group would be considered servant according to this third dimension.

Dimension 4. The fourth dimension of servant leadership is empowering, which involves "encouraging and facilitating others, especially immediate followers, in identifying and solving problems, as well as determining when and how to complete work tasks" (Liden et al., 2008, p. 162). A servant leader coaches their followers to

resolve individual and group conflicts. This dimension also "[assesses] the degree to which the leader entrusts followers with a responsibility, autonomy, and decision-making influence" (Liden et al., 2015, p. 255). The servant leader enables their followers to make appropriate choices based on a person's capacity and needs. An example item of this dimension would be: "My [educator] gives me freedom to handle difficult situations in the way that I feel is best" (Liden et al., 2008, p. 168). A person who provides their followers with faith, guidance, and room to be responsible for their actions would be considered servant according to this fourth dimension.

Dimension 5. The fifth dimension of servant leadership is helping subordinates grow and succeed and involves "demonstrating a genuine concern for others' career growth and development by providing support and mentoring (Liden et al., 2008, p. 162). A servant leader sincerely cares about nurturing the potentials of their followers. This dimension also "[captures] the extent to which the leader helps followers reach their full potential and succeed in their careers" (Liden et al., 2015, p. 255). The servant leader provides the amount of support required by their followers to achieve their personal bests. An example item of this dimension would be: "My [educator] provides me with work experiences that enable me to develop new skills" (Liden et al., 2008, p. 168). A person who assists their followers in pursuing their passions and realizing their worth would be considered servant according to this fifth dimension.

Dimension 6. The sixth dimension of servant leadership is putting subordinates first. It involves "using actions and words to make it clear to others (especially immediate followers) that satisfying their work needs is a priority" (Liden et al., 2008, p. 162). A

servant leader articulates their intentions and aligns their actions on behalf of their followers' needs, first. This dimension also "[assesses] the degree to which the leader prioritizes meeting the needs of followers before tending to [their] own needs" (Liden et al., 2015, p. 255). The servant leader attempts to provide individualized necessities for their followers ahead of their own wants and needs. An example item of this dimension would be: "My [educator] sacrifices [their] own interests to meet my needs" (Liden et al., 2008, p. 168). A person who unconditionally makes the needs of a follower their first priority would be considered servant according to this sixth dimension.

Dimension 7. Finally, the seventh dimension of servant leadership is behaving ethically. It involves "interacting openly, fairly, and honestly with others" (Liden et al., 2008, p. 162). A servant leader exercises moral judgment and just actions on behalf of their followers' best interests. This dimension also includes being "trustworthy and serving as a model of integrity" (Liden et al., 2015, p. 255). The servant leader is an exemplary citizen whom followers can safely depend on. An example item of this dimension would be: "My [educator] would not compromise ethical principals in order to achieve success" (Liden et al., 2008, p. 168). A person who conducts themself in a personal, honorable, and professional manner would be considered servant according to this seventh dimension.

Examinations of Servant Leadership

Other researchers have used and/or modified Liden et al.'s (2008) framework of servant leadership in a number of ways, and across various settings in a few contexts. This particular construct of servant leadership has only been applied in quantitative

inquiries, and primarily for studies in the context of business. It was not until recently that this construct of servant leadership was used in the context of education. The following literature is a summary of what is currently known about Liden et al.'s construct of servant leadership in terms of validation, application, recognition, and innovation.

Validation. Liden et al.'s (2008) construct of servant leadership was validated in two countries by additional scholars. Bambale, Shamsudin, and Subramaniam (2013) validated 5 of 7 servant leadership behavior constructs at the employee level across various public utilities of the business context in Nigeria. High coefficients for all validity indicators of the SL-28 were recorded, proposing that the five servant leader behaviors could be applied to other business settings (Bambale et al., 2013). Alternatively, Winston and Fields (2015) used Liden et al.'s SL-28 instrument in part to develop and validate a new metric that focused on essential behaviors of servant leadership according to employees across various business settings in the United States. By understanding the crux of servant leadership via the 10 critical behaviors of employers that were isolated, perhaps organizations could assess and target professional development activities that build the leadership capacity (Winston & Fields, 2015). With additional validations of Liden et al.'s servant leadership metric, other scholars could take note of future research opportunities across various commerce settings.

Application. Liden et al.'s (2008) construct of servant leadership was applied in various settings of the business context. Studies from finance settings found that an organization's culture and performance could be positively impacted by servant

leadership behaviors. In China, Hu and Liden (2011) examined of the relationship between servant leadership and team potency and team effectiveness as perceived by employees and upper management. Servant leadership was found to be one of three antecedents of team potency and team effectiveness, and a positive moderator between goal and process clarity and team potency (Hu & Liden, 2011). In a similar inquiry conducted in China and the United States, Schaubroeck, Lam, and Peng (2011) examined cognition-based and affect-based trust as mediators of leader behavior influences on team performance as perceived by employees and middle management. Servant leadership behaviors supported the cultivation of affect-based trust and team psychological safety, which in turn had a positive impact on team performance (Schaubroeck et al., 2011). The objectives, optimism, and outcomes of an organization have been improved through servant leadership behaviors in financial environments.

Studies from hospitality settings found that quality of service could be positively impacted by servant leadership behaviors. In Turkey, Koyuncu, Burke, Astakhova, Eren, and Cetin (2014) examined servant leadership behaviors and reports of service quality offered to clients as perceived by employees. Longer tenured employees and males reported lower levels of servant leadership, and higher levels of service quality were reported by employees when higher levels of servant leadership were present by supervisors (Koyuncu, Burke, Astakhova, Eren, & Cetin, 2014). In a similar inquiry conducted in the United States, Liden, Wayne, Chenwei, and Meuser (2014) examined the relationship between servant leadership and serving culture on individual and unit performance as perceived by middle management and employees. When employees

modelled the servant leadership behaviors of middle management, individual behaviors, interactions among individuals, and unit performance were positively impacted (Liden, Wayne, Chenwei, & Meuser, 2014). Service class and collaborations have been improved through servant leadership behaviors in hospitality environments.

A study from a production and distribution setting found that group participation could be positively impacted by servant leadership behaviors. In the United States, Panaccio, Henderson, Liden, Wayne, and Cao (2015) examined when and why servant leadership influences extra-role behaviors of employees as perceived by employees and middle management. Employees who experienced greater psychological fulfillment with servant managers were more likely to engage in organizational citizenship and innovative behaviors, especially if the employees had lower levels of extroversion and collectivism (Panaccio, Henderson, Liden, Wayne, & Cao, 2015). Employee belonging, satisfaction, and contributions have been improved through servant leadership behaviors in a production and distribution environment. In general, global scholars who applied Liden et al.'s (2008) servant leadership metric in various commerce inquiries contributed knowledge about the process and degree to which servant leadership may achieve an organization's outcomes.

Recognition. Liden et al.'s (2008) construct of servant leadership was recognized by scholars in literature reviews of servant leadership concepts and constructs. Parris and Peachey (2013) acknowledged that Liden et al.'s SL-28 instrument was used by two quality empirical studies (Hu & Liden, 2011; Schaubroeck, Lam, & Peng, 2011) that were included in a systematic review of literature about servant leadership theory. In this

first synthesis of empirical studies on servant leadership, an enhanced understanding of definitions, cultures, organization settings, research foci, and metrics across various contexts such as business, medicine, psychology, religion, leisure, education, economics, and law was reached (Parris & Peachey, 2013). Authors of other literature reviews began to recognize Liden et al.'s emerging value in leadership research, as well. Hannah, Sumanth, Lester, and Cavarretta (2014) touted it as a "newer genre [of leadership] created to address neglected topics such as…emotional effects, morality, [and] individualized attention" (p. 599). Green, Rodriguez, Wheeler, and Baggerly-Hinojosa (2015) also identified it as one of the top five models of servant leadership on the rise for researching favorable leader, follower and organizational outcomes. Perhaps with the recognition of Liden et al.'s construct as a reputable and emerging model of servant leadership, other scholars would consider applying this relatively new leadership construct in a new context beyond business.

Innovation. Liden et al.'s (2008) construct of servant leadership was innovated by Noland and Richards (2015) at the postsecondary level of education in the United States. The SL-28 instrument (Liden et al., 2008) was modified to examine the relationship between servant teaching and student outcomes as perceived by students (Noland & Richards, 2015). While a positive correlation was present between servant teaching and learning and engagement, a negative association between servant teaching and student motivation and affect also resulted (Noland & Richards, 2015). This was the first scholarly inquiry to use Liden et al.'s construct of servant leadership in the education context.

In the last decade, the use of Liden et al.'s (2008) construct of servant leadership in scholarly inquiries has generated some considerations to keep in mind for future research. While it may be unrealistic to expect that any one person could possibly excel in all dimensions of servant behaviors (Bambale et al., 2013), it would be reasonable to expect that a person would "[serve] people without regard to their nationality, gender, or race" (Winston & Fields, 2015, p. 424). The servant leader would also make the personal growth and professional development (Hu & Liden, 2011), and self-esteem and interpersonal trust (Schaubroeck et al., 2011) of their followers a priority, first. And perhaps in doing so, leaders and followers might motivationally and actively benefit (Koyuncu et al., 2014) from the "cooperative, caring, supportive, and trusting [cultures nurtured by] those who model servant leadership behaviors" (Liden et al., 2014, p. 1446). Work environments that value respect, collaboration, and wellbeing have the potential to positively influence the productivity and performance of followers who might be more reclusive or struggle to fit in (Panaccio et al., 2015). Promoting the acceptance and fair treatment of both leaders and followers in a servant culture has the potential to improve not only organization excellence (Parris & Peachey, 2013), but the depth and breadth of a leadership skill-set (Hannah et al., 2014) that fosters authentic interactions within the organization as well (Green, Rodriguez, Wheeler, & Baggerly-Hinojosa, 2015). If that organization happened to be a school, then the notion of servant teaching and its direct and indirect impact on students' learning (Noland & Richards, 2015) seems worthy of an inquiry using this framework of leadership. Moreover, studying the competencies applied by educators to provide optimal learning experiences for a highly marginalized segment

of LGBTQ learners at the secondary level could benefit from this perspective of servant leadership.

Future of Servant Leadership

While servant leadership models have rarely been used in educational research, this conceptual framework will provide a unique view into the how educator competencies are serving transgender learners with optimal learning experiences in secondary school. The perceived benefits of exploring Liden et al.'s (2008) concept of servant leadership in this context are that it,

- parallels national cultural values about leadership (Rubio-Sanchez, Bosco, & Melchar, 2013) that will align with the context of this study;
- is based on a valid metric and endorsed by credible scholars that will enhance the integrity of this study;
- represents current research advances in the discipline of leadership across various settings and contexts that will inform, compare, and contrast aspects of this study with contemporary evidence and perspectives;
- has seven dimensions of behavior that will guide the development of data collection instruments such as journal prompts and interview questions, and document analysis matrices for this study;
- has four item attributes per dimension that will provide a conceptual lens for interpreting findings in this study;

- provides school professionals with an altruistic and innovative approach for working with sexual and gender minority youth that will contribute to positive social change in education in terms of learner equality; and
- is committed to serving the needs of others first without judgment, which will ethically ground and properly align components of my study.

There is a standout inquiry related servant leadership for transgender youth that may contribute in part to this proposed study, however it was focused on the role of the psychologist in the health care field (Tishelman et al., 2015). The concept of servant leadership has yet to be explored in the field of education at the secondary level, nor applied to the LGBTQ community. Transgender youth are a unique, underserved group within the LGBTQ minority with complex learning needs. Although servant leadership is not a common lens through which education researchers often view their data, this innovative approach to the topic might reveal how various educators in a secondary school "are helping [transgender learners to] develop into the best version of themselves" (Noland & Richards, 2015, p. 29) and ultimately give their best selves to society. A review of the literature about the KASs related to transgender learners, follows.

Knowledge

Knowledge is the sum of facts, conditions, principles, truths learned formally and informally about a branch of learning or topic (Knowledge, n.d.). There are academic disciplines that may contribute to an educator's knowledge of transgender learners. In literature pertaining to transgender learners, scholars contributed knowledge to the disciplines of humanities, social sciences, natural sciences, and applied

sciences that could enhance an educator's understanding of paradigms related to atypical gender identities in learners. Therefore, the following disciplines that inform transgender learners could underwrite in part, the professional knowledge that an educator may draw from when serving transgender youth with optimal learning experiences.

Humanities Discipline

The humanities discipline informs the topic of transgender learners from four related paradigms. The theoretical paradigm includes two theories that question to gender norms. The conceptual paradigm is composed of models/frameworks for understanding the lived experiences of transgender learners. The lingual paradigm includes means of language for affirming transgender learners. The theological paradigm is composed of theologies with varied beliefs about transgender learners. If educators draw from the theoretical, conceptual, lingual, and theological paradigms about transgender learners, then educators may serve transgender youth with optimal learning experiences.

Theoretical. The theoretical paradigm of transgender may be understood through two contemporary philosophies about gender. Queer theory is about the perceptions and expressions of gender that may differ from the traditional norms of a dominant heterosexual society. Transgender theory is an extension of the queer paradigm; it includes the multiplicity, fluidity, intersectionality, and sexuality of gender through individual experience. Both queer and transgender theories are grounded in gender and concede other physical and emotional attributes of sexuality. However, the depth and breadth to which transgender individuals embody their identities may differ.

The first theory is queer theory. The typical female and male forms of expression (if any) believed to be heavily influenced by multiple forms of heterosexual norms and gender discourses that exist globally are questioned in queer theory (Blaise & Taylor, 2012; Goodrich et al., 2016). In response to studies about homosexuality conducted prior to 1985, queer theory emerged from contributions by notable scholars such as (a) deLauretis, who coined the phrase; (b) Kosofsky-Sedgwick, who explored its groundings; (c) Butler, who challenged performance ideals; and d) Foucault, who examined power structures (Goodrich et al., 2016). These various perspectives have made queer theory challenging to define, yet amenable for common use in research areas such as literature, philosophy, and culture (Goodrich et al., 2016). The notion of queerness has evolved from a preliminary nature versus nurture debate and negative connotations of sickness or perversion to include the developmental subtleties that influence gender creation (Blaise & Taylor, 2012; Gedro & Mizzi, 2014). More recently, academics and advocates of queer theory have led a movement to reclaim what was once a derogatory term, into a positive representation of the human self (Gedro & Mizzi, 2014).

Queer theory can be applied by professionals to help transgender learners safely explore their own gender identities. The seemingly *normal* connection between gender and sexuality from a heterosexual perspective, though it is not exclusive to individuals who identify as part of the LGBTQ community, is recognized in queer theory (Blaise & Taylor, 2012). This theory contends that heterosexual norms have a greater influence on gender behavior, versus biological premise or social interactions (Blaise & Taylor, 2012). In the context of early childhood education, researchers and teachers are encouraged to

develop and apply a “queer eye” (Blaise & Taylor, 2012, p. 89) in their professional practice so that *all* children have neutral opportunities to freely explore expressions of gender that fit their felt views, versus children trying to fit in and across the binary norms expected of them (Goodrich et al., 2016). Thus, if a boy wants to wear pink socks, play with dolls, and/or aspire be a nurse, so be it. And if a girl wants to have short hair, play contact football, and/or aspire to be a mechanic, that is OK too.

The inter, intra, extra binary expectations of gender that may influence how one comprehends and experiences identity formation are suggested in queer theory (Goodrich et al., 2016). By this theory, individuals are empowered to formulate their own critical thoughts and authentic identities of gender as they feel, fit (Goodrich et al., 2016). In the context of counselling psychology, scholars and practitioners have also been urged to meld the notion of queerness with the humanistic paradigm of therapy in order to enhance client efficacy and healing effectiveness (Goodrich et al., 2016). Tending to the basic human needs of people includes their growing gender needs, as well. This theory can nurture a sense of belonging, safety, and support for transgender learners to be who they need to be.

Queer theory is most often studied by academics and applied by practitioners (Gedro & Mizzi, 2014). It tries to deconstruct the incessant, heteronormative behaviors, groupings, and tags that tend to oppress the marginalized LGBTQ community (Gedro & Mizzi, 2014, p. 453). In the context of human resource development, consultants can challenge heteronormative ideals and generate different views of gender and sexuality by critically revising components of curricula to be more appreciative of diversity (Gedro &

Mizzi, 2014, p. 453). Conducting professional development activities that model inclusion and respect for gender and sexuality norms that may or may not be conforming could generate or alter perspectives regarding marginalized sexual minority segments. The application of queer theory in teaching, counselling, and professional development practices could help all people develop their true sense of selves, expressed in their own ways, and supported in every way.

The second theory is transgender theory. The heteronormative assumptions of the nature of gender, sexuality, and identity are challenged in transgender theory (Nagoshi & Brzuzy, 2010). Scholarly critique of queer theory by the early millennium included insights surrounding multiple and fluid genders, mind-body interaction, and the evolution of sex and gender, which contributed to transgender theory (Nagoshi & Brzuzy, 2010; Nagoshi et al., 2012). Scholarship also sought to deconstruct genders, and the binary framing of man/woman and male/female roles and relationships (Johnston, 2016, p. 668), as well as the required language to go with (Fleming, 2015). Nonetheless, the concept of transgenderism has progressed from a binary slant on gender identity and expression to include various intersecting attributes that promote gender diversity (Nagoshi & Brzuzy, 2010), navigation of multiple identities, and the fight against oppression (Nagoshi et al., 2012). These additional outlooks have made transgender theory open to all transgender possibilities, yet subject to linguistic scrutiny (Fleming, 2015).

Transgender theory can be advanced by professionals to help individuals freely uncover and describe their plausible gender compositions. The fluid, embodied, and social/self-constructed aspects of gender identity through a person’s lived experiences are

considered in transgender theory (Nagoshi & Brzuzy, 2010). Also considered in this theory, are body parts, sexual attraction, and extensions of gender classifications that interact and intersect in authentic ways without constraints (Nagoshi & Brzuzy, 2010, p. 439). In the context of welfare service, social workers are tasked with helping individuals navigate, describe, and empower their lived identity configurations (Nagoshi & Brzuzy, 2010), even when the language required to do so may be confusing or contested among traditional norms (Fleming, 2015). Likewise, social workers should make inclusive spaces for clients to create their own gender identities (Nagoshi & Brzuzy, 2010), without social pressures to transition surgically (Fleming, 2015). For example, a transgender individual might identify as female, choose not to transition surgically, and be sexually attracted to one, both or neither gender. Or, a transgender individual could identity with both genders, choose to partially transition surgically, and be sexually attracted to one or neither gender category.

The heteronormative beliefs regarding the roles and identities of gender, as well as the sexual orientation aligned with genders are challenged in transgender theory (Nagoshi et al., 2012). Likewise, a dynamic interaction between these fluid and constructed components of gender identity in the context of lived experiences and social interactions is suggested (Nagoshi et al., 2012). In the context of concept development, 11 transgender adults were interviewed to capture their unique perspectives gender and sexuality (Nagoshi et al., 2012). Results confirmed queer and transgender theoretical principles that transgender people (a) discern gender roles and identity from sexuality orientation, (b) believe gender to be more physical, yet continuous and fluid, and (c)

experience a complex interaction between gender and sexuality (Nagoshi et al., 2012). The components that contribute to various transgender identities may be shared in perception but lived through exception.

The spaces and places where diverse transgender identities are lived are acknowledged in transgender theory (Johnston, 2016). Likewise, the unique lived experiences of transgender individuals, of all ages, are a major focus in this theory (Johnston, 2016). In the context of human geography, scholars are advocating for more new, innovative research about gender diversity (Johnston, 2016). Perhaps these advanced inquiries will generate new insights about the feelings, celebrations, and subjugations of transgender learners (Johnston, 2016). Exploring the different areas where transgender learners live and interact could help researchers understand the contributors to gender embodiment.

A certain handle on language to articulate variations of transgender identities, experiences, and preferences is a necessity in transgender theory (Fleming, 2015). Likewise, in this theory, it is presumed that those who do not identify as transgender will oblige the fickleness of such identification and desired language (Fleming, 2015). In the context of social interactions, some people may feel uncomfortable accepting ambiguous or complex constructs of gender since it seems to be forever changing (Fleming, 2015). And while transgender learners are free to work at being who they want to be, the majority of people in the world around them should not have to be refashioned to fit their evolving wants (Fleming, 2015). For cisgender learners, the combinations of gender identity and expression with sexual attraction or nonattraction can be difficult to

comprehend and accept. Transgender learners are welcome to present themselves as they wish, but that does not necessarily mean that those around them will understand, be willing to, or know which aligned pronouns transgender individuals prefer to be addressed by. The application of transgender theory in various contexts could help all individuals describe authentic identities and narrate unique experiences yet generate confusion for and resistance from those who do not identity as transgender.

Conceptual. The conceptual paradigm of transgender may be understood through various models and frameworks. Five models have emerged over the last six decades, including the transsexual model, transgender model, transsexual identity formation model, transgender emergence model, and the metaphorical model of transgenderism. Two frameworks have been adapted to a transgender context including the minority stress framework and the adolescent development and sexual development framework. These models and frameworks may provide or enhance a foundation for inquiry about and/or treatment of transgender learners.

The first conceptual model is the transsexual model. It is based on the phenomenon of transsexualism and the medical treatment of transsexuals (Denny, 2004). The proposition from the transsexual model is that men and women anguished by an improper psychological and social fit with their birth sex could find some reprieve from physical alteration of their male/female parts to align with their felt gender (Benjamin, 1966). A treatment program developed by medical professionals at Johns Hopkins University focused on the social, clinical, psychological, physical, perceptual, and legal aspects of sexual reassignment surgery (Green & Money, 1969). As interpreted by Denny

(2004), the goal of the transsexual model was to produce heterosexual individuals who were mentally stable and attractively binary. Basically, the transsexual model was about medical treatment to align the psychological and physical self.

The second conceptual model is the transgender model. It is based on the premise of transgenderism, and humanistic treatment of transgender learners (Denny, 2004). Transgenderism questioned whether or not transsexuals should be expected to seek medical treatment in order to feel a proper gender fit (Prince, 2005). Instead, it suggested that a spectrum of gender variability be embraced, from cross-dressing to transsexualism regardless of whether or not surgery was ultimately pursued (Boswell, 1991). In the transgender model, there are three expressive profiles (advanced cross-dresser, androgyne, and pretranssexual); transgender individuals may ground themselves in these profiles versus the pass-fail binary expectations of a heteronormative culture (Boswell, 1991). Also interpreted by Denny (2004), the focus of the transgender model was on the needs lived by a transgender individual versus the norms expected by a collective society. Essentially, the transgender model was about social acceptance of gender variances.

The third conceptual model is the transsexual identity formation model. It is based on the belief that the formation of a person's transsexual identity involves stages of exploration and analysis on inter/intrapersonal levels across the lifespan (Devor, 2004). The author's background in sociological research, personal experience, as well as social and professional interactions with transgender learners contributed to the development of this model (Devor, 2004). There are 14 possible stages that transgender learners might experience along their unique paths to self-discovery, including

> (1) abiding anxiety, (2) identity confusion about originally assigned gender and sex, (3) identity comparisons about originally assigned gender and sex, (4) discovery of transsexualism, (5) identity confusion about transsexualism, (6) identity comparisons about transsexualism, (7) tolerance of transsexual identity, (8) delay before acceptance of transsexual identity, (9) acceptance of transsexualism identity, (10) delay before transition, (11) transition, (12) acceptance of post-transition gender and sex identities, (13) integration, and (14) pride. (Devor, 2004, p. 41)

However, Devor (2004) acknowledged that these stages/this model may/may not apply to all transgender learners; stages may be repeated, skipped, passed through slowly, quickly, repeatedly, or not at all depending on individual experience. Comprehensively, the transsexual identity formation model was about processes involved in establishing a spectrum of transgender identities.

The fourth conceptual model is the transgender emergence model. It is based on the view that complex developmental and interpersonal transactions contribute to understanding a person's sense of transness (Lev, 2004b). The author's background in counselling provided a therapeutic point of view; the stages are labelled according to what a transgender might be going through and/or need in terms of therapy (Lev, 2004b). There are six possible stages that transgender learners might pass through to arrive at an understanding of how/who they know themselves to be: "(1) awareness, (2) seeking information/reaching out, (3) disclosure to significant others, (4) exploration: identity and self-labelling, (5) exploration: transition issues and possible body modifications, and (6)

integration: acceptance and post-transition issues" (Lev, 2004b, p. 280). However, Lev (2004b) posited that these stages are not necessarily serial or indicative of maturity in the process of developing a transgender identity, but they are compounded by cultural expectations that conflict with a person's true (sense of) gender self. Comprehensively, the transgender emergence model was about processes involved in making sense of a person's authentic identity.

The fifth conceptual model is the metaphorical model of transgenderism. It is based on the notion that the experience of transitioning a person's gender can be expressed/understood using metaphors in speaking, gesturing, and reasoning abstract concepts (Lederer, 2015). In the analysis of narrative data regarding the spoken and written experiences of those transitioning genders, a divided-self metaphor and journey model was predominantly used by speakers to understand their lived experiences (Lederer, 2015). Another recent study resulted in the divided-self comparison, as well. In Levitt and Ippolito's (2014a, 2014b) grounded theory analysis of interviews with 17 transgender adults, participants were torn between living authentically and/or by realistically according to available resources, coping skills, and consequences of transitioning (Levitt & Ippolito, 2014a, 2014b). Subjectively, the metaphorical model was about the descriptions used by transgender learners to convey their authentic selves.

The first conceptual framework is the minority stress framework. It was based on an adaptation of the minority stress model presented by Meyer in 2003 (Hendricks & Testa, 2012). Minority stress initially referred to the constant stress endured by gay people from the discrimination and stigmatism related to being a sexual minority member

(Meyer, 1995). The minority stress model, based on aspects of stress, strategies for coping, and impact on mental health outcomes, was then applied using meta-analyses to explain the pervasiveness of mental health diagnoses within the LBG minority group (Meyer, 2003). In 2012, Hendricks and Testa proposed an adapted version of the minority stress model to frame clinical inquiries about the issues faced by psychologists in treating transgender and GNC individuals, as well. A few years later, the minority stressors of transgender adults were investigated via the interviews in Levitt and Ippolito's (2014a) grounded theory study. For those participants, tensions were evident between needed respect to identify authentically and needed safety to express authentically in various contexts (Levitt & Ippolito, 2014a). Ultimately, using minority stress framework was about understanding the types of victimization and internalized transphobia endured by transgender learners.

The second conceptual framework is the adolescent development and sexual development framework. It was composed of the healthy sexual development framework advanced by McKee and colleagues in 2010 and a positive youth development framework prepared by the Ontario Ministry of Children and Youth Services (OMCYS) in 2012 (Scott & Walsh, 2014). Based on a review of literature, the healthy sexual development framework contains 15 domains such as observing consent, biological factors, relationship and communication skills, and self-acceptance that could inform any scholarly inquiry about healthy sexual development (McKee et al., 2010). In a provincial resource intended for various professionals, four domains including cognitive, emotional, social, and physical were discussed in isolation and interaction to understand and

promote positive development in youth (OMCYS, 2012). To this, Scott and Walsh (2014) suggested that the healthy sexual development domains could be appropriately infused into the positive youth development domains to frame future inquiries about the stigmatism and victimization faced by LGBTQ youth. Jointly, the fused frameworks of adolescent development and sexual development were about psycho-physical domains of that influence transgender identity.

Lingual. The lingual paradigm pertaining to transgender learners may be understood through the use of language to confirm their identities. Language is used by transgender and cisgender learners for the purposes of gender identification and sexual orientation. Additionally, language is used by transgender learners to express their identities and seek validation. Language is also used by transgender learners to communicate their identities verbally, visually, and technologically.

Language is used in relation to gender identification. Transgender learners use language to describe how they identify in terms of gender. Members of the transgender community typically addresses themselves and other group members as simply trans, or trans boy/man or trans girl/woman, if not by name, first (Brill & Kenney, 2016). Then again, some transgender learners will forgo any acknowledgement of transition per se, and specifically address themselves according to the gender believed to be (Ehrensaft, 2012). As their identities evolve across the lifespan, there may be some movement among these terms, depending on the individual and context (Rossi & Lopez, 2017). For example, transgender learners will use more slang terms among themselves, such as ‘Lo-Ho’ and ‘No-Ho’ to represent those who are and are not taking hormones (Provincial

Health Services Authority, 2018). And while these examples of words, acronyms, and slang may or may not be shared by professionals and patients (Ehrensaft, 2012), nor accurately or fully describe every transgender (Rossi & Lopez, 2017), they do capture some of the ways in which a variety of gender identities exist and may be understood (Pyne, 2014). Using preferred terms for gender, matters to transgender learners, and shows an interest in who they are (Richards et al., 2016). On an informal level, terms have been developed by the transgender community to acknowledge how transgender learners identify.

Cisgender learners use language to describe how transgender learners identify. Based on the presentations of children and youth in Ehrensaft's (2012) clinical practice, she created categories of identification including gender fluids, oreos, priuses, queers, smoothies and tauruses. These categories describe some form of identity combination based on gender. Protogay and prototransgender categories were also created (Ehrensaft, 2012), which described the gender and sexuality dynamics of identity formation. The medical community commonly uses the MTF and FTM acronyms to label the identity one is transitioning to, albeit to any extent socially and/or medically (WPATH, 2011). Kuklin (2014) interviewed Jessy (FTM) who suggested that providers spend time getting to know the person rather than the category that describes them. On a formal level, terms have been developed by cisgender professionals to designate transgender identities.

Language is used in relation to sexual orientation. Transgender learners use language to describe sexual orientation from a transgender perspective. Not to be confused with a person's birth sex or genitalia (Leibowitz & de Vries, 2016), which it

often is (Gender Spectrum, 2019), sexual orientation is about who one is attracted to in terms of sensual thoughts, feelings, and fantasies (Nagoshi et al., 2014). Such confusion often prompts people to ask a transgender individual questions that may or may not be offensive, or even necessary for that matter. For example, as interviewed by Kuklin (2014), when people in high school asked Christina (MTF) about her sexual parts and preference, she got mad but could not find fault in their curiosity. Likewise, when people in college asked Jessy (FTM) about his sexuality, Jessy did not feel the need to share with others that he was attracted to straight women, or that he had a girlfriend, because it was none of their business (Kuklin, 2014). Alternatively, that confusion might be shared by transgender learners whose identities and orientations continue to unfold. In another interview, Cameron (GF) described the process that they came out to their parents as lesbian at 13, began queering their gender at 14, and continued to discover and reflect on both gender and sexuality as they progressed through puberty (Kuklin, 2014). Likewise, as interviewed by Kuklin (2014), Mariah (MTF) went through phases of being bisexual and gay, until she was properly diagnosed as transgender and realized that she was ultimately attracted to girls as she got older. And so, a person's sexual attraction may be directed towards the opposite sex, same sex, both sexes, or neither sex (Nagoshi et al., 2014), fixed or fluid at any given point in time (Dentice & Dietert, 2015). On a personal level, the language used by transgender learners to describe their sexual orientation is for them to understand first, and not necessarily the place of others to ask.

Transgender learners use language to describe sexual orientation from a cisgender perspective. From a binary view of gender, a transgender male (FTM) might see himself

to be straight if attracted to a female, gay if attracted to a male, bisexual if attracted to both males and females, and pansexual or asexual by the same criteria. While these categories of sexual orientation seem fairly concise from a binary perspective, there are other factors that could confound this logic. Equally, a transgender female (MTF) might see herself to be straight if attracted to male, lesbian if attracted to a female, bisexual if attracted to both males and females, pansexual if attracted to all genders and sexualities, and asexual if attracted to neither genders nor sexualities. According to this logic and by their admissions, Mariah (MTF) would be a lesbian and Jessy (FTM) would be straight (Kuklin, 2014). However, from a nonbinary perspective, categorizing ones' sexual orientation by this logic could be debated; since Cameron (GF) identified as gender fluid and pansexual**,** it could be reasoned at any point in time that they were lesbian, gay or bisexual as well**.** Through either perspective, as viewed by the transgender identified participants in a study about perceptions of gender roles, gender identities, and sexual orientation, it appears a person's identity and orientation are a dynamic relationship according to the person who lives them (Nagoshi et al., 2014). The ways in which transgender learners orient sexually can be confusing because they "challenge heteronormative ideas about whom individuals should be attracted to" (Dentice & Dietert, 2015, p. 76). Just as an array of gender identities form across culture, context, and time (Riley et al., 2013), Christina (MTF) reminded that all kinds of sexualities exist as well (Kuklin, 2014). And so how a transgender identifies (first) and who a transgender is attracted to (second), seems to be a starting point for the purpose of labelling a person's sexual orientations, and/or an enduring point in the process of figuring out who they are

personally and sexually. On an interpersonal level, the language used by cisgender and transgender learners to make sense of sexual orientation can be an intricate, ongoing, and perplexing conversation.

Language is used in relation to gender expression**.** Transgender learners use language to express their identities through appearance. In addition to *binding* his chest (followed up by two spandex bras) and *stuffing* his genitals, Jessy (FTM) usually wore his hair short with a t-shirt and jeans, or a suit and necktie to make himself look masculine (Kuklin, 2014). In addition to *tucking* her genitals and *stuffing* her bra, Christina (MTF) usually wore her hair long, with make-up, outfit, and fragrance for the perfect combination of feminine – no room for mistake (Kuklin, 2014). Transgender learners may adapt their bodies to dress according to binary expectations.

Others will dress in nonaligned clothing, including colors and styles that males and females could pull off, per se. As interviewed by Kuklin (2014), wearing gender *neutral* clothing in childhood was a time of conflict (mom's choice) and confusion (child's identity) for Nat (IQ). And so, they who grew to prefer the *androgynous* look with a daily sweater because Nat (IQ) felt male and female but did not like to show off their body (Kuklin, 2014). Similarly, Mariah's (MTF) version of gender neutral dress included a pale pink man-tailored shirt and khaki pants (Kuklin, 2014). Thus, some transgender individuals will dress in attire that conveys a dual identity of male and female, or exercises the privilege associated with their felt identity. For example, Cameron (GF) purposely wore different jewelry, tailoring, and colors that challenged the binary grain of expected attire because their male identity (in part) enabled them to do so

(Kuklin, 2014). Alternatively, how one dresses may not always align with or happen after a person's identity is confirmed. For example, as interviewed by Kuklin (2014), at one point in time Luke (FTM) dressed like a male but still identified as a female because they were still in the process of understanding what transgender was. In situations where identity is not easily recognized by others according to how a person dresses, two things tend to happen, in that providers (a) feel awkward and are reluctant to seek clarification, and/or (b) feel certain and are quick to make assumptions that may be offensive (Kuklin, 2014; Rossi & Lopez, 2017). These reactive (vs. inclusive) tendencies of providers to judge how transgender individuals dress result in missed opportunities to get to know them for who they are and could cause transgender individuals more psychological stress (Kuklin, 2014; Rossi & Lopez, 2017). At any point in time and to any extent, transgender learners may dress in ways that do and/or do not match their identities.

Language is used by transgender learners to express their identities through actions. There are those MTFs and FTMs who will perform feminine and masculine roles, respectively (Nagoshi et al., 2014). Transgender learners may or may not behave according to the male or female roles established in a heteronormative society. Many transgender learners will make a concerted effort to change mannerisms including handshakes, gait, eye contact, hugs, posture, seat, and voice (Coleman et al., 2012; Leibowitz & de Vries, 2016; Richards et al., 2016; WPATH, 2011). How well a transgender can pass to self and others, is largely measured by the quality of speech that aligns with gender identity and expression (Hardy, Boliek, Wells, & Rieger, 2013). While some transgender learners will strive to behave according to specific cultural expectations

(Leibowitz & de Vries, 2016), others might adjust their behaviors according how they are being received and supported in their environment. For example, in Nordmarken's (2014; FTM) autoethnography, he described living a state of gender and oppression in-betweenness, and often performed various female/male roles at once or at certain times depending on the people around him.

Other transgender learners might adjust their behavior based on physical appearance, like Jessy (FTM), who used male bathrooms with individual stalls, yet refrained from using the shower in the male locker room because he [still] had female genitals (Kuklin, 2014). For those people like Nordmarken (FTM) and Jessy (FTM), who are at some point the process of transitioning sexually, their gendered behavior may be in a "temporary liminal state" (Dentice & Dietert, 2015, p. 69) as found in qualitative study of how transgender learners manage and negotiate their identities. For others not in the process of transitioning sexually, their behaviors might "remain somewhere in between the binary categories of female or male" (Dentice & Dietert, 2015, p. 69). The verbal and nonverbal behaviors of transgender learners may be influenced by where they are in the process of transitioning.

Language is used by transgender learners to express their identities through interests. Jessy (FTM) was never interested in taking the girls' dance classes that his mom put him in, but he excelled at soccer and basketball in grade school, gained some comfort and confidence in his identity, and went on to pursue leadership roles in college, (Kuklin, 2014). Transgender individuals may have interests that align, counter, or merge those typically associated with males and females. For Christina (MTF), contrary to all

the sports that her Dad introduced her to, all she wanted to do was shop, read Cosmo or Glamour, draw girls in her sketchbook, and go to fashion college **(**Kuklin, 2014). By these examples, some transgender learners prefer activities and aspirations opposite to ones that others prefer for them. Other transgender learners seem to find what their interests are based on likes and strengths. Cameron (GF) liked sewing because it helped them tailor clothes according to preference (Kuklin, 2014), Luke (FTM) liked drama over sports because it was something he was good at; Nat (IQ) liked both boy/girl activities and toys growing up and excelled at art and music in high school **(**Kuklin, 2014). Some transgender learners have interests that may fit both heteronormative male and female ideals.

And some transgender learners seek out activities that can develop areas of weakness and provide benefits for all genders. For instance, NAT (GF) chose to attend a mindfulness support group to help them turn negative thinking into positive thoughts on a path towards a life of health and happiness (Kuklin, 2014). Transgender learners have interests and hopes that cisgender people have as well. Transgender learners who express themselves according to or against the gender binary tend to be received negatively by cisgender learners (Riley et al., 2013). Expressive variations in attire, behavior, and preferences (Riley et al., 2013) and related interests may be consistent or change throughout their journeys to consolidate their gender identities. Through individual and group engagement, transgender learners express their interests through athletics, civics, fine arts, and psychotherapy.

Language is used in relation to gender validation. Appropriate language can be used to properly address and document transgender people (Richards et al., 2016). Transgender learners prefer language that validates their identities. This language includes preferred names, pronouns, titles, and gender inclusive language that matter to those transgender individuals seeking alignment and sense of belonging among the people they interact with (ATA, 2017). Transgender individuals could be anywhere in the process of changing their names personally and legally (Richards et al., 2016), which can be challenging for providers to keep track of. Language used with or without intention can impact transgender individuals in positive and negative ways (Kuklin, 2014). Finding out and using preferred language that transgender individuals wish to be addressed by is a way of honoring their identities (ATA, 2017; Richards et al., 2016), and helping them pass safely as their authentic self in daily living (Hardy et al., 2013; Lederer, 2015; WPATH, 2011). Using preferred names is an important step in the validation of a transgender identity.

In choosing a name congruent to identity, a transgender individual might keep the given birth name, modify the birthname, change to a feminine or masculine, neutral or non-cultured name, or a lettered initial that is non-gendered (Richards et al., 2016). For example, the participants in Kuklin's (2014) interviews all changed their names in some way: Christina (MTF) changed her name from Matthew, Jessy (FTM) changed his name from Kamolchanok (Thai), Mariah (MTF) changed her name from Frank, and Cameron (GF), Luke (FTM), and Nat (IQ) changed their undisclosed birth names. Likewise, Ehrensaft's (2017) patient changed names from Daisy (FTM) in elementary/middle

school, to D. in high school and Daniel in college. As transgender identities come into consolidation, so might the process of confirming their aligned names.

Using preferred pronouns and titles is step in the validation of a transgender identity. Confirming a person's aligned name usually coincides with a change in pronoun. However, with similar caution to gender expression, providers should not assume or guess what the pronoun might be based on a person's aligned name (ATA, 2017). Likewise, just because a person might look or sound contrary to pronoun requested, does not give others the right to call the person something else (Kuklin, 2014). Transgender learners like Jessy (FTM) and Christina (MTF) used the *he or she* pronouns that matched the binary identities they transitioned to (Kuklin, 2014). Other transgender learners might create their own pronouns, neologisms such as *xe/xyr/xem/xyrself* (Richards et al., 2016) or *ze/zir* (ATA, 2017). Some transgender learners, like Cameron (GF; Kuklin, 2014) will use the singular *they* pronoun, which tends to be the most common gender neutral pronoun used (ATA, 2017), to match the gender fluid or nonbinary identities they consolidated. Alternatively, some people who identify as gender queer do not use any pronouns at all (Dentice & Dietert, 2015). As transgender identities come into consolidation, so might the development of binary/nonbinary pronouns.

Using preferred titles is a third element of the validation of a transgender identity. Changes to preferred names and pronouns requires review of related titles, as well. Once again, a variety of terms may be used based on how one identifies and interprets the term. Those transgender learners who identify as male or female might use *Mr, Mrs*, Ms, *or Miss,* while others might use *M, Mx, Misc, Ind, or Pr,* created terms do not indicate a

specific gender (Eccles, 2017; Richards et al., 2016). Additionally, transgender titles with a cultural reference might be used, such Myr used globally, Sai used in Asia, and Ser used in Latin America (Eccles, 2017). The titles used by transgender learners to be legally or socially addressed may be traditional, transformational, or cultural in nature.

The application of preferred language for transgender learners may be difficult for them and cisgender learner alike, to get used to. The time, place, and context for use of colloquial and formal terms related to transgender learners may be problematic to determine (Rossi & Lopez, 2017). Luke (FTM) acknowledged that, including himself, it's understandable that people, might use the wrong terms, especially if they have known one to be called something else before transitioning (Kuklin, 2014). As advised by Christina (FTM), it's better to own, apologize and correct the error, then it is to default to the use of binary slang words like *dude, guys or ladies* or *it* when unsure of what to say as these may be received offensively (Kuklin, 2014). Moreover, best practice would be to simply ask the person, in private and ahead of time if possible, how they would like to be addressed (ATA, 2017), or use gender inclusive language to be safe (see Appendix B; ATA, 2014). When approaching conversations such as these for clarification and understanding, one should be respectful and sincere so as to build relational trust and demonstrate consistent acceptance and validation of not only how they identify, but who they are as people (Kuklin, 2014). When people intentionally use birth names and the wrong pronouns as a weapon like Luke's (FTM) dad did, misgender to "mess with someone's head" (Kuklin, 2014, p. 122) as Nat (GF) described, or point to someone like Cameron (GF) and mock, "that thing" (p. 117) – it is debilitating and dehumanizing. The

use of anything beyond preferred language can be psychologically harmful to transgender learners.

Alternative language beyond the binary can also be used to account for diversity in gender. Using gender inclusive language in conversation, documentation, and materials for collaboration or consultations (Rossi & Lopez, 2017), is a safe and neutral way to address people of all genders, especially if preferred names, pronouns, and titles are not known ahead of time (ATA, 2017). Using language that respects all forms of gender involves "breaking the linguistic binary" (ATA, 2017, p. 22) of a person's practice in context and interaction. For example, when addressing a person's class, a teacher might open with *students, folks, friends, class, and people* rather than *boys and girls, ladies and gentlemen, or guys* (ATA, 2017, p. 22). Technically one could also address a group of people by *gender diverse* learners, an opportunity that ensures inclusion of identities and education of vocabulary. The question of who has the right to ask, if not force others to use certain words and terms is a contentious issue (ATA, 2017; Rossi & Lopez, 2017). Obliging a person's request to be addressed a certain way can be seen as a source of empowerment for minority transgender learners, or disempowerment for majority cisgender learners (Ehrensaft, 2017; Richards et al., 2016), which may create barriers to conversation and care (Rossi & Lopez, 2017). Thus, *who* owns the power of *what* language is used and how the language is used can influence the inclusive environments, relational trust, and daily functioning for transgender learners.

Improved daily functioning for transgender learners is also factored by how well they pass in areas of their lives. Through social and medical supports, the ultimate goal

for transgender learners is achieving mind-body alignment (Lederer, 2015). For transgender individuals like Christina (MTF), that included expressing as a girl, coaching others in preferred language, and "saving up to look possible" (Kuklin, 2014, p. 33). To look passible or possible as a person's perceived/desired gender is often referred to as going stealth (Coleman et al., 2012; Lederer, 2015; WPATH, 2011).

However, the term and intent of being stealth is not necessarily shared by scholars and members. Nordmarken (2014) defined stealth as a choice by transgender individuals not to disclose being transgender, yet some transgender learners may choose to do the opposite, like Mariah (MTF) who wanted to let others know they were not alone, or Jessy (FTM) who was proud to be transgender and had learned to embrace his betweenness (Kuklin, 2014). Lederer (2015) interpreted stealth as the ability to hide their assigned and experienced gender, while Hardy et al. (2013) described stealth as passing seamlessly into their authentic gender with no question as to sex assigned at birth.

However, by these interpretations, going stealth may be a challenge because being transgender was a relentlessly difficult for Christina (MTF; Kuklin, 2014, p. 33). Likewise, stealth sounded like a nice image but was hard to attain for someone like Nat (IQ) who physically looked, understood, and identified as both male and female (Kuklin, 2014). Formally, stealth was meant for transgender learners to live as their authentic gender without sharing their biological gender (Coleman et al., 2012; WPATH, 2011). Yet, someone like Cameron (GF) felt great about wearing a white *(trans)cen*d shirt to school, and comfortable sharing their biological sex and fluid identity with others (Kuklin, 2014).

According to Lederer (2015), transgender learners do not intend to deceive others by not disclosing their past, nor might they feel shamed into doing so. Given the youth perspectives shared by Kuklin (2014), the term stealth as a desired and/or realistic end goal might also be considered as a process uniquely embodied by those who identify as transgender (Nagoshi et al., 2014). And for those like Jessy (FTM), who are just trying to be who they are in the present, "the whole world will just have to deal with it" (Kuklin, 2014, p. 16). Definitions of stealth may be subject to how the term is understood by nonmembers and lived by members of the transgender community (Rossi & Lopez, 2017). How a transgender individual passes is owned by individual lived experience and not necessarily by the descriptions and expectations of others, regardless if they identify or not.

Language is used in relation to gender communication. Verbal communication can be challenging for transgender learners. Like components of expression, the quality and tone of a person's voice tends to be another marker of gender that impacts a transgender's ability to pass with others, as they identify (Hardy et al., 2013). Producing sounds, choosing words, and following the rules of communication and appropriate mannerisms are parts of verbal and nonverbal communication that can affect a person's ability to interact with others in authentic and meaningful ways (Coleman et al., 2012; Hardy et al., 2013; WPATH, 2011). Both MTF and FTM individuals may experience gender dysphonia (Hardy et al., 2013), and seek voice and communication therapy to reduce that impact on a person's gender dysphoria (Coleman et al., 2012; WPATH, 2011). Therapy may focus on aspects of speech including resonance; articulation; rate of

speech; syntax and semantics, and pragmatics for transgender individuals of all identities (Coleman et al., 2012; Hardy et al., 2013; WPATH, 2011).

However, MTFs tend to experience greater difficulties with certain component because hormone therapy does not alter vocal structures as compared in FTMs (Hardy et al., 2013). Voice too low in pitch, too loud in projection, strained in quality, or limited in pitch range or intonation patterns are common difficulties for MTFs (Hardy et al., 2013). Interprofessional teams composed of (but not limited to) speech-language pathologists, vocal coaches, drama and choral teachers, and movement experts may develop therapeutic plans to improve safe and equitable functioning for transgender learners in multiple areas of their daily lives (Coleman et al., 2012; Hardy et al., 2013; WPATH, 2011). Transgender learners will vary in their voice competence and confidence when verbally engaging with others.

Visual communication can be used to include transgender learners. The LGBTQ acronym captures all sexual and gender minorities, including transgender learners. Likewise, there is a visual comparison specific to all forms of transgender learners. The transgender umbrella (see Figure 1) captures terms related to, and identity variations of transgender (Reiff Hill & Mays, 2013). Because not all transgender identities are FTM or MTF, these terms that may or may not fit with binary views of sex and gender (ATA, 2017). The umbrella of transgender learners includes binary and nonbinary identities.

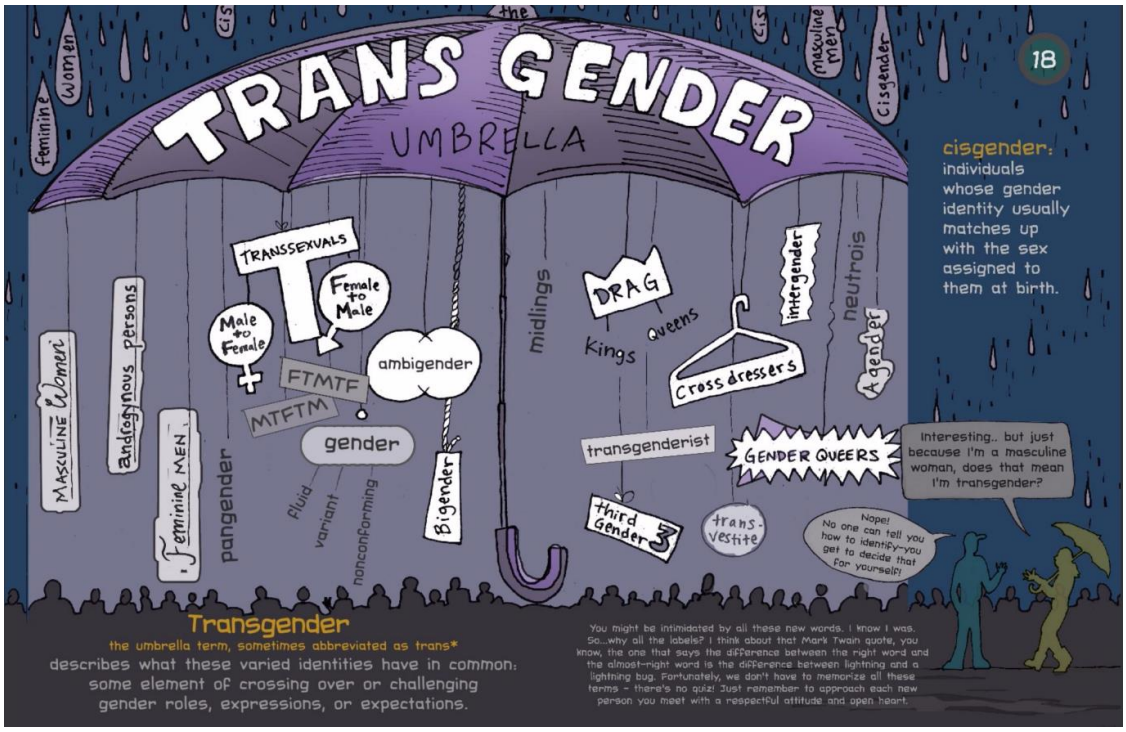

Figure 1. The transgender umbrella includes approximately 20 synonyms denoting trans-like qualities of varying masculine and feminine degrees. From The Gender Book (pp. 38-39), by M. Reiff Hill and J. Mays, 2013, Houston, TX: Marshall House Press. Copyright 2013 by The Gender Book. Reprinted with permission.

Visual communication can be used to understand transgender learners. The LGBTQ acronym captures all sexual and gender minorities, including transgender learners and their possible sexual orientations. Likewise, there is a visual comparison specific to all forms of gender identity and orientations of sexuality for transgender learners. The gender unicorn (see Figure 2) helps cisgender and transgender learners map the elements of gender to corresponding regions of the body (Pan & Moore, n.d.). From top-down and all-around, these regions include the brain, heart, genitals, and overall physical appearance. The anatomical representation of gender is the focus of this infographic. The unicorn of gender applies to cisgender and transgender learners.

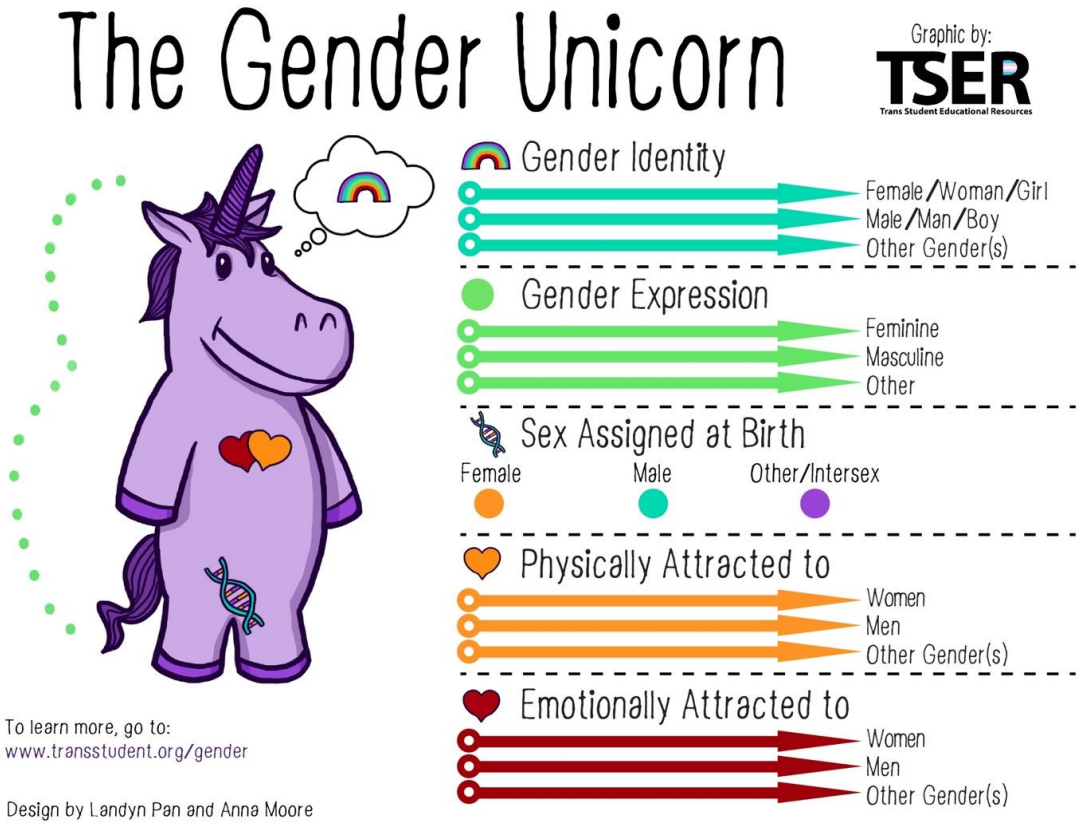

Figure 2. The gender unicorn associates gender identity with the mind, physical and/or emotional attraction with the heart, sex assigned at birth with the genitals, and gender expression with outward appearance. From "The Gender Unicorn," by L. Pan and A. Moore, no date (*http://transstudent.org/gender/*). Creative Commons copyright 2019 by Trans Student Educational Resources. In the public domain.

Visual communication can be used to represent transgender learners. There are a few pride flags that transgender learners may identify with. Created in 1978 by American, Gilbert Baker, the sexual minority (LGBTQ) pride flag was composed of six colors and their respective meanings: red (life), orange (healing), yellow (sunlight), green (nature), blue (serenity), and violet (spirit), as listed by Ruocco (2014). Updated in 2018

by American, Daniel Quasar, the LGBTQ pride flag was revised to include sexuality and gender, and people of color (see Figure 3). It is now called the *progress* pride flag. Quasar acknowledged that in addition to the LGBTQ flag, this version includes transgender stripes and marginalized community stripes in the shape of an arrow that "points to the right to show forward movement, while being along the left edge shows that progress still needs to be made" (p.1). Rainbow colors, transgender colors, and people colors are used in these flags to represent the intersecting identities of transgender individuals.

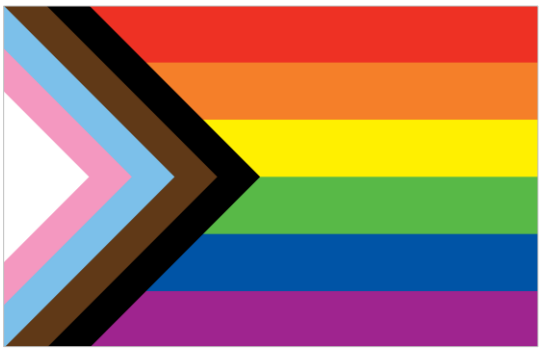

Figure 3. The progress pride flag includes sexuality, gender, and people of color. From "Progress Initiative: From Pride Flag to Give Back," by D. Quasar, 2018 *(*https:// quasar.digital/shop/progress-initiative/?v=3e8d115eb4b3*)*. Creative Commons copyright 2018 by Quasar Digital. In the public domain.

While the LGBTQ flag was developed before the transgender stream, this does not necessarily relate to the order in which transgender learners would identify. Designed in 1999 by American, Monica Helms, a transgender navy veteran, the gender minority (T) pride flag was composed of three colors and their respective meanings: blue (boys/males), pink (girls/females), and white (intersex, transitioning, neutral, undefined), as listed by Ruocco (2014). Updated in 2019 by Canadian, Amelia Newbert, the T pride flag was revised to include all genders, and people of color (see Figure 4). It is now

called the *gender diversity* flag. Newbert acknowledged that in addition to the T flag, this version represents elements of the Genderqueer pride flag, and centers "the [Queer, Transgender, Black, Indigenous, People of Color] QTBIPOC" (p. 1). Transgender colors, nonbinary colors, and people colors are used in these flags to represent the intersecting identities of transgender learners. Updates to these minority flags also reflect the progress made to include all transgender learners in various ways.

Figure 4. The gender diversity flag includes all gender identities and people of color. From "Skipping Stone Launches Gender Diversity Flag," by A. Newbert, 2019 *(*https://www.skippingstone.ca/news/2019/8/20/skipping-stone-launches-gender-diversity-flag*)*. Creative Commons copyright 2019 by Skipping Stone. In the public domain.

Visual communication can be used to symbolize transgender learners. The Lambda symbol was selected by LGBTQ activists in the 1970s for its multiple meanings including energy, balance, recognition, and unity (Samson, 2016). While the Lambda symbol represents the LGBTQ community, including transgender learners, it is not the most popular, nor does it share any visual characteristics consistent in other transgender specific symbols. For example, all of the transgender related symbols share some sort of gender ring with a Mars (male) and/or Venus (female) unicode composition (Ruocco,

2014; Samson, 2016). A range of transgender identities may be signified by any combination or adaptation of traditional male and female symbols.

The relevance of visual communications to sexual and gender minorities have been examined recently. In one qualitative study that examined indicators of a welcoming environment for those who identify as a sexual and/or gender minority, the LGBTQ adults interviewed cited the presence of respective LGBTQ pride and transgender pride flags (Croghan, Moone, & Olson, 2015). That finding was also shared by queer youth in another quantitative study, where they perceived and used the pride rainbow to construct meaning about their affiliations, feelings, and futures as a SOGI minority (Wolowic, Heston, Saewyc, Porta, & Eisenberg, 2017). Furthermore, Wolowic et al. (2017) also found that while queer youth may use sexual and gender minority visuals to socially and physically navigate their surroundings, they are mindful of the congruent behaviors required to enforce safety and support. The LGBTQ pride flag is often perceived by sexual and gender minority adults/youth as welcoming and safe place to be, yet they will engage in those spaces and the individuals who occupy them with caution.

These visuals are often used to represent those people who identity as part of a larger LGBTQ community, and/or smaller transgender group within (Wolowic et al., 2017). Likewise, these observables are often used by cisgender and transgender people of all ages to show solidarity for oppressed, respect for diversity, and safety and support for sexual/gender minority groups (ATA, 2017; Croghan et al., 2015; Wolowic et al., 2017). Semiotics may be used to understand, represent, and show support for this gender

minority group within the larger sexual minority (ATA, 2017; Croghan et al., 2015; Wolowic et al., 2017). Figures, flags and symbols are used to denote transgenderism.

Information and communication technologies (ICTs) are used by transgender youth to explore their gender variations. Transgender youth in McInroy and Craig's (2015) qualitative inquiry felt that offline media offered limited variety and/or stereotyped views of gender and corroborated cisgender norms towards transgender individuals as compared to the authentic and diverse perspectives or representations found through online media. For example, as described by Nichols (2016), Ashley realized she *was* really a girl when she saw [it] on the Internet, read more about [it] through transgender specific websites, and chatted with other trans/gender queer teens; "that's when it all came together for [her]" (Nichols, 2016, p. 2). Likewise, in a different qualitative study by Craig, McInroy, McCready, Cesare, and Pettaway (2015), sexual minority peers appreciated the safe spaces and supportive communities available online for gender variant expression and interaction. These spaces and communities offer tribe-like validation and protection for youth who share similar identities and experiences (Nichols, 2016). According to transgender youth, online media (new media) may be more inclusive in content and compassion as compared offline media.

In fact, transgender youth used new media to safely facilitate their coming out journeys; finding needed resources and connecting with like-minded people supported the development of online identities that may transfer into their offline lives (Craig & McInroy, 2014). Nichols (2016) recognized that transgender youth find the Internet healing, as its "trans-dedicated chatrooms and listservs, and later, websites and blogs

[empower] trans people [to] communicate with each other and experience the validation that can only come with numbers" (p. 2). That being said, transgender youth also suggested that perhaps the general public and multiple professionals could benefit if contemporary resources and perspectives offered online were included or considered in offline media as well (McInroy & Craig, 2015). Collectively, these findings suggest that offline and online ICTs could be beneficial transgender and cisgender people. Online ICTs may offer safe spaces and supportive communities in which transgender youth can explore and express their authentic selves.

Online ICTs engage transgender youth critically, creatively, emotionally, and individually. Internet memes (visuals with captions) pertaining to transgenderism permit identifying youth to either comply with, challenge or negotiate cisgender norms, with visuals that are created, shared, and interpreted not only safely, but in a liberating manner (Gal, Shifman, & Kampf, 2016). In a qualitative study, Fink and Miller (2014) found that Tumblr is a multifaceted media space that engages transgender youth critically as they learn to deal with heteronormative assumptions of gender and sexuality by following other Tumblrs that interest them. Tumblr also encourages transgender youth creatively if they generate personalized Tumblr profiles to engage others in sharing and conversation (Fink & Miller, 2014). YouTube is heavily posted to and subscribed to by transgender youth who seek acceptance, inspiration, and guidance as they navigate nonconforming and intersecting identities related to gender (Singh, 2013). According to transgender youth, online media appeals to a range of inquiries and needs and offers different levels of involvement.

For example, Singh (2013) found that transgender youth of color (TYOC) use social media like Facebook, MySpace, and trans-specific sites to connect with others who are like them, thus affirming their identities. Additionally, approximately 60% of TYOC accessed Twitter or trans-supportive websites at school at any given point during the day to deal with challenges, manage distress, seek support, embrace their intersecting identities (Singh, 2013). Online ICTs could allow transgender youth to belong to like-groups whom they can relate to and turn to for support as needed. Internet and online social mediums can empower transgender youth to develop perspectives, implement coping strategies, and share affirmed visions of gender-positive diversity.

Theological. The theological paradigm of transgender learners may be understood through global theologies. Historically, religions around the world vary in their ability to acknowledge, accept, accommodate, and advocate for transgender members of faith (Liboro, 2015; Venn-Brown, 2015). Theologies that appear to be more tolerant of transgender learners include the Hindu, Buddhist, and Jewish faiths. Theologies that appear to be less tolerant of transgender learners include the Islamic, Catholic, and Mormon faiths. When these gender, sexuality and religious identities intersect, they can influence not only the values, beliefs and lived experiences of the those who identify as transgender, but the professionals who serve them as well.

Some faith traditions practice tolerance for transgender learners to varying degrees. The Hindu faith appears to be one of the religions that is tolerant of transgender learners. Devotees of the Hindu faith recognize scriptures of famous gods with special qualities and subscribe to the notion that God may be “male, female or even gender

neutral without prejudice" (Agoramoorthy & Hsu, 2015, p.1453). However, similar to Indigenous cultures, colonization by the British introduced conservative views and laws about homosexuality and transgender learners for almost 150 years (Agoramoorthy & Hsu, 2015). While colonization influenced traditional Hindu beliefs, those British laws were reversed in 2009 (Agoramoorthy & Hsu, 2015). Observably, it has been suggested that Hijras have banned together all along to interpret and live by the Hindu faith on their own terms (Bhat, 2009). Nonetheless, there are traditional Hindu devotees who continue to accept the presence of transgender learners (Agoramoorthy & Hsu, 2015). Hinduism appears to be appropriate grounds for transgender living and networking.

The Buddhist faith appears to be another religion that is tolerant of transgender learners. Some Buddhist scriptures used by monks also acknowledge the presence of multiple sex/gender categories including male, female, intersex, and inadequate forms (Claes, 2011). Given this Buddhist recognition compared to other faiths, such as Christianity, one might propose that Buddhism is queer, in and of itself (Corless, 2004). Additionally, it has been suggested that some pillars of dharmology (Buddhist theology) could be strengthened using a queer lens for interpretation (Corless, 2004). Thus, the same claim could be made for using a transgender lens for interpretation. Buddhism focuses on correct practice of the individual's direct experiences, rather than a precise belief or policy directed for that person according to the past experiences of others (Wong, 2017). Buddhism can be applied personally and professionally. Blando's article (2009) suggested that the psychological pillars of the Buddhist faith would be an

appropriate base from which to counsel LGTQ individuals. Buddhism appears to be appropriate grounds for transgender living and healing.

The Jewish faith also appears to be one of the religions that is accepting of transgender learners. Progressive Judaism has denounced traditional condemnations of homosexuality in favor of inclusion for all forms of love, LGBTQ leadership, and identities essentially (Kukla, 2007; Liboro, 2015). To support this inclusion, a manual known as the Kulanu, was revised to include two short blessings for transgender learners pertaining to same-sex union ceremonies and same-sex divorce documentation (Kukla, 2007). This reformist Judeo perspective and practice seems to echo a suggestion from Wirth's (2015) anthropological and ethical study, whereby under a "Judeo-Christian creator there is space for diversity, variations, and, above all, for the development of individual freedom" (p. 1584). Judaism appears to be appropriate grounds for transgender living and loving.

Some theologies practice intolerance of transgender learners to varying degrees. The Islamic faith appears to be one of the religions that is not accepting of transgender learners. Within the religion of Islam, the Quran (scripture) explicitly forbids and condemns homosexuality (Liboro, 2015; Shah, 2016), and related conditions that challenge heterosexual norms such as transgenderism for that matter. Such violations of behavior and identity according to Islamic scripture and law may be subject to physical punishment and/or public execution (Liboro, 2015). Even for those individuals suffering from gender dysphoria or intersex conditions, sexual reassignment surgery is generally prohibited (Kalbasi-Isfahani & Deleer, 2016) and rarely offered on partial exception if in

favor of a ‘male’ outcome (Zainuddin & Mahdy, 2017). Under Islamic faith, in rare cases, transgender learners might be granted surgical treatment that supports social patriarchy.

The Catholic faith appears to be another religion that is not accepting of transgender learners. According to Reverend Moore (2014), people born with Y and X chromosomes should live like authentic men and women respectively, according to the Bible, as God intended, “no matter how much [they] might want to live like animals” (p. 4). There are devout Catholics who share similar views about homosexuality and gender (McCarty, 2015), but to a lesser degree in terms of retribution for those who act on their non-Catholic feelings, or sin. There are those transgender members who can no longer act by others’ expectations and may seek treatment to live by their own interpretations. Gender reassignment surgery related to gender dysphoria is viewed as self-mutilation for a condition that is not natural (Tonti-Filippini, 2012). However, to the best of Tonti-Filippini’s (2012) knowledge, hormonal treatment and surgery is only permitted to normalize physical characteristics and retain healthy functioning in cases of children with intersex conditions. Under Catholic faith, in rare cases, transgender learners might be granted surgical treatment that supports physical health.

The Mormon faith also appears to be a religion that is not accepting of transgender learners. Similar to Islamic and Catholic principles, followers of the Mormon faith condemn homosexuality and transgenderism/transsexuality (Liboro, 2015). That said, Gess (2016) acknowledged that some progress has been made to recognize LGBTQ Mormons, provided they do not act upon their sexuality. Those who commit such a sin

are commonly subject to sexual orientation change efforts (SOCE) by church leaders for upwards of 10 to15 years (Dehlin, Galliher, Bradshaw, Hyde, & Crowell, 2015). In Dehlin et al.'s (2015) study about SOCE conducted by the Mormon Church, researchers found this type of conversion/reparative therapy (APA, 2013; Venn-Brown, 2015) to be spiritually ineffective and psychologically damaging among the participants sampled. This finding seems to mirror Venn-Brown's (2015) literature review of key issues faced by those who had been involved in SOCE, including "intense cognitive dissonance, suicidality, mental health issues, self-destructive behaviors, obsessive behaviors and addictions, trauma and grief, internalized homophobia, loss of purpose and self-esteem, inability to connect, higher risk of HIV and STI infection" (p. 87). Under Mormon faith, in common cases, transgender learners have been coerced into reparative treatments that damage psychological health.

Contemporary views of Christianity are being considered on behalf of sexual and gender minority individuals. Other forms of Christianity such as "Baptist, Episcopalian, Anglican, Lutheran, Methodist, Presbyterian, and United Churches" (Liboro, 2015, p. 1209) have begun to include members who identify as LGBTQ in their congregation, perhaps with some boundaries to membership benefits or conditions of congregational support (Venn-Brown, 2015). For example, there is a Christian church in Texas composed largely (but not exclusively) of LGBTQ members of various denominations including Roman Catholic, Southern Baptist, and Pentecostal (Immroth & Lukenbill, 2014). While the principles within these denominations and others like Evangelical and Charismatic seem to agree that being homosexual and/or transgender (and transgender,

by associated default) is sinful, perverted, and abominable, to which only God can heal these broken people (Venn-Brown, 2015), it appears that some churches are willing to reframe their perspectives in service of equal and diverse membership.

Ninety-six members of the Texas church mentioned by Immroth and Lukenbill (2014) were divided into 12 groups who participated in book study about the call for progressive Christianity. Through field observations and a questionnaire, Group 10, selected by convenience and composed of majority and minority members, yielded three themes of response including (a) bible as metaphor, (b) pantheism, and (c) God and justice – for all (Immroth & Lukenbill, 2014). It seems that some members of faith are socially re-constructing traditional doctrine with contemporary reality. Majority and minority members of the Christian faith are exploring contemporary views of living and service grounded in traditional doctrine.

Some faith traditions facilitate identity resolution for transgender learners to varying degrees**.** Transgender members of faith navigate gender and spiritual identities. A person's journey of conflicting identities may be resolved through Liboro's (2015) *Stages of Identity Incongruity Resolution***.** During the first stage of *reflection*, a person may experience forms of distress at the *realization* that a person's faith (and/or ethnicity) does not support his/her/their gender identity and/or sexuality (Liboro, 2015). A person who does not fit the preferred heteronorms of gender and identity among his/her/their religion may cycle through feelings of freedom, failure, shame, condemnation, and repentance, much like Venn-Brown (2015) endured during his SOCE.

At the second stage of *rejection,* a person might feel the need to choose among the preferred identities in order to be accepted, which may cause bitterness and frustration. (Liboro, 2015). As cautioned by Super and Jacobson (2011), unintentional/intentional "coercion, threats, rejection, condemnation or manipulation" (p. 180) might be used by a member/group of faith to force the person to submit to a person's religious beliefs about gender and sexuality.

The third stage of *reconsideration* could involve an attempt to reintegrate a person's faith (and/or ethnicity) with his/her/their identity and sexuality in order to belong spiritually (Liboro, 2015). For example, in Britain, a group of LGBTQ Muslims developed an educational tool to mobilize favorable LGBTQ interpretations of Islam, and thus engage people in broader, more inclusive dialogue about diversity in gender and sexuality in that religion (Shah, 2016).

The fourth stage of *resolution* happens when the individual finds resolve between conflicting identities (Liboro, 2015). Such was the case when an elderly transwoman of Native American/White decent melded her minority and spiritual faith together to save others from oppression and advocate for equal rights (Rosenkrantz, Rostosky, Riggle, & Cook, 2016), or when the ordination of a transgender Rabbi was affirmed with a traditional Jewish blessing (Zeveloff, 2013). And so, transgender learners conflicted by ethical, spiritual, and sexual expectations may navigate and cope with clashing intersectionalities in different ways.

Some faith traditions provide social interaction for transgender learners to varying degrees**.** For people who interact with transgender learners or TS and may or may not be

transgender and homosexual themselves, intersecting ethnic and religious perspectives may negatively influence their ability to serve transgender individuals. LGTBQ people are subject to inequities and disrespect by people who are ignorant or misinformed by the lack of research about the complexities of faith, identity, and sexuality (Venn-Brown, 2015), and ethnicity. Likewise, those professionals who do not subscribe to a faith may not understand or respect the subtle/sensitive influence that faith may have on an LGBTQ person (Venn-Brown, 2015). At which point, it may be wise to engage in some professional development opportunities to learn more about the complexities of faith and identity/sexuality in order to work more effectively with their faith-based LGBTQ clients (Venn-Brown, 2015). For example, Super and Jacobson (2011) asserted that counsellors should be aware of any distress LGBTQ clients are facing related to religious influence or abuse and be prepared to help them work through both religious and sexuality complexities.

Conversely, some professionals may be so absolute in their belief systems, that they feel they have the right to decline service to those who jeopardize their faithful following of principles. For example, some pre-service school counselling students maintained their right to decline service to LGBTQ individuals on the basis of their religious beliefs (Phan, Herbert, & DeMitchell, 2013). However, appellate courts ruled that the counselling professional code of conduct that these preservice school counsellors chose to pursue (knowingly and freely) supersedes their religious beliefs about who is worthy of their service (Phan et al., 2013). Professionals who work with transgender learners may not know how to, or intentionally refuse to work with transgender learners.

On the other hand, for people who interact with transgender learners/TSs and may or may not identify as a gender/sexual minority themselves, intersecting ethnic and religious perspectives may positively influence their ability to serve transgender individuals. Both Liboro (2015) and Wong (2017) suggested that theologians, religious scholars, and various professionals well-versed in their respective faiths could engage in critical interpretations of principles and gender and/or sexuality to advance contemporary perspectives that are more inclusive of all people, regardless of how they identify or love. Alternatively, professionals could consult with faith-based colleagues/experts for additional exposure, supervision, reflection, and coaching that could improve their ally service to LGBTQ clients (Gess, 2016; Paprocki, 2014). Or, they could legitimately refer (out of counsellor limitations to support) their LGBTQ clients to these religious specialists directly, as best served (Phan et al., 2013).

Perhaps all stakeholders can come together to determine what competencies and conditions could be put in place, in the best interest of the LGBTQ person. For example, in faith-based schools where a transgender learner presents, it is possible, for pastors, principals, counsellors, teachers, parents, and the student to err on the side of what is best for the student and sensibly accommodate him/her/they provided the sensitive matter is handled carefully out of respect for all patrons (Tonti-Filippini, 2013). Professionals who work with transgender learners can apply intersecting identities and professional obligations that place the needs of the transgender learners, first.

In summary, from the discipline of humanities, the theoretical, conceptual, lingual, and theological paradigms may inform transgender learners. There are some

theories that can be used to question aspects of gender. Albeit professional development opportunities or classroom settings, queer theory can be used to develop a queer eye in support of free, safe, and accepted gender identity exploration, expression, and participation (Blaise & Taylor, 2012; Goodrich et al., 2016). According to Nagoshi and Brzuzy (2010), there is no one standard description for those who identify as GNC within transgender theory; their lived experiences interact with their perceptions of gender and sexuality on various levels, and to varying degrees (Johnston, 2016; Nagoshi et al., 2012). Thus, those educators who serve transgender learners may/may not know that the scope of transgender identities could vary in unconditional acceptance, and/or unearth confusion, discomfort, and resistance surrounding perception and language (Fleming, 2015). The challenges to heteronormative assumptions about gender may contribute to the theoretical knowledge of educators in service of transgender learners.

There are models and frameworks that inform processes that transgender learners engage in. Models of transsexualism and transgenderism are anchored by social necessity (Denny, 2004) versus individual need (Boswell, 1991) of surgical treatment to align a person's biological sex with felt gender. Models pertaining to identity formation/emergence focus on the introspective processes that transgender engage in (Devor, 2004; Lev, 2004a, 2004b). The metaphorical model is subject to the interpretation of a person's lived experience (Lederer, 2015). Frameworks that focus on one or more domains of development could help cisgender learners understand and respond to the challenges faced by transgender learners (Hendricks & Testa, 2012; Scott & Walsh, 2014). Thus, those educators who serve transgender learners may/may not

know, how the binary criteria and fluid considerations of transgender learners in the past have evolved to include the minority mental health and adolescent sexual development considerations. The medical, social, metaphorical, developmental assemblies of thinking may contribute to the conceptual knowledge of educators in service of transgender learners.

There are forms, functions, and formats of language are used by transgender learners to identify, orient, express, validate, and communicate their evolving authentic selves. A breadth of innovative language has been created by members and nonmembers of the transgender community to challenge social expectations and describe emerging identities (Pyne, 2014; Rossi & Lopez, 2017). Their identities intersect with varied orientations of sexuality. However, while transgender learners use language in different ways to fit within themselves and among cisgender learners, what makes sense to them (Pyne, 2014), does not always make sense to others (Henrickson, 2013). Transgender learners express their identities and orientations through variations in appearance, action, and interests that may accept or reject binary expectations of society or reflect a point in a person's transition (Dentice & Dietert, 2015; Ehrensaft, 2012; Richards, 2016). Transgender learners feel empowered when given space and freedom be themselves (Gal et al., 2016), and validated when their preferred names, pronouns, and titles are used in a genuine way (ATA, 2017; Eccles, 2017; Kuklin, 2014; Richards et al., 2016; Rossi & Lopez, 2017). Through speech (Hardy et al., 2013), visuals (Croghan et al., 2015; Newbert, 2019; Pan & Moore, n.d.; Quasar, 2018; Wolowic et al., 2017), and technology (Craig et al., 2015; McInroy & Craig, 2015; Nichols, 2016), transgender learners seek to

communicate the understanding and development of their identities in safe environments (ATA, 2017; Blake, 2017). Like cisgender learners, transgender learners are the experts of their own lived experiences (Rossi & Lopez, 2017). Assumptions about transgender identities and lived experiences tend to be ignorant and detract from any effort to include, personalize, or empower transgender learners (Rossi & Lopez, 2017). And so, as a reciprocal courtesy, transgender learners need not be asked and/or expected to answer any irrelevant or unnecessary questions about their genitals or sexuality that would not normally be asked and/or expected of cisgender learners. The language means used to affirm the diversity of transgender learners diversity may contribute to the mindfulness attitude of educators in service of transgender learners.

There are theologies that have positive and/or negative influences on transgender identity. In faiths that tend to be more tolerant of their LGBTQ members, transgender learners may have positive living (Agoramoorthy & Hsu, 2015; Claes, 2011; Liboro, 2015), networking (Bhat, 2009), healing (Blando, 2009) and loving (Kukla, 2007) experiences. In faiths that tend to be less tolerant of their LGBTQ members, transgender learners may have negative physical and psychological health experiences (Dehlin et al., 2015; Kalbasi-Isfahani & Deleer, 2016; Liboro, 2015; Super & Jacobson, 2011; Tonti-Filippini, 2012; Venn-Brown, 2015; Zainuddin & Mahdy, 2017). Together, heterosexual members of faith and transgender members of faith are exploring conditional membership (Venn-Brown, 2015), and contemporary interpretations of faith (Immroth & Lukenbill, 2014). Individually, transgender learners are trying to navigate and cope with intersecting gender, sexual, and spiritual identities (Liboro, 2015). Regardless of how one

identifies, people of faith are trying to live authentic lives of service, personally and professionally (Gess, 2016; Liboro, 2015; Paprocki, 2014; Phan et al., 2013; Super & Jacobson, 2011; Tonti-Filippini, 2013; Venn-Brown, 2015; Wong, 2017). The tolerance, intolerance, resolution, and interaction that transgender learners experience as members of faiths from around the world may contribute to the theological knowledge of educators in service of transgender learners. Theoretical, conceptual, lingual, and theological paradigms may contribute to the social sciences knowledge of educators who serve of transgender learners.

Social Sciences Discipline

The social sciences discipline informs the topic of transgender learners from four related paradigms. The cultural paradigm includes cultures that recognize transgender learners on various levels. The developmental paradigm is composed the stages of human developments during aspects of gender evolve. The metrical paradigm includes tools for evaluating attributes and perspectives related to transgender learners. The psychological paradigm is composed of resources used to diagnose transgender learners. If educators draw from the cultural, developmental, metrical, and psychological paradigms about transgender learners, then educators may serve transgender youth with optimal learning experiences.

Cultural. The cultural paradigm of transgender may be understood through global cultures. Some ethnicities embrace dimensions of transgender, other ethnicities do not. Natal males and natal females who identify as transgender, or another name, have been recognized in countries around world. In addition to the island cultures that follow,

a transgender from Japan is known as a ‘New Half’ (Stip, 2015). Likewise, in addition to the mainland examples that follow, transgender learners have been identified in Ivory Coast (Woubi), Myanmar (Natkadaw), Italy (Femminielli), and Arabic countries (Khounta), as noted by Stip (2015). However, cultural recognition of transgender learners may not always equal cultural acceptance of transgender learners.

There are island cultures composed of transgender learners. They are recognized in the Samoan culture. In Samoa, a Fa’afafine is a biological male who exhibits male and female characteristics, behave like a woman to varying degrees, and identify with any number of intersecting and contradictory labels that imply more/less/neither heteronormative qualities (Schmidt, 2016). Not only are Fa’afafine commonly found and revered in Samoan families, they are fully integrated and embraced in Samoan society (VanderLaan, Petterson, et al., 2015). Not only are Fa’afafine integrated, they are invested in family activities as well. From a quantitative study regarding Samoan childcare, Fa’afafine reported an increased willingness to invest more time caring for nieces and nephews than other men or women family members (VanderLaan, Petterson et al., 2015). Perhaps this familial and social appreciation for who they are as they are and what they do within the family, contributes to the comfortability that most Fa’afafine have with their gender identity and sexual genitalia, and explains why cosmetic or sex assignment surgery is not common practice (VanderLaan, Petterson, et al., 2015). The Fa’afafine of Samoa may identify and function somewhere along the binary spectrum of gender and are fully embraced in their culture.

Transgender learners are also recognized in the French Polynesian culture. In French Polynesia, a RaeRae (or Mahu) is also a biological male who identifies and behaves as a woman and is often viewed as a feminine man or trapped woman in a male body (Stip, 2015). Unlike the Fa'afafine however, the reception and integration of RaeRaes in Polynesian society is contingent on the ability to "keep their sexuality unspoken and invisible" (Stip, 2015, p. 193). While RaeRaes may be employed in professions typically held by males or females, traditional roles in education and tourism may be compromised by at-risk behaviors according to in-culture cisgender learners with Christian morals (Stip, 2015). For RaeRaes, hormone therapy and surgery are possible options for desired genital identity congruence and improved social acceptance (Stip, 2015). The RaeRaes of French Polynesia may identify as female, function somewhere along the binary spectrum of gender, and are partially embraced in their culture.

There are mainland cultures composed of transgender learners. They are recognized in the Mexican culture. In Mexico, a Muxe is a biological male who shares male and female traits, usually identifies in the teens, and wears traditional female clothing, hair, and make-up (Diehl et al., 2017). Some Muxes obtain cosmetic or top surgery to enhance their female appearance (Diehl et al., 2017). Muxes perceive and portray themselves as women in society. Muxes typically assume traditional female roles within heterosexual or homosexual partnerships and are often leaders of cultural and religious transmissions (Diehl et al., 2017). Similar to the RaeRaes and Fa'afafines respectively, Muxes tend to identify as female and assume female roles in the family. Contrary to the RaeRaes, Christian morality appears to support their leadership

contributions to spirituality. The Muxes of Mexico identify as females, function as females, and are spiritually embraced in their culture.

Transgender learners are recognized in the Thai culture. In Thailand, a Kathoey is a biological male who traditionally expresses and lives like a woman, engaging in the full spectrum of stereotypical female attributes including hair, make-up, clothing, mannerisms, tone, phrasing, interests, and vocations (Claes, 2011). It is more common for Kathoey to take female hormones and/or seek out cosmetic or top surgery, as only a few Kathoey pursue full sexual reassignment surgery (Claes, 2011). Kathoeys will enhance their feminine expression and assume contemporary roles in society. Kathoeys live in rural and urban centers and are generally accepted in Thai society, however, even with some obtaining formal educations they typically work in low-entry entertainment, beauty, and tourism jobs (Claes, 2011). The Kathoeys of Thailand identify as females, function as females, and are spiritually embraced in their culture.

Transgender learners are recognized in the Brazilian culture. In Brazil, a Travesti is described as a biological male who can look androgynous in appearance, identify and express as a woman, and behave (even sexually) like a male at times (Diehl et al., 2017). Some Travestis may take feminizing hormones to augment their appearance versus pursuing top/bottom sexual reassignment surgery (Diehl et al., 2017). However, not all Brazilians accept male versions of female identification and function. Travestis are frequently rejected by their familial supports and social surroundings, and often left homeless and jobless if they choose not to engage in sex work (Diehl et al., 2017). The Travestis are similar to the Fa'afafines in terms of identification, expression, and function

on a spectrum yet differ in their cultural acceptance. The Travestis of Brazil identify as females, function as females, and are not typically embraced in their culture.

Transgender learners are recognized in the Indian culture. In India, a Hijra typically refers to a biological male whose identity is a hybrid of male and female elements (Diehl et al., 2017). Traditionally, Hijras are typically vibrant people thought to bring fertility and prosperity to family rituals such as weddings and birth celebrations, and security to royal families and holy places (Agoramoorthy & Hsu, 2015; Diehl et al., 2017). To confirm their worth and identity rebirth, community elders perform ritual castrations on adolescent/adult Hijras with substantial morbidity (Agoramoorthy & Hsu, 2015; Diehl et al., 2017). Hijras will take extreme surgical measures to confirm a male's alternate identity with no guarantee that they will be accepted and supported in society for doing so. Those Hijras who are not accepted by their families nor welcomed by society to engage in sacred formalities are often disavowed by their families and forced to beg or prostitute themselves for food and shelter (Diehl et al., 2017). Hijra children are often a source of embarrassment to their families because they do not fit with gender rules of society, and so they tend to be isolated and victimized at a young age, then abandoned as adolescents with virtually no opportunities for education and guidance (Agoramoorthy & Hsu, 2015). Additionally, the Hijras are similar to the Fa'afafines in terms of identification, expression, and function on a spectrum yet differ in their cultural acceptance. The Hijras of India identify and function somewhere along the binary spectrum of gender and are partially embraced in their culture.

Transgender learners are recognized across Indigenous culture. Across American Indian, Alaska Native, Native American, and First Nations ethnicities, there are people who possess male *and* female attributes contrary to heteronormative ideals of transsexuality. Originally coined by Native Americans to equalize the western LGBTQ minority term (Lang, 2016), the term TS essentially represented indigenous people who are queer (Page & Daniel, 2016). Traditionally in North America, this meant biological males and females who identified as having both male and female spiritual qualities (Lang, 2016; Pruden & Edmo, 2013). The ratio of the dual spirit women-men and men-women varies, and influences or impacts the individual physically, emotionally, mentally, and spiritually in different ways (Genovese, Rousell, & The Two Spirit Circle of Edmonton Society, 2011; Lang, 2016). While these people may completely or partially assume the identity and role of the opposite sex's gender role attributes, most people who identify as TS see themselves as a separate gender (neither man or women) that is natural and acceptable to Indigenous people (Lang, 2016). The understanding, use, and association of terms TS and transgender vary among ethnicities. As one elder pointed out in Page and Daniel's (2016) documentary, western cultures forced the term transgender (to parallel TS) onto Native cultures, along with the dysphoric disposition and related expectation of complete binary transitioning. This western imposition conflicts with Lang's (2016) reminders that (a) just because one identifies as a sexual minority does not mean that he/she/they is TS, (b) the general views of Indigenous people value "transformation, ambiguity, and change", and (c) Indigenous people tend to identify in order of native ethnicity, gender identity, and then sexual attraction (p. 305). Those TSs

identify and function somewhere along the binary spectrum of gender and are traditionally embraced by their Indigenous culture.

TSs are victimized as members of Indigenous culture. Page and Daniel (2016) reminded that not all TS people are transgender and suggested that western constructs of homophobia and transphobia conflict with the Indigenous concept of TS being such a natural component of Indigenous life. However, being an Indigenous transgender can also be a mediating component. From a cross-sectional survey data set of health care experiences for 1,711 transgender females, those who identified as Native American reported more health care discrimination than transgender females of other ethnicities (Shires & Jaffee, 2015). In addition to discrimination, TS members face other hardships. In another cross-sectional survey of the bias-related victimization and mental health difficulties faced by American Indian and Alaska Native LGBTQ2 individuals, 84% reported some form of victimization: physical violence, verbal harassment, being chased/followed/stalked, a break-in/theft, property damage, being mugged, beaten, assaulted with a weapon, and sexual assault (Parker, Duran, & Walters, 2017). Furthermore, of those individuals victimized, those who identified as bisexual or TS were more likely to report symptoms of generalized anxiety than those individuals who did not (Parker et al., 2017). To deal with hardships like these, require resilience. Interviews of 11 TS women yielded a “braided resiliency framework” of abilities, processes, and resources they relied upon to deal with oppression and mental health challenges (Elm, Lewis, Walters, & Self, 2016, p. 352). TSs demonstrate resilience in protection of their gender and indigenous identities.

TSs engage in various roles, relationships, and religions. Historically TS people were considered gifted healers and held in high esteem by virtue of their dual masculine and feminine energies that could bring balance to the world (House, 2016; Page & Daniel, 2016). TS individuals often served their cultural communities as mediators, social workers, name givers, match makers, sun dancers, holy people, ceremonial facilitators, tribal peace-makers and warriors, hunters, caregivers, teachers, and doctors/medicine people (Genovese et al., 2011; Pruden & Edmo, 2013). Indigenous gender diversity was traditionally respected, embraced and valued, and to this day especially revered by those who identify as TS (Lang, 2016). For one Alberta TS high school student, this knowledge of Indigenous tradition made it easier for James to understand his dual-spirit identity, to seek familial acceptance and support, and to pursue a traditional role in medicine (Genovese et al., 2011). For another dual-spirit person, House (2016) described how having a supportive family and community also made it easier for Carrie to work in various masculine and feminine professions in keeping with her Native teachings and values.

However, heterosexual Indigenous people are not necessarily accepting and/or in favor of this resurge in reverence (Lang, 2016). This might be attributed to colonial events that victimized TS individuals, forced them into hiding from European homophobia, and left generational gaps of TS teachings (Genovese et al., 2011; Pruden & Edmo, 2013). It may also be associated with the types of relationships that TS people engaged in. Men-women typically took on female roles and had relationships or marriages with men, and vice versa for women-men (Lang, 2016). Conversely, TS people

who identify as queer but not necessarily transgender could be part of lesbian, gay, or bisexual relationships. Given the quasi-heterosexual norms of gender identity (first) aligning with sexual attraction (second) to the opposite gender, these relationships might seem respectively heterosexual and homosexual.

Agreements and disagreements about TS across Indigenous cultures may be influenced by notions of spirituality. The TS term is rooted in composition of masculine and feminine spirits that should be centered in the context of each individual's lived experiences and needs (Lang, 2016). For some TS people, that may or may not include additional Christianity perspectives about the roles of men and women (Genovese et al., 2011), and/or other forms of spirituality that value replenishing the earth and healing relationships (Bede Scharper, 2016). While diverse interpretations and applications of spirituality will be unique to each TS person, these people generally honor the customs and traditions of their respective ethnicities (Lang, 2016). For James, mixed perspectives about culture, gender, sexuality, and made it easier to be accepted by his family and fit in an urban high school (Genovese et al., 2011). For Carrie, she believed that her female body was blessed with male qualities by holy people so that she could be a social change and justice advocate (House, 2016). The functions, interactions, and beliefs of and towards TS individuals are subject to group values, historical events, societal expectations, and individual experiences.

For TSs who may or may not be homosexual, intersecting ethnic and religious perspectives may influence their ability to live with others. A large percentage of transgender learners, especially youth and 'late-bloomer' adults, are oppressed by their

own ethnic expectations and religious indoctrinations that do not condone gender and sexuality deviance (Liboro, 2015). The ethnic and religion oppression (abuse) that an LGBTQ person might face can cause "low self-esteem, guilt, shame, spirituality loss, substance abuse, or thoughts of suicide" (Super & Jacobson, 2011, p.180). On the other hand, it is common for LGBTQ individuals to turn to religion to help them make sense of their identity and sexuality journeys (Super & Jacobson, 2011), which "for many [is] like a second coming out" (Venn-Brown, 2015, p. 89). Transgender youth in particular face identity incongruity composed of developmental, gender, sexuality, ethnic, and spiritual skirmishes that can foster "emotional distress, depression, unhealthy forms of coping and suicidality" (Liboro, 2015, p. 1210). A number of religions seem to be less accepting, if at all, of variances in gender identity and sexual preference.

Developmental. The developmental paradigm of transgender may be understood through the individual processes engaged across the lifespan to form a person's typical or atypical gender identity. While the construct of gender has been long established by society, it is resolved by individuals as well. As early as childhood, natal boys and girls may indicate in some way that they do not fit with the binary roles associated with their genitalia that have already been preconceived for them by society (Ristori & Steensma, 2016). During adolescence, this lack of fit may desist, persist, and/or come into question with the additional physical changes and romantic/sexual attractions brought on by puberty (Leibowitz & de Vries, 2016; Ristori & Steensma, 2016). As an adult, further questioning about a person's gender identity may be influenced by cumulative disillusions and/or sexual orientation (Zucker et al., 2016). While the development of

transgender identities in childhood, adolescence, and adulthood are often distressing, new perspectives that could be healing, are emerging.

The construct of gender is composed of a set of interrelated dimensions established by society. As depicted in Figure 5, gender is a space/web that is non-inclusive of sexuality and composed of physical markers (body), cultural/expressive expectations (social), and internal sensations (identity) of gender (Baum, 2017; Ehrensaft, 2017; Gender Spectrum, 2019; Halim, 2016; Keener, 2015; Lemaster et al., 2017; Sage Authors, 2017). Simply stated, the male-female binary may be physically assigned at birth, socially expressed through expectations and preferences, and cognitively entrenched (Gender Spectrum, 2019; Keener, 2015). This composition of gender appears be better suited to describe gender in childhood. Over time, the directional pathways in which people identify along these continuums of gender may look consistent or contextual and will vary from one person to the next (Ehrensaft, 2017).

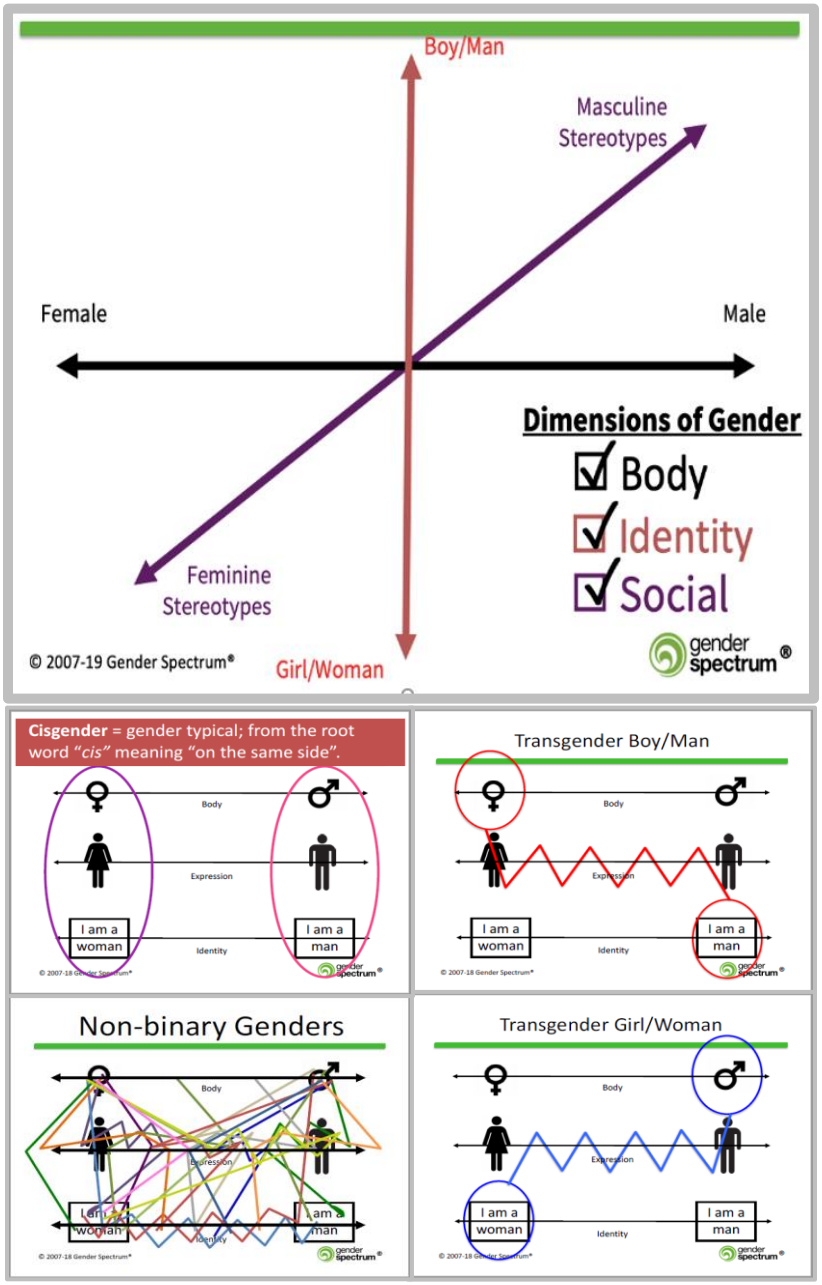

Figure 5. A person's gender identity can be mapped out across three directional continuums; body, identity, and social. From Dimensions of Gender, by J. Baum, 2017, paper or poster [digital] session presented at the meeting of Gender Spectrum, San Francisco, CA. Copyright 2019 by Gender Spectrum. Reprinted with permission.

Alternatively, gender may be depicted as spectrum inclusive of sexuality as described by the Alberta Teacher's Association (ATA; Alberta Teacher's Association,

2017). Similar to the gender web, the gender spectrum (see Figure 6) is also composed of biological sex, gender expression and gender identity, as well as sexual orientation (ATA, 2017). Simply added, the male-female binary is also sexually oriented in terms of affection for and attraction to others based on their sex/gender in relation to self (ATA, 2017; Ehrensaft, 2017). This composition of gender may be better suited to describe gender in adolescence and adulthood. Seemingly, the construct of gender is complex, the manner in which it evolves is unique, and the ways in which it presents are diverse (Keener, 2015; Lemaster et al., 2017). Likewise, the complexity and rigidity of gender will be tested to varying degrees across a person's lifespan – albeit embracing, rejecting, or combining the bigender attributes deemed appropriate (Halim, 2016). Gender identity is an interrelated component of gender, subjectively experienced by the individual.

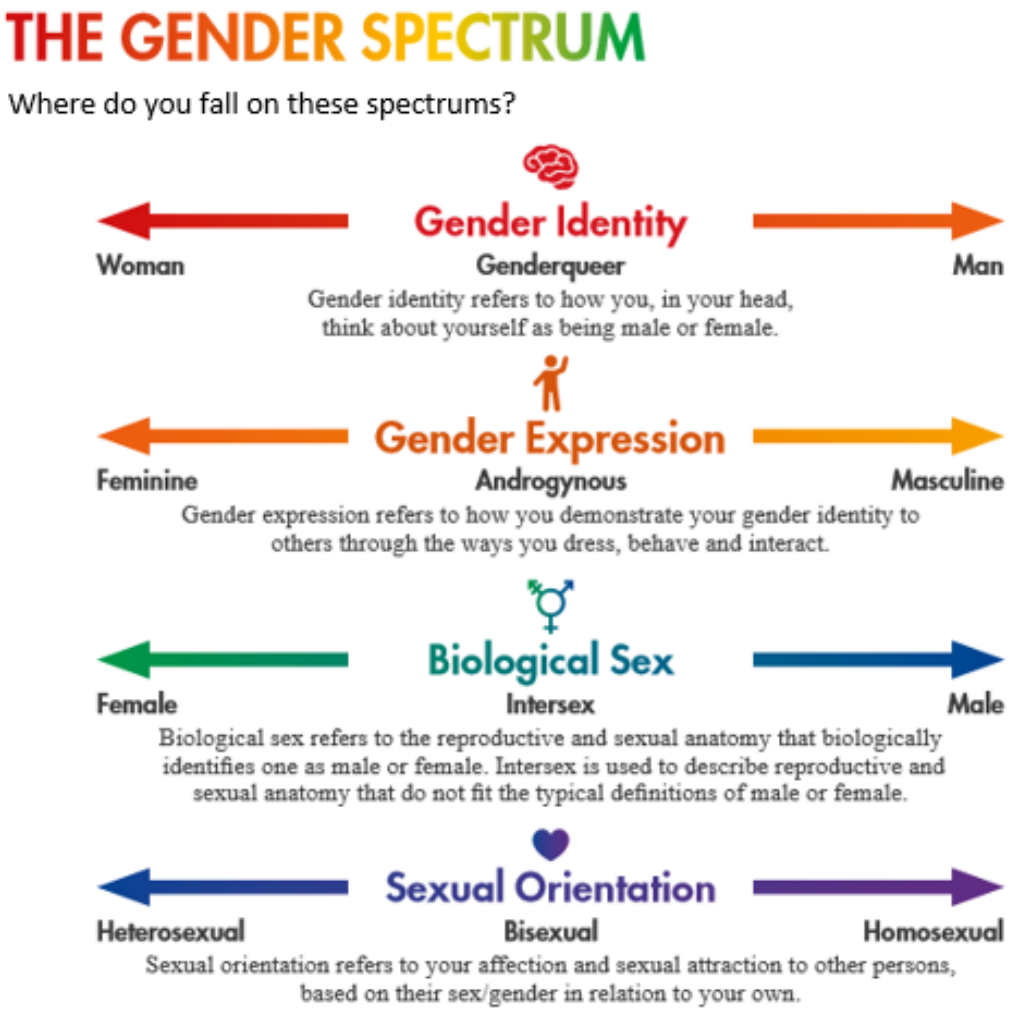

Figure 6. The gender spectrum enables cisgender and transgender learners to see where they fall on the binary scales of gender identity, gender expression, biological sex, and sexual orientation. From PRISM Toolkit for Safe and Caring Discussions About Sexual and Gender Minorities: For Secondary Schools (Revised edition, p. 21), by the Alberta Teachers' Association, 2017, Edmonton, AB: Alberta Teachers' Association. Copyright 2017 by Alberta Teachers' Association. Reprinted with permission.

Gender identity starts to develop in childhood. In early childhood, children as young as two years old may demonstrate a connection to the gender that they were born into (Steensma, Kreukels, de Vries, & Cohen-Kettenis, 2013), albeit the male and female labels and likenesses molded intentionally or unintentionally by parents/other adults

around them (Ehrensaft, 2017). In middle childhood, through a process known as gender role [self] socialization (Halim, 2016), children continue to internalize and conform to environmental inputs of gender norms regarding expressions, behaviors, and interests (Ehrensaft, 2017). During childhood, children acquire their sense and develop their understanding of gender.

Gender dysphoria may develop at some point in childhood**.** Between the ages of 3-5, children can differentiate differences between male and female (Drescher & Byne, 2012). For example, boys have a penis and girls have do not. As described by Blake (2017), this rule confused Rosie (natal male named Richard) in early childhood, because through her eyes, she was a girl who happened to be born with a penis. Prior to 5-7 years of age (when operational thought is achieved), children tend to think of sex and gender as the same thing through gender role expression (Drescher & Byne, 2012). That is, wearing girl clothes, having longer hair, and playing with dolls makes one a girl. As described by Jennings (2016) herself, such was the case for Jazz (natal male named Jaron), who before she could speak displayed an "obsessive interest in girlie things" (p. 4). Likewise, wearing boy clothes, having shorter hair, and playing with cars makes one a boy. As described by Kern, Edmonds, Perrin, and Stein (2017), such was the case with Ricardo (natal female named Angela), who at three years of age demonstrated a clear preference for clothing, toys, and activities typically expected of and expressed by boys.

Like Jazz and Ricardo, children may start to exhibit GNC at a very young age (Alegría, 2016), and additional anatomical questions might also ensue. For example, Jazz wondered why her boy parts did not match her girl brain (Jennings, 2016), and Ricardo

feared growing breasts that did not match who he perceived himself to be (Kern et al., 2017). Likewise, consider a case like Rosie, who wondered when her penis would fall off so that she would look more like the girl she believed herself to be (Blake, 2017). As evidenced by these accounts, anatomic dysphoria can be felt by children well before puberty (Steensma, McGuire, Kreukels, Beekman, & Cohen-Kettenis, 2013; Zucker et al., 2016).

Leading up to primary school, children may endure other signs of distress and/or symptoms of comorbidities related to the incongruence between their physical and psychological gender selves. In preschool, Jazz would have tantrums when forced to wear boy clothes out in public; she was also sad and socially withdrawn (Jennings, 2016). By Kindergarten, Ricardo was diagnosed with attention-deficit hyperactivity disorder (ADHD) and sleep-onset disorder (Kern et al., 2017). By age 10, Rosie had attempted to cut off her own penis - twice (Blake, 2017). Assessments by licensed therapists who specialized in gender dysphoria diagnosed all three children with gender dysphoria (APA, 2013), since each child expressed a noticeable incongruence between experienced and assigned gender for a prolonged period of time as demonstrated by 6 of 8 criteria (Feldman & Spencer, 2014; Ristori & Steensma, 2016, p. 13). Given their developmental age of presentation, only psycho-social therapeutic approaches would be available to facilitate their gender explorations and mitigate their faced distresses (Ristori & Steensma, 2016). There are children who will insist and express in some way during childhood that their gender brains do not match their gendered parts, which may result in some form and degree of related distress requiring age appropriate treatment approaches.

Gender identity continues to develop in adolescence. Ongoing development of gender identity in early adolescence is subject to incoherent and contextual experiences (Kaltiala-Heino et al., 2015) heavily influenced by culture to conform and peers to fit-in with gender roles (Steensma, Kreukels, et al., 2013). Continued development of gender identity into late adolescence is driven by coherent and collective experiences that contribute to essential and enduring gender roles across all contexts and connections (Kaltiala-Heino et al., 2015). Gender identity in adolescence is also metacognitively tested and teased out by other intersecting identities including religion, politics, ethnicity, and sexuality (Ehrensaft, 2017; Kaltiala-Heino et al., 2015; Kornienko, Santos, Martin, & Granger, 2016). During adolescence, youth may engage in a variety of externally and internally influenced experiences that may challenge and/or confirm notions of gender, and their own sense of self.

Gender dysphoria may persist into, or initially present at some point in adolescence. For children who continue to express and identify as a gender other than the one assigned at birth, the emergence of puberty may exacerbate their felt incongruences in distressing ways (Alegría, 2016). Abshire et al.'s (2016) review of Kuklin's (2014) interviews with transgender youth noted that Jessy's (FTM) negative feelings about his body intensified when female secondary sex characteristics developed. Jessy knew that being and looking like a girl was not how he felt, so he started binding his breasts. For some youth, the onset of puberty can lead them to question about their gender identities, gender roles and behaviors, and sexual orientations may arise or be confirmed during the pubescent stage of adolescent development (Alegría, 2016; Ehrensaft, 2017; Ristori &

Steensma, 2016; Winograd, 2014). Growing up, Jessy thought he might be a tomboy and lesbian because he did not identify as a girl but was attracted to girls, but it was not until he moved from Thailand to the United States as a teen that he became more aware of the difference between gender and sexuality and that he was actually transgender (Kuklin, 2014). Likewise, Christina (MTF) thought she was gay for a period of time before she educated herself about the concept of transgender (Kuklin, S., 2014).

And for those teens diagnosed with a disorder of sexual development (DSD) upon puberty, adolescence seems to influence atypical gender identities (Steensma, Kreukels, et al., 2013). Such was case with Mariah (MTF) a biracial, Black, Cherokee Indian who was raised in multiple foster homes and residential facilities because her guardian could not control her atypical gender and sexuality behaviors from a young age; consequently, she was diagnosed with a number of comorbidities requiring medication (Abshire et al., 2016). Puberty for Mariah included weight gain, emotional outbursts and frequent crying, and the development of breasts which did not match her small penis – this warranted further inquiry into and subsequent confirmation of an intersex condition (Kuklin, 2014).

For other youth, the degree to which gender dysphoria develops during adolescence is different for each person (Leibowitz & de Vries, 2016). For example, Luke (FTM) identified as male, preferred to be addressed by male pronouns, wore magenta over pink or blue, and was homosexual (Kuklin, 2014). Luke explored possible transgender identities in his high school Drama class while enduring hurtful interactions with others about his neutral transness (Abshire et al., 2016). Researching and playing transgender characters gave Luke confidence, yet being harassed by friends, family and

the class bully with unwanted birthname, pronouns and gender questions gave him a complex (Kuklin, 2014).

Conversely, Cameron (GF) was gender fluid, preferred to be addressed by plural pronouns, chose to dress *genderfuck* (wore something girl, boy, and neither), and was pansexual (Kuklin, 2014). Cameron questioned other notions of gender and sexuality beyond the societal binary through a high school gender ideology class which helped them form a conceptualization of gender that was right for them (Kuklin, 2014). Cameron was able to accept female puberty without any psycho-physical concerns (Abshire et al., 2016). Similarly, Nat (Intersex GF) was also gender fluid, preferred to be addressed by plural gender pronouns, chose to dress androgynous to avoid conclusions by others about genital configuration, but was asexual (Kuklin, 2014). Nat learned more about their intersex condition and lack of interest in sex through a high school Health class, which helped them make sense of their lived third gender identity (Kuklin, 2014). However, enduring effects of male and female puberty and managing intersecting identities as a Euro-American Indigenous person contributed to increased depression and isolation and related self-harm behaviors (Abshire et al., 2016). For these youth, informal and formal education empowered aspects of their evolving gender identities but did not necessarily preclude them from stressors associated with their lived genders.

The journey and degree to which gender dysphoria presents during adolescence is highly subjective. The spectrum of transgender experiences for the six teens described above and captured in Kuklin's (2014) book, was "remarkably nuanced and sensitive" according to Andracki's (2014, p. 321) review of *Beyond Magenta*. The physical,

emotional, internal, and social struggles that transgender youth face (Abshire et al., 2016) typically require support from a mental health professional to assess and address their wellness needs (Winograd, 2014). For example, Ehrensaft (2017), a developmental psychologist, shared the story of patient, D (FTM), who figured she was just a masculine, bisexual girl until she was introduced to the concept of transgenderism through platonic and sexual relationships with peers at an all-girls Catholic school. Likewise, Winograd (2014), a psychoanalyst, also reflected on her treatment of a transgender patient, B (FTM), who hated all characteristics of being female and expressed a desire to live as a gay male. Ehrensaft (2017) and Winograd (2014) and worked with their patients to evaluate the degrees of dysphoria experienced and explore the clinical and surgical options available to them. For many youth, the feeling and knowing that a person's gender identity is incongruent with his or her genitals can be compounded by the onset of puberty and result in psychological distresses that require treatment options that are developmentally and individually appropriate.

Gender identity continues to refine into adulthood. Further development of gender identity in adulthood is subject to cumulative experiences and conceptual questions about the status of a person's gender (Steensma, Kreukels, et al., 2013). For most children and youth, gender identity aligns with gender assignment, and satisfactorily carries on into adulthood with some reflective refinement of gender roles and interests across various life domains (Steensma, Kreukels, et al., 2013). However, for those who may have been feeling indifferent or confused about their gender identity at some point in their development, one might question "whether gender identity is already consolidated before

adolescence or only becomes fixed in early or late adolescence or even in adulthood" (Steensma, Kreukels, et al., 2013, p. 295). Perhaps by adulthood, those who have been dissatisfied with and distressed by their gender identity might still be in the process of composing or confirming their gender identity (Steensma et al., 2013; Zucker et al., 2016). Alternatively, men and women might engender or degender themselves with age - that is, embracing more or emphasizing less of the bigender qualities that make up a person's gender identity (Lemaster et al., 2017). During adulthood, adults reflect deeply on lived experiences and prevailing questions that may place more or less importance on what their authentic gender-self needs to be.

Gender dysphoria may also persist into, or initially present at some point in adulthood. Adults with GD may have realized their gendered identity did not matched their gendered sex at some point childhood and/or through to/in adolescence, and into adulthood - a pathway referred to as *early onset* (Zucker et al., 2016). For example, in Teich's (2012) book, coauthor Nicholas (FTM) shared that although he was born female but felt and fit in more male throughout grade school, it was not until college that he considered the idea of transitioning to address the deep depression he had endured. Alternatively, one might not recognize the physical discomfort or mental distress felt as GD until adulthood – a pathway referred to as *late onset* (Zucker et al., 2016). Feldman and Spencer (2014) described how such was the case for an *Anonymous (MTF) married man, who at 39 years old, opened up to her primary care provider about feeling more like a girl since adolescence, a history of depression, and her interest in taking estrogen. The primary care provider's physical examination of *Anonymous noted mild gynecomastia,

reduced body hair, and objection to a genital examination; thus suggesting, although not acknowledged by Feldman and Spencer (2014), the possibility that this patient could have an undiagnosed DSD (Klinefelter syndrome) contributing to her felt incongruence.

As with adolescents, adults might also arrive at a gender identity opposite to the one they were born with by exploring their sexual identity and/or engagement in gender nonconforming behaviors across their lifespan (Zucker et al., 2016). In Sawyer's (2015) interview with Caitlyn (MTF), the path to finally living as her authentic self began at the age of 65 and involved (in part) a feeling of inner conflict and confusion at a young age, increased isolation and throughout her life, trying to live and function as a typical heterosexual male, yet cross-dressing to feel better/right for the lie she had been living. Caitlyn's journey seems to emulate Teich's (2012) point that a transgender person has to come out (per se) to oneself first, before coming out to others. For many adults, the paths taken and time required to make sense of the conflict they feel about their gender identity and lived experiences will vary, and so will their needs for appropriate supports and treatments.

Transgender learners may share similar experiences in gender identity development. Some of them share similar instincts early on in life. For Rosie, Jazz, and Ricardo, they knew during childhood that "their assigned gender [felt] out of whack with their bodies" (Teich, 2012, p. 30) and "they [realized] they [were] different from their peers" (p. 31). Other transgender learners share similar processes for understanding their identity. Jessy, Christina, Mariah, Luke, Cameron, and Nat drew from informal and formal learning experiences to help them understand why they felt different compared to

how society expected them to feel (Teich, 2012, p. 30). And some transgender learners share in moments of clarity later in life. For Nicholas, *Anonymous, and Caitlyn, the realization that they were transgender and ready to live authentically happened through various instances over multiple decades (Teich, 2012). As evidenced by these individuals over time, transgender identity is ultimately determined by a person's sense of self (Ehrensaft, 2017; Gender Spectrum, 2019; Sage Authors, 2017), versus the binary sense that society has predetermined on a person's behalf based on genitalia.

Unfortunately, when self and society are unable to agree on and accept what seems so intrinsically right or extrinsically proper, nor to fall in line (per se) according to a dimensional web of gender (Ehrensaft, 2017), then stigma, discrimination, and psychosocial stressors often prevail (Gender Spectrum, 2019; Sage Authors, 2017). However, as evidenced by those discussed in the literature, not all transgender learners experience the same degree or duration of gender dysphoria. Even though most do experience a clinically significant amount of distress (Leibowitz & de Vries, 2016; Ristori & Steensma, 2016; Zucker et al., 2016), it is possible for transgender minorities (FTM, MTF, a combination of both, or nonbinary) to renegotiate their gender identities across the lifespan with no mental health concerns (Ehrensaft, 2017). Perhaps the open minds, inclusive hearts and willing hands of those who interact with transgender learners can provide person-centered service that mitigate marginalized stressors. Development of a person's transgender identity may also vary over time in terms of insights gained, paths taken, and hardships faced.

Transgender learners are challenging the way people think about gender identity development. Theoretical frameworks regarding gender identity formation tend to be based on essentialist (traits determined by birth sex), developmental (changes over time through stages), and socialization (influenced by others) theories (Ehrensaft, 2017; Sage Authors, 2017). While traditional perspectives about gender identity may seem appropriate for typically masculine or feminine developing individuals, these views fail to account for those individuals who are born intersex, those who freelance gender at various points in their lives, and those who do not conform to social norms of gendered behaviors (Gender Spectrum, 2019; Sage Authors, 2017). These traditional gender perspectives tend to neglect other identities such as race, religion, or culture, that may intersect and complicate a person's gender identity in positive/negative ways (Keener, 2015; Robbins & McGowan, 2016). Perhaps, contemporary versions of gender development theory that subscribe to "no one truth with regard to the formation of [trans]gender" (Blake, 2017, p. 241), and accept "gender variations as a *normal part of the human condition*" (Ehrensaft, 2017, p. 59) could be a better fit for understanding transgender learners. In addition to progressive perspectives, popular mediums can contribute to understanding transgender learners.

Both Henrickson (2013) and Beemyn (2015) agreed in their reviews that *Transgender 101* (Teich, 2012) would be a helpful starting point for understanding the basics of what being transgender generally entails. Likewise, Lovelock (2017) and Miller and Behm-Morawitz (2017) agreed that books, reality shows, and news interviews with transgender celebrities like Jazz and Caitlyn, could use their platforms to create a positive

perception of transgender individuals and contribute to positive social change in society's attitudes towards and treatment of individuals in the transgender community. However, these critics also cautioned that these resources may not adequately address the (a) global (Henrickson, 2013), (b) diversity, language, history, culture, referral, variance, (Beemyn, 2015), and (c) status, family, and support (Lovelock, 2017; Miller & Behm-Morawitz, 2017) considerations that influence/impact transgender development, thus creating a simple or narrow view of what being transgender could look like. To this, Keener (2015) would also add that a lack of consideration for the developmental stages of gender identity formation could also contribute to inaccuracies about what cisgender learners think they know about transgender learners. Transgender identities may develop into multiple forms and through various processes, as influenced by any number of factors, to which assumptions should be cautiously retained.

According to Ehrensaft (2017), a common assumption about gender identity that could be progressively reframed, is that a person's sense of gender depends more so on 'what lies between the legs' versus 'what lies between the ears'. Children, adolescents and adults are pushing society's predetermined binary boundaries of gender identity and expression as well as the flexibility and time it may take to arrive at a person's authentic self (Ehrensaft, 2017). In doing so, the suggestion is that an alternate gender identity has been created, which may not feel normal for the majority of the populations but appears to be a norm experienced by a growing minority (Olson, 2016). Transgender learners are an emerging form of identity norms of in society.

Metrical. The metrical paradigm of transgender may be understood using various tools developed over the past two decades. There are metrics that may be completed by transgender learners to assess dimensions, congruence, and stressors related to their gender identity. Conversely, there are metrics that may be completed by cisgender learners to assess the views, transphobia, and stigma yielded to with transgender learners. The following tools are examples of some of the metrics available for use by transgender learners and cisgender learners to gain valuable insights about and towards transgender learners, respectively.

One of the metrics that may be completed from a transgender perspective is the Gender Identity/Gender Dysphoria questionnaire for adolescents and adults (GIDYQ-AA), as described by Deogracias et al. (2007). The dimensions of gender identity that transgender learners have struggled with *in the past 12 months* can be assessed using the GIDYQ-AA (Deogracias et al., 2007). This questionnaire was created in two versions; a female version for natal females and a male version for natal males (Deogracias et al., 2007). Either version contains 27 questions rated on a 5-point scale about their physical, psychological, and social experiences (Deogracias et al., 2007). The GIDYQ-AA is one of the metrics used by a MDT at the Metta Clinic in Alberta to assess youth referred for transgender evaluation (Fines & Richardson, 2017). Likewise, the GIDYQ-AA has also been used by assessment teams in European gender identity clinics, as confirmed in a multi-clinic comparison study (Schneider et al., 2016). Initially, using this questionnaire as a starting point for differentiating between clinical and subclinical transgender

referrals could help members of the assessment team determine appropriate treatments paths for transgender learners moving forward (Schneider et al., 2016).

Another metric that may be completed from a transgender perspective is the Transgender Congruence scale (TCS), as described by Kozee et al. (2012). How comfortable transgender individuals feel on the internally and externally about their gender can be assessed using the TCS (Kozee et al., 2012). This scale was based on the concept of congruence, and partially composed of metrics by other developers regarding life meaning and satisfaction, body satisfaction, anxiety, depression, social desirability, and steps to transition (Kozee et al., 2012). Congruence was measured according to 12 factors that fit in either of two themes, acceptance congruence or gender identity acceptance (Kozee et al., 2012). If transgender clients appear to be struggling with their gender identity, Kozee et al. (2012) suggested that counsellors could administer this scale to examine areas/factors of low congruence that might benefit from targeted interventions instead. However, it should be noted that although desirable, a high level of congruence does not necessarily mean improved mental health or self-fulfillment (Kozee, et al., 2012). Therapeutically, by helping transgender individuals reflect on their self-image and self-expression albeit in the process of transitioning or not, counsellors can help transgender clients celebrate aspects of acceptance and prepare for those aspects that may be having a negative impact on their overall gender congruence (Kozee et al., 2012).

An additional metric that may be completed from a transgender perspective is the Gender Minority Stress and Resilience measure (GMSRM), as described by Testa et al.(2015). The degree to which transgender learners cope with the stigmas and stressors

of being a sexual and gender minority can be assessed using the GMSRM (Testa et al., 2015). This scale was based largely on Meyer's (2003) minority stress model and adapted to account for current literature and focus group data about the transgender population (Testa et al., 2015). Minority stress and resilience was measured by distal and proximal stress factors, and resilience factors, that may impact a person's mental and physical health (Testa et al., 2015). Distal stress factors include gender-related discrimination, rejection, victimization, and gender identity and proximal stress factors such as internalized transphobia, negative expectations, and concealment may be dealt with through two resilience factors – community connectedness and pride (Testa et al., 2015). While Testa et al., 2015) acknowledged the need for future inquiries to distinguish the differences (if any) from gender minority and sexual minority stressors and general life stressors, researchers and clinicians can use this validated metric to identity appropriate interventions needed for transgender individuals. Likewise, people of color and culture who identify as transgender could also be explored, separately (Testa et al., 2015). Culturally, the GMSRM could inform clinicians as to how to best help transgender individuals deal with the various stresses they face as a sexual minority (Testa et al., 2015).

One of the metrics that may be completed from a cisgender perspective is Attitudes Towards Transgendered Individuals scale (ATTIS), as described by Walch et al. (2012)**.** The pervasiveness of sexual stigma that may be directed towards transgender individuals can be assessed using the ATTIS (Walch et al., 2012). This scale was based on the concept of sexual stigma, and partially composed of metrics by other developers

regarding genderism, transphobia, stereotyping, self-esteem, and desirability (Walch et al., 2012). The prevalence of transgender-related stigma is measured according to 20 factors that could also be correlated with other features such as age, education, ethnicity, gender, political or religious beliefs in future studies where personal bias might compromise the safety and service of others (Walch et al., 2012). For example, Walch et al. (2012) suggested that scale items could be modified to assist specific professionals such as therapists, doctors, and educators in their reflection of any beliefs or experiences that may compromise their tolerance and treatment of transgender individuals. So as not to assume that a lack of enacted stigma towards transgender individuals runs parallel with a lack of sexual stigma (Walch et al., 2012), it may be worth assessing if one is having any transphobic thoughts and feelings towards transgender individuals to begin with.

Another metric that may be completed from a cisgender perspective is the Genderism and Transphobia scale (GTS), as described by Tebbe et al. (2014). The degree to which one has negative attitudes and a tendency to act aggressively towards transgender learners can be assessed using the GTS (Tebbe et al., 2014). This scale was originally developed by Hill and Willoughby (2005) in long form to assess the propensity of violence, harassment, and discrimination that cisgender learners may direct towards all transgender forms. The original GTS was a 32-item survey based on statements of agreement pertaining to genderism, transphobia, and gender bashing (Hill & Willoughby, 2005). The GTS was later revised and abbreviated in short form by Tebbe et al. (2014) to enhance the utility of the tool in terms of structural precision and measurement efficiency. Two short forms of the GTS, a 22-item GTS-R and 13-item GTS-RF, were

created for researchers/practitioners to choose from depending on the respective severe and/or subtle indicators of transgender prejudice they wished to explore (Tebbe et al., 2014). Specifically, using the GTS could be used to assess anti-trans prejudices held by cisgender learners, and evaluating interventions designed to reduce such prejudice (Tebbe et al., 2014).

An additional metric that may be completed from a cisgender perspective is the Transgender Attitudes and Beliefs scale (TABS), as described by Kanamori et al. (2017). Public views about transgender learners can be assessed using the TABS (Kanamori et al., 2017). This scale was based (in part) on existing scales including the ATTIS and the GTS (Kanamori et al., 2017). Views pertaining to interpersonal comfort with, sex/gender beliefs about, and human value for transgender learners composed the 29-item survey (Kanamori et al., 2017). This scale was tested for convergent validity using the ATTIS and the GTS (Kanamori et al., 2017). Though relatively new, TABS has already been used with varied professionals who may work with transgender learners. Used in a study of 243 health care workers, overall there were favorable attitudes towards transgender learners, and female workers displayed higher rates of favorability than their male counterparts (Kanamori & Cornelius-White, 2016). Similar results were found in a study of 95 pre/inservice counselors, whereby counselors tended to have favorable attitudes towards transgender learners, and being female, having multicultural competence, and having greater personal familiarity were related to higher attitudes of positivity (Kanamori & Cornelius-White, 2017). Professionally, the TABS could be used to assess the attitudes held by educators towards transgender learners.

Psychological. The psychological paradigm of transgender may be understood through the resources used by professionals confirm the diagnosis of atypical gender identity development. The *International Statistical Classification of Diseases and Related Health Problems*, 11th edition (ICD-11) is a professional resource that includes descriptions, statistics, and trends for diseases and other health matters within a global context (WHO, 2017). The *Diagnostic and Statistical Manual for Mental Disorders,* 5th edition (DSM-5) includes the classification and criteria for diagnosis of mental disorders from a North American perspective (APA, 2013). While the diagnostic resources that follow are used by companies, professionals, and researchers in various fields around the world to reference, identify, treat, and study mental health concerns and related conditions pertaining to gender (APA, 2013; Daley & Mulé, 2014; Drescher, Cohen-Kettenis, & Winter, 2012; WHO, 2017), these resources have been critiqued pre- and post-revisions for various concerns and considerations. The use of the ICD-11 and DSM-5 by professionals varies across Canada.

The first diagnostic resource for use by professionals is known as the ICD-11. The ICD-11 intends to classify *Gender Incongruence in Adolescence and Adulthood (GIAA)* under a multiple heading of *Secondary Mental or Behavioral Syndromes Associated with Disorders or Diseases Classified Elsewhere* (WHO, 2017). In addition to the childhood subset of gender incongruence, GIAA will best be described as the chronic disagreement between a person's assigned sex and experienced gender (WHO, 2017). The incongruity is so intense that one often wishes to transition socially and/or physically in order to fully live the experienced gender – that is, to live authentically (WHO, 2017).

The ICD-11 is currently in beta draft form and scheduled for release by the WHO in 2018.

Scholars have shared their concerns and considerations about the atypical gender development in the upcoming edition of the ICD-11. In preparation of the ICD-11, Beek, Cohen-Kettenis, Bouman, et al. (2016) conducted a study in Europe to gather the thoughts and opinions from transgender individuals, partners, family, and clinicians regarding proposed changes for the ICD-11. While most participants favored the revised term of gender incongruence and felt that the criteria for diagnosis was clearly defined and practical for use, some clinicians felt that the duration of the incongruence was too short and hard to determine (Beek, Cohen-Kettenis, Bouman, et al., 2016). Approximately 7.2% of participants felt that the GIAA diagnosis should be removed from the ICD-11 entirely because of associated stigmas (Beek, Cohen-Kettenis, Bouman, et al., 2016). However, the majority of participants were in favor of retaining the GIAA diagnosis because of the financial need for medical procedures and psychological services to be covered by insurance providers of transgender individuals (Beek, Cohen-Kettenis, Bouman, et al., 2016).

In review of the proposed changes favoring the term gender incongruence over transsexualism, Lai (2015) recognized the WHO's change in stance but still criticized the lack of priority given to a population that is often misunderstood and at greater risk of poorer health outcomes. Additionally, the WHO was urged to consider the equal, ethical, and legal services that all transgender people are entitled to as human beings (Lai, 2015). Beyond restructuring and renaming transsexualism to appear more appropriate, Lai

(2015) called on world health leaders to continue systemic discourse about the education, acceptance, and policy required to appropriately support transgender individuals. Changes to the ICD-11 have the potential to not only meet the needs of the transgender population but change the systems that support transgender individuals as well.

The ICD-11 is used by professionals in Canada to confirm atypical gender development. The ICD-11 will represent a general consensus on current research and contemporary medical terms, treatments, and recommendations that describe and define gender incongruence. Canada currently uses the ICD-10, which was developed over 20 years ago, yet the earliest that the ICD-11 might be implemented is 2023 (Canadian Institute for Health Information, 2017). By the time Canada (and/or parts of) choose to implement the ICD-11 because of subsequent revisions required for administrative schedules used in hospital, agency, and provider coding systems, it could already be out of date (Canadian Institute for Health Information, 2017). The decision to use the ICD-11 will be up to provincial/territorial ministries and agencies of health as they see fit (Canadian Institute for Health Information, 2017). Provincially, professional use of the ICD-11 may vary.

The second diagnostic resource used by professionals is known as the DSM-5. This guide classifies *Gender Dysphoria in Adolescents and Adults (GDAA)* under the single heading of *Gender Dysphoria* (GD), according to the APA (2013). In addition to children, specified and unspecified subsets of gender dysphoria, GDAA is generally characterized by stress that may accompany the pervasive incongruence between a person's assigned gender at birth and the experienced or expressed gender (APA,

2013). The incongruity is typically manifested by a strong desire to alter a person's sexual characteristics in favor of living by and being accepted for the gender which is felt and perceived by the transgender individual (APA, 2013). The DSM-5 was recently revised and released by the APA in 2013.

Scholars have shared their concerns and considerations about the atypical gender development in the current edition of the DSM-5. In preparation of the DSM-5, the WPATH provided two formal responses regarding the proposed change from gender identity disorder (GID) / gender incongruence (GI) to GD (De Cuypere, Knudson, & Bockting, 2010; Knudson, De Cuypere, & Bockting, 2011). In both responses, the WPATH welcomed (a) the name change from GID to GI, and finally GD; (b) that GD was placed separately; (c) the affirmation that a transgender spectrum exists; (d) the consideration that gender nonconforming does not necessarily lead to being transgender; (e) adding the disorder of sexual development (DSD) specifier as needed; (f) the removal of the sexual orientation specifier; and (g) an exodus clause for those transgender individuals who have found peace with their transgender selves (De Cuypere et al., 2010). However, the both responses raised concerns that GD was not listed separately for adolescents and adults; the criterion for distress was based solely on victimization, stigma, prejudice, oppression; and the unethical use of severity and informational questions (De Cuypere et al., 2010; Knudson et al., 2011). From a position of caution against wrongful assumptions or mis/over diagnoses, the published version of the DSM-5 addressed all these concerns (albeit to varying

degrees) except one – separate diagnostic categories for adolescents and adults on the basis that they face different issues (APA, 2013).

Upon completion of the structural change to GD in the DSM-5, Daley and Mulé (2014) used queer analysis to deconstruct the dysphoria of gender. While the authors applauded the APA for inviting feedback and data from various stakeholders regarding the DSM-5 change, Daley and Mulé raised concerns about the criteria, reliability and validity, and foundations for a GD diagnosis. From a queer theoretical perspective, the inherent power of the DSM-5 to propose changes that still negatively diagnose those who express their true gender selves contrary to the preferences of social majorities was contested (Daley & Mulé, 2014). With regards to GDAA in particular, they felt the APA (a) neglected to account for diversity in gender identity and expression beyond the binary, (b) lacked empirical evidence to support the criteria established for GD, nor discern nonconforming gender from dysphoric gender, and (c) presumed that those who contravene heteronormative expectations of gender identity and sexual orientation are still disordered (Daley & Mulé, 2014). Conceptualization of GD in the DSM-5 might err on the side of caution in meeting the majority of holistic needs for a transgender minority, perhaps even using its power to advocate and provide for transgender learners who may not be able to do so on their own.

The DSM-5 is used by professionals in Canada to confirm atypical gender development. The DSM-5 provides a separate classification, ample descriptions, broad criteria, and possible treatment options for professionals working with people who experience any form(s) of distress when their internal sense of gender does not align with

their external parts of gender (APA, 2013). Canada uses DSM-5 heavily for internal and psychiatric medicine, clinical psychology, social work, and psychoeducational assessments (CIHI, 2017). The DSM-5 ensures that the physical, legal, mental, and educational rights of transgender individuals are upheld and provided for (Drescher et al., 2012), respectively. Provincially, the DSM-5 is used by professionals in various fields.

From the discipline of social sciences, the cultural, developmental, metrical, and psychological paradigms may inform transgender learners. There are island and mainland cultures that recognize different aspects of transgender learners to varying degrees of acceptance. While the majority of transgender learners recognized among island and mainland cultures discussed were born biologically male (Agoramoorthy & Hsu, 2015; Claes, 2011; Diehl et al., 2017; Schmidt, 2016; VanderLaan, Petterson, et al., 2015), TS biological males and females have been noted among Indigenous cultures (Bede Scharper, 2016; Genovese et al., 2011; House, 2016; Lang, 2016; Page & Daniel, 2016; Pruden & Edmo, 2013). Across these cultures, trans-like people may perceive/be perceived as both and/or neither man or women, somewhere on the binary spectrum, or an alternate gender form (Stip, 2015; VanderLaan, Petterson et al., 2015). Various ethnicities acknowledge and embrace transgender and/or trans-likeness in ways that may or may not align with predominant Western and North American conceptualizations of transgender (Page & Daniel, 2016). European colonization and Christian missionaries brought rigid moralities about gender roles and sexuality that conflicted what was considered to be part of natural ethnic order (Diehl et al., 2017; Lang, 2016; Pruden & Edmo, 2013; Stip, 2015). The diversity of transgender people within/across ethnicities,

coupled with related religious denominations can prove challenging for transgender individuals to be accepted and supported (Liboro, 2015). The global perspectives, traditions, and acceptance of transgender learners may contribute to the cultural knowledge of educators in service of transgender learners.

There are compositions of gender and stages of human development which influence the identities of transgender learners. The construct of gender is generally composed of body, expression/social, and identity (ATA, 2017; Gender Spectrum, 2019), and in some versions, inclusive of sexual orientation as well (ATA, 2017). While childhood is believed to be a highly malleable period of gender identity formation that decreases over time (Drescher & Byne, 2012), adolescence appears to be a highly influential period of gender identity consolidation that intensifies during this time (Kaltiala-Heino et al., 2015). And by adulthood, a person's gender identity tends to be stable, individualized, and nearly resistant to external influences (Zucker et al., 2016, p. 234). However, Ehrensaft (2017) believed that gender development was an autonomous, "transactional relationship between nature, nurture, and culture *and* time" (p. 59), with no definitive end point. For some people, the development of individual implicit and explicit gender attitudes (Dunham et al., 2016) may be a more creative, dynamic, fluid, complicated, or indefinite process than the majority of others understand or believe it to be (Keener, 2015; Zucker et al., 2016). Transgender learners can be marginalized to a point of severe distress that is detrimental to their health, happiness and hope for the future. The presence of transgender learners suggests that perspectives about, and processes involved in gender identity development need be reflected upon. Gender

constructs, stages of formation, and variations in identity may contribute to the developmental knowledge of educators in service of transgender learners.

There are metrics that could be used to gain perspectives about being transgender and interacting with transgender learners. Metrics for intended use with transgender learners can help professionals understand a person's dimensions of (Deogracias et al., 2007), comfort with (Kozee et al., 2012), and challenges related (Testa et al., 2015) to transgender identity. Metrics for intended use with cisgender learners can help professionals reflect on a person's imposed sexual stigma (Walch et al., 2012), negative attitudes and violent tendencies (Tebbe et al., 2014), and general views (Kanamori et al., 2017) toward those who identify as transgender. Therefore, it is important for both transgender learners and cisgender learners to consider and accept the current perspectives of each, and the possibility that new viewpoints that may be formed by working together. The questionnaires, scales and measures used to transgender/cisgender perspectives may contribute to the metrical knowledge of educators in service of transgender learners.

There are diagnostics used by professionals to confirm the psychological development of a transgender identity. The newest versions of ICD-11 and DSM-5, the two prominent diagnostic resources in transgender support, represent years of debate, available empirical evidence, socio- political factors, and stakeholder feedback to arrive at a comprehensive yet flexible consensus of what gender dysphoria entails, and how to help those living that reality (APA, 2013; WHO, 2017). Experts and scholars from member countries of the WHO advocated for needs-based and system-supported changes

(Beek, Cohen-Kettenis, & Kreukels, 2016; Lai, 2015) to various topic advisory groups responsible for revising the ICD-10 classification of Gender Identity Disorder into the current beta draft of the ICD-11. Likewise, expertise and scholarship from across North America and Europe also recommended to the task force in charge of revising the *DSM-4* classification GID (Byne et al., 2012), changes that were research-based and care-insured (Daley & Mulé, 2014; De Cuypere et al., 2010; Knudson et al., 2011). While consensus does not necessarily mean unanimous agreement regarding continued inclusion, placement in, criteria for and treatment of GD Atienza-Macías, 2015; Ross, 2015), critics of the DSM-5 may be hard pressed to ignore specifiers and prevalence of comorbidities related to GD. To varying degrees, both the ICD-11 and DSM-5 recognize that aspects of and paths towards the development of a transgender identity may be generalized, individualized, and covered for treatment. Both resources are used by professionals throughout Canada for diagnostic and insurance purposes. Resources that categorize and describe attributes that qualify for diagnosis of GD may contribute to the psychological knowledge of educators in service of transgender learners. Cultural, developmental, metrical and psychological paradigms may contribute to the social sciences knowledge of educators who serve of transgender learners.

Natural Sciences Discipline

The natural sciences discipline informs the topic of transgender learners from one related paradigm. The physiological paradigm includes conditions and observations from systems of the human body that have been associated with transgender learners. The two systems are the endocrine system, and the nervous system. If educators draw from the

physiological paradigm about transgender learners, then educators may serve transgender youth with optimal learning experiences.

Physiological. The physiological paradigm of transgender may be understood through conditions related to the endocrine system and observations related to the nervous system. In part, the endocrine system is composed of hormones which control sexual development (U.S. National Library of Medicine, 2018a). Hormone imbalances are associated with congenital conditions known as disorders of sex development (DSD), which have been linked to GD. In part, the nervous system is composed of the brain which controls thinking and behavior (U.S. National Library of Medicine, 2018b). Respectively, variations in brain matter and brain activity are structural and functional observations which have been noted for individuals with GD as well.

Conditions related to the endocrine system have been associated with transgender learners. There are a variety of DSDs composed of incongruent karyotypes and phenotypes. Worldwide, the incidence of individuals born with DSDs is roughly 1 in 2,000 births (Lee et al., 2016; Ramani et al., 2013), a statistic that has doubled over the last 40 years (Walia, Singla, Vaiphei, Kumar, & Bhansali, 2018). There are approximately 20 different types DSDs (Jürgensen et al., 2014; Michigan Medicine, 2017) that individuals may be born with, whereby their genetic profiles do not typically align with internal/external sex characteristics. In a review of DSD profiles and treatments for 194 patients registered to an endocrinology clinic in India, 38.1% were 46, XX DSD, 52.5% were 46, XY DSD, and 3.6% were sex chromosome DSD (Walia et al., 2018). Natal XX-females or XY-males with a DSD might present with ambiguous

genitalia and/or mixed gonads, or they could develop secondary sex characteristics during puberty that are atypical to their natal sex (American Psychological Association, 2017; Joseph et al., 2017). As such, the clinical DSD term (APA, 2013) is often referred to as 'intersex' (Jorge, Echeverri, Medina, & Acevedo, 2008; Lee et al., 2016). According to Lee et al. (2016), most children with DSDs are diagnosed as infants. However, late-onset diagnosis is possible as DSD conditions may manifest in childhood, adolescence, and adulthood. For example, age of presentation for DSD patients in Walia et al.'s (2018) study ranged from neonatal to 65-years-old. Moreover, delayed diagnosis was a common feature among DSD patients in Walia et al.'s (2018) review and likely attributed to poor health screening or accessibility. Individuals born with DSDs may have and/or develop sex characteristics of both/either females and males that may be diagnosed across the lifespan.

There are DSDs specific to genetic females and genetic males. In Alberta, the most common DSD born to natal females is congenital adrenal hyperplasia (CAH) in 46-XX females (Fines & Richardson, 2017). Likewise, Walia et al.'s (2018) review found CAH to be the most common in 70.3% of patients, as well. Individuals born with CAH lack a complex protein that impairs their adrenals from making hormones and influences the body to produce more androgen (U.S. National Library of Medicine, 2017b). As a result, natal girls are born with abnormal genitals that do not coincide with their respective female gonads (U.S. National Library of Medicine, 2017b). CAH is the most common of all DSDs, worldwide (Walia et al., 2018). DSDs can affect females and males at various stages of sexual development.

In Alberta, there are three common DSDs born to natal males including androgen insensitivity syndrome (AIS), 5alpha reductase deficiency-2 (5α-RD2), and Klinefelter's syndrome (KS) in 46-XXY males (Fines & Richardson, 2017). Similarly, Walia et al.'s (2018) review found similar DSD prevalence; AIS was the most common in 31.4% of patients; 5α-RD2, in 8.8% of patients; and KS among 3.9% of patients with sex chromosome DSD. First, individuals born with AIS are genetically male but have external sex characteristics that appear mostly female (and sometimes both male and female) because their bodies are unable to typically respond to the androgens that affect natal and adolescent sexual development (U.S. National Library of Medicine, 2017a; Walia et al., 2018). Second, natal males born with 5α-RD2 present with similar external sex characteristics because their bodies do not produce enough dihydrotestosterone which impacts the typical formation of external sex organs prior to birth (U.S. National Library of Medicine, 2017d; Walia et al., 2018). Third, individuals born with KS are also genetically male but possess an extra X chromosome that usually contributes to smaller testes, lack of testosterone production, delayed/altered puberty, reduced body hair, breast enlargement, and infertility (U.S. National Library of Medicine, 2017c; Walia et al., 2018). DSDs related to enzymes, hormones, and chromosomes could affect the development of primary and secondary sex characteristics in natal females and natal males.

Individuals born with DSDs may develop GD over time. Of the 0.1-2.0% of the global population who have a DSD, approximately 8.5-20% of these individuals will experience GD and/or identify as transgender (Furtado et al., 2012). In DSD individuals,

dysphoric manifestations tend to include atypical behavior, uncertainty, distressing incongruence, and patient driven change related to gender (Meyer-Bahlburg, 20011). In terms of female related DSDs, a European study found that 46-XY females with CAH self-reported "significantly and clinically relevant reduced [health related quality of life], most likely explained by clinically relevant gender dysphoria" (Jürgensen et al., 2014, p. 899). In Walia et al.'s (2018) study, approximately 25% of patients with 46, XX CAH were reared as males, likely influenced by their male dominant Indian culture; gender identity and role proceeded as male, and no incongruence was noted. However, the literature is minimal in terms of which DSDs are likely to develop related GD, and why.

In terms of male related DSDs, particularly androgen based DSDs, Callens et al.'s (2016) audit of 123 patient files from a Dutch gender identity clinic found that continued postnatal exposure to androgens had been linked to more cases of gender dysphoria and gender change at an early age. Sometimes GD presents during adolescence for individuals with DSDs. In Walia et al.'s (2018) study, 3 of 9 patients with 46, XY 5α-RD2 were reared as females, but changed their gender identity to male given significant virilization experienced during puberty. In that same study, one patient with 46, XY ovotesticular was reared as female, yet identified as male throughout childhood; the patient was provided treatment during puberty to support psychological identity of gender (Walia et al., 2018). DSDs may be associated with other clinical disorders, in addition to GD. According to Fisher et al.'s (2015) study, individuals with Klinefelter's syndrome mediated by obsessive compulsive and autistic traits experienced higher symptoms of

gender dysphoria compared to a healthy male control group. GD has emerged across the life span for individuals with female and male related DSDs.

The literature varies in terms of binary rates of GD prevalence for individuals with DSDs. According to a working party review of DSDs that sought to broaden the perspectives of practicing endocrinologists (Lee & Houk, 2013), in general 46-XX females with DSDs seem to question their gender identity more over time than 46-XY males with DSDs. However, in a review of literature on DSDs commonly associated with gender dysphoria, Furtado et al. (2012) found that 46-XX females with CAH were less likely to develop GD as compared to 46-XY males with 5α-RD2 and 17β-hydroxysteroid dehydrogenase 3 (17β-HSD3), of whom 63% did report GD. Likewise, in the Walia et al. (2018) review, it appears that all four of the patients who developed GD had 46-XY DSDs, including 5α-RD2. Nonetheless, individuals born with DSDs may be predisposed to developing GD.

There are other factors may contribute to the development of GD for individuals with DSDs, as well. For example, it is preferred that children born in India with DSDs be reared as males (if medically possible) because of patriarchal advantages (Joseph et al., 2017; Walia et al., 2018). Likewise, by another example, it is legal in the Islamic faith for 46-XY males with AIS to seek MTF gender assignment surgery following DSD diagnosis, but 46 XX females with CAH are not permitted to seek FTM surgical treatment (Zainuddin & Mahdy, 2017). Cultural and spiritual factors may contribute to the development of GD for individuals with DSDs.

Medical professionals vary in their approaches to treating individuals with DSDs. The professionals typically involved in coordinating the medical approach to care for DSD individuals, include “an endocrinologist, a pediatrician, a surgeon, and a radiologist, according to Walia et al. (2018). As recommend by Ramani et al. (2013), the course of action would involve precise diagnosis, early assignment of gender, and “surgical correction, hormonal supplementation and psychosocial management” that supports “the gold standard [whereby] genetic females should be reared as females; in genetic males, gender assignment is be based on the size of the phallus” (p. 5909). An alarm raised by this approach, as evidenced in the Walia et al. review, is that medical professionals and parents dictated course of treatment and gender rearing, often performing corrective surgeries without proper genetic screening, anatomical assessment, and hormone evaluation of the patient to confirm the actual DSD diagnosis.

While some medical experts might recommend a doctor-determined approach to treatment, others will recommend a patient-centered approach to treatment. As recommended by Lee et al. (2016, p. 176), the course of action would consider (a) physical and psychosocial risks, (b) reproductive potential, (c) avoiding unnecessary and irreversible medical treatments in favor of individual autonomy and informed consent, (d) psychosocial supports for a person’s development of healthy sexual and gender identity development, (e) shared decision-making that is respectful of stakeholder beliefs, and (f) competencies and relationships developmentally appropriate for each individual. In the Walia et al. (2018) cases where the DSD patients experienced symptoms of identity incongruence as they continued to develop, suggesting that medical professionals and

parents may have ‘guessed wrong’ per se, then follow-up treatment would align with needs as advocated by the patient. Medical professionals could favor conservative or liberal treatment approaches for individuals with DSDs.

Medical professionals also vary in their timing for treatments of individuals with DSDs**.** Ramani et al. (2013) urged that DSD individuals born with ambiguous genitalia should seek surgical correction prior to 2 years of age only, which appears to align with the practices of medical professionals in Walia et al.’s (2018) review. However, Lee and Houk (2013) recommended that gender assignment surgery be postponed until adolescence, if not completed as an infant. While these experts differ in their opinions on timing for treatment, perhaps their opinions are both based on an undesirable outcome. As cautioned by Jorge et al. (2008), to avoid the possibility of psychological conflict between a person’s malformed natal sex components and evolved gender identity, the current standards of care for intersex people need be reviewed. Collectively, scholars seem to agree that people born with DSDs, and those who care for them, face significant worries, uncertainties, and decisions when it comes to gender assignment, surgery, identity, and reproduction (Lee et al., 2016; Rawal & Austin, 2015). For individuals with DSDs, there does not appear to be a standard course of treatment that guarantees a person’s typical gender identity alignment.

Treatment approach and timing may be dependent on the type of DSD. For individuals with CAH, female assignment is recommended given a 95% follow-through rate in gender identity (Jorge et al., 2008; Lee et al., 2016), with close monitoring for quality of life indicators or any signs of gender confusion or distress (such as GD) that

may require psychological interventions (Jürgensen et al., 2014). For individuals with AIS, though contrary to early surgical interventions of the gold standard, it is recommended that individuals be reared female as this tends to result in consistent long-term gender identity (Callens et al., 2016; Lee et al., 2016), and perhaps delay any gender confirmation surgery until adolescence to accommodate for further sexual growth and any rare statistical exceptions to gender identity development (Lee & Houk, 2013). For those individuals born with 5α-RD2, male assignment is recommended even though only 60% will continue to identify themselves as male later on (Lee et al., 2016). In person with DSDs individuals lacking functional gonads such as Klinefelter's, hormone replacement therapy is usually required during adolescence to affirm gender identity, align secondary sexual characteristics, and promote psycho-social/sexual well-being (Lee et al., 2016). These DSD treatment guidelines are generally based on sexual health/function but do pose a risk for the emergence of GD later in life.

Conversely, there are those medical professionals who might counter the same risk of identity incongruence is posed if surgical treatment is not administered early enough. Many DSD individuals have experienced positive long-term benefits from early surgical interventions (Lee et al., 2016), as evidenced by the cases in Walia et al.'s (2018) review. However, other DSD individuals have reported high rates of dissatisfaction as well (Lee et al., 2016), albeit for cosmetic, sensitivity, or identity reasons (Lee & Houk, 2013). Lee et al.'s (2016) update also included reports of DSD-GD cases where the patients initiated a gender change in either direction because the identity path that was chosen for them did not align with their self- perceptions, as evidenced by a few cases in

the Walia et al. review, as well. Perhaps this is related to the notion that "children [with DSDs will] develop their own ideas of what is normal" (Lee & Houk, 2013, p. 5) in terms of their own psychological, social, sexual, and gender health. Medical professionals make treatment decisions for DSD individuals that could increase, decrease, or even chance their risks of developing concurrent gender dysphoria.

Depending on type and treatment, a variety of DSDs are characterized by incongruent gonads and genitals that may contribute to the emergence of gender dysphoria. The odds of a child being born with a DSD are more common than most would believe (Lee et al., 2016). Annually in Alberta, approximately 1: 1,500 babies are born with chromosomes, gonads, and genitals that are developmentally discrepant (Fines & Richardson, 2017). Types of DSDs, condition variables, and common treatment options chosen with or without patient consent have produced unwanted psycho-sexual distress for intersex people across their lifespans (Lee & Houk, 2013; Lee et al., 2016; Jürgensen et al., 2014; Walia et al., 2018). The concurrence of GD related to DSDs overall and/by type has ranged from as low as 2% (Walia et al., 2018) to as high as 63% (Furtado et al., 2012), respectively. Treatment recommendations for individuals with DSDs could eventually conflict with a person's felt or perceived gender identity. Adequate research has yet to confirm specific DSD and GD-related rates, address the scrutiny of medical treatment options, or predict gender identity in the long-term (Lee et al., 2016). Moreover, the medical teams who treat DSD individuals with/without concurrent GD vary in composition of health care specialists and psychological and social services (Lee et al., 2016; Walia et al., 2018). Educators have yet to be included in

quality of life conversations regarding daily functioning at school (Jürgensen et al., 2014), including sensitivity to privacy, physical, social, emotional, and cognitive needs (Lee et al., 2016).

Conditions related to the nervous system have been associated with transgender learners. Literature reviews of brain research have provided some understandings of brain composition in transgender learners. In a scholarly review of neuroimaging studies for transgender individuals where sexuality was not a factor, Kreukels and Guillamon (2016) synthesized that brain structures in transgender women (MTF) and transgender men (FTM) differ from control men and women (respectively) in terms of grey matter volume and cortical thickness, white matter microstructures, connectivity profiles, task-related activation areas, and cross-sex hormone treatment. With regards to transgender youth in particular, MTFs taking estradiol might see a decrease in brain volume and decrease in cortical thickness, whereas FTMs taking testosterone may experience an increase in brain and hypothalamus volumes, and cortical thickness (Kreukels & Guillamon, 2016). Likewise, in another review of neuroimaging literature specific to transgender where homosexuality was a criterion, Guillamon, Junque, and Gómez-Gil (2016) also found brain phenotypes specific to MTFs and FTMs contrary to their respective heterosexual control groups in terms of cortical thickness and complex mixtures of feminine and masculine areas of the brain. For transgender adolescents undergoing hormone therapy, Guillamon et al. (2016) cautioned that little is known about the clinical consequences of pharmacological doses on their emotional and cognitive functioning. Regardless of

sexuality, brain structure and function in MTF and FTM groups have unique traits that respond in different ways to cross-hormone treatment during adolescence

Additional studies provided some insights of unusual connections between the brain and being transgender, as well. In a quantitative control study that used neuroimaging to monitor brain activity during stimulation of incongruent (breast) and congruent (hand) body parts in pre-surgical transgender men, gender incongruence was evidenced by neural representations of incongruent body parts and connectivity within brain white matter, similar to that of xenomelia (Case, Brang, Landazuri, Viswanathan, & Ramachandran, 2017). Transgender neuroscience has shown that gender incongruence may be felt psycho-physically and found comorbidly with other genetic and/or neurodevelopmental conditions. In a qualitative case study from Turkey, a preadolescent boy was diagnosed with both Fragile X syndrome (FXS) and GD by age 7 (Türkoğlu & Türkoğlu, 2016). In addition to having a mild intellectual disability and ADHD (neurodevelopmental disorders common to FXS), the youth looked like a boy but acted like a girl and expressed a strong desire to be a girl well before age 5 (Türkoğlu & Türkoğlu, 2016). Regardless of shared brain anatomy, transgender learners may be wired in different ways.

Difference in brain structure and function have been observed in transgender learners. Transgender men and transgender women have specific brain phenotypes contrary to their respective natal sex control counterparts which may be influenced by prenatal, early childhood, and adolescent stages of human development (Guillamon et al., 2016; Kreukels & Guillamon, 2016). Within the phenotypes of transgender youth,

variances in gender expression and sexual attraction may be influenced or impacted by the effects of cross-hormone therapy on various brain structures (Guillamon et al., 2016; Kreukels & Guillamon, 2016). There is also evidence to suggest that functional brain differences in people with gender dysphoria could mirror or exist in tandem with other psychological disorders (Case et al., 2017; Türkoğlu & Türkoğlu, 2016) such as anxiety (Ducharme et al., 2013), depression (Foland-Ross et al., 2015) and anorexia (Fujisawa et al., 2015). Scholars have even proposed that gender dysphoria could be considered a neurodevelopmental condition (Türkoğlu & Türkoğlu, 2016).

From the discipline of natural sciences, the physiological paradigm may inform transgender learners. Related to the endocrine system, DSDs pertaining to genetic males and genetic females involve malformed or atypical development of internal and external sex organs and characteristics (Jürgensen et al., 2014; Lee et al., 2016). Secondary sex characteristics start to present in puberty, and the distress felt about a person's gender identity and sexual composition is typically heightened during adolescence. Although rare in occurrence, individuals born with DSDs can develop gender dysphoria (Van Meter, 2016), which may or may not be mitigated by approaches to, and/or timing of treatment for any given type of DSD. Related to the nervous system, differences in brain structure and function have been identified in transgender learners (Guillamon et al., 2016; Kreukels & Guillamon, 2016). Research in neuroscience has started to yield some general and unusual information about connections between the brain and being transgender. In some transgender learners, differences in brain structure/function may be related to cross-sex hormone treatment (Guillamon et al., 2016; Kreukels & Guillamon,

2016), sensory perceptions of incongruent body parts (Case et al., 2017), and an inherited intellectual disability (Türkoğlu & Türkoğlu, 2016). Congenital conditions and brain compositions and/or connections may contribute to the physiological knowledge of educators in service of transgender learners. The physiological paradigm may contribute to the natural sciences knowledge of educators who serve of transgender learners.

Applied Sciences Discipline

The applied sciences discipline informs the topic of transgender learners from one related paradigm. The medical paradigm includes standards of care available to transgender learners. These standards are grouped according to the stage of human development at which transgender learners may seek care. Treatment options will vary for children, adolescents and adults. If educators draw from the medical paradigm about transgender learners, then educators may serve transgender youth with optimal learning experiences.

Medical. The medical paradigm of transgender may be understood through the approaches and strategies used by professionals to treat transgender learners with a confirmed GD diagnosis. Given the spectrum of GD presentations and/or persistence across the lifespan (Ehrensaft, 2017), there are appropriate treatment options to help transgender learners live as their authentic gender selves. However, there is no one size fits all approach to transgender medical treatment (Ristori & Steensma, 2016). Guided by professional practice and patient care standards (Coleman et al, 2012; WPATH, 2011), gender specialists from various disciplines across the medical community (Alegría, 2016; Ehrensaft, 2017; Zucker et al., 2016) work together to assess and support the diverse

needs of a growing group of transgender learners across the lifespan (Pyne, 2014). Based on clinical need for each transgender, care teams mindfully address concerns and cautions pertaining to informed consent, qualification for procedure, medical risks and complications, timing and duration of interventions, the evolution of gender identity, and uncertainty of outcomes (Leibowitz & de Vries, 2016; Ristori & Steensma, 2016; Van Meter, 2016; Zucker et al., 2016). Typically, individuals who identify as some form of transgender tend to require and access social support in childhood, physical support in adolescence, and surgical support in adulthood (Blake, 2017; Sokkary & Gomez-Lobo, 2017).

In treatment for transgender learners of all ages, care providers must comply with international practice standards. The *Standards of Care* (SOC), 7th edition, developed by the WPATH (Coleman et al., 2012; WPATH, 2011) provides practitioners a "basic road map" (Steever, 2014, p. 138) of therapeutic approaches for GD in children, adolescents, and adults. However, in order for transgender individuals with diverse psycho-physical baselines to get competent, appropriate, and timely health care (Olson, Schrager, Belzer, Simons, & Clark, 2015), and to address the liberal and limiting concerns held by those health care professionals responsible for that care (Vrouenraets et al., 2015), changes would have to be made to the SOC about social gender transitioning in children and age of majority for physical and surgical treatment in adolescents (Ehrensaft, 2017). Until then, the process of assessing and treating transgender individuals seems to include various points of contact. Typically, this would involve a mental health assessment conducted by a psychologist/psychiatrist to confirm a diagnosis of GD and any other

preexisting or co-occurring mental health concerns (Abel, 2014; Zucker et al., 2016). Next, the GD patient would meet with a family physician to assess the individual's physical stage of development and identify appropriate treatment options that could affirm a person's gender identity (Ehrensaft, 2017; Leibowitz & de Vries, 2016; Zucker et al., 2016). Contributing to this collaborative care approach, the family doctor (primary care provider) would then refer the GD patient to a gender clinic or specialist (secondary care provider) like an endocrinologist to oversee hormone interventions, as well as hematologist, gynecologists, urologists, reassignment/plastic surgeons, speech pathologists, pharmacists, and nurses to explore surgical options, and collectively determine the prescribed course of treatment based a person's clinical need (Ahmad et al., 2013; Alegría, 2016; Drescher & Byne, 2012; Sokkary & Gomez-Lobo, 2017; Steever, 2014).

The reality of having access to a multidisciplinary clinic or team that specializes gender dysphoria for all ages does exist but are still rare in comparison to need (Gridley et al., 2016). In Boston, the gender affirming clinical and public health model of Fenway health "[integrates] community assessment, research, education, training, and advocacy alongside clinical care [to provide] a holistic public health model that highlights the key role of gender affirmation in caring for transgender people" (Reisner, Bradford, et al., 2015, p. 590). Although this clinical model of support sounds ideal, Chen, Fuqua and Eugster's (2016) case study found a consultation path such as this, may not be feasible due to lack of professional logistics (number of accessible clinics, trained gender specialists) and personal supports (parental, financial, and travel) that vary

regionally/nationally. For example, in Alberta, the Metta Clinic is an *off-desk* (volunteer) consulting team located at the Alberta Children's Hospital in Calgary, and the Gender Clinic is run by its founder, Dr. Lorne Warneke, a nationally renowned psychiatrist located at the Grey Nuns Hospital in Edmonton (Fines & Richardson, 2017). Because these clinics only assess transgender referrals at certain times during the month, referral waitlists upwards of 2 years could jeopardize their current health and future well-being, and a developmental window critical for intervention effectiveness (Fines & Richardson, 2017; Radix & Silva, 2014).

Should transgender clients attempt to access to care from solo health care providers underqualified in this area, they run the possibility that transphobia/discrimination within the health care settings and a fear of legal repercussions could also thwart their opportunity for needed supports (Radix & Silva, 2014). While research pertaining to transgender care and related physical and psychological outcomes is scant across the lifespan (Arcelus & Bouman, 2015), it is thought that having a comprehensive multidisciplinary assessment as early as possible (Ehrensaft, 2017) with a focus on gradual approach to social and physical transitioning offers the best desired outcomes for living fully in a person's identified gender (Chen et al., 2016). And depending on the age of the transgender patient, additional information regarding blood tests, smoking, alcohol and substances use, obesity, and occupation may be gathered to inform a person's holistic approach to transitioning (Ahmad et al., 2013). The SOC is currently under review regarding concerns about professional authorization, patient autonomy, and political health care (Edwards-Leeper et al., 2016; Richards,

2016). And as research in the care of transgender learners continues to publish, perhaps revisions to practice standards might also propose multidisciplinary and multicenter collaborations or models of care in fields beyond medicine (Arcelus & Bouman, 2015). For example, the ideal clinical protocol and process for treatment of transgender youth recommended by de Vries et al. (2014) at a minimum, would include a care team composed of mental health professionals, physicians, and surgeons to oversee puberty suppression, then cross-sex hormone therapy and (potentially) gender reassignment surgery. Transgender learners require contemporary, comprehensive, and timely health care that meets their individualized needs.

At any point across the lifespan, transgender learners may seek supports to reduce the incongruent mind-body duress that they are living. While adults may seek appropriate treatments as needed (Zucker et al., 2016), children and adolescents under the age of majority (18) need parental/guardian consent to seek treatment (Drescher & Byne, 2012; Gridley et al., 2016). And often it's the minors and parents who research and reach out to prospective supports for "competent and compassionate care" (Alegría, 2016, p. 524). In a case study exploring perceived barriers to health care for transgender youth (and their caregivers), Gridley et al. (2016) recommended gender affirming and cultural sensitivity training, protocols and procedures of care specific to transgender youth, use of chosen name and pronouns, additional multidisciplinary gender clinics, providing cross-sex hormones at the presented rate of development, and clinic navigators to assist patients/parents with insurance requirements and resources for adequate coverage for gender-affirming health care needed. An example of such a resource could be a GD

services guide (Ahmad et al., 2013) that essentially outlines what to expect during the transgender process, for each stakeholder that may be involved in the process.

Gridley et al.'s (2016) recommendations relate to transgender health concerns noted by other scholars. There are not enough gender specialists to service the increase in patient/parent requests for treatment of childhood and adolescent gender dysphoria (Moller & Romer, 2014). Likewise, medical professionals and gender specialists require professional development training and experience that accept all variations of gender (Dentice & Dietert, 2015), and treat transgender patients with the respect of name and quality of life deserved by any other cisgender patient (Arcelus & Bouman, 2015), without judgement (Reitman et al., 2013). While there are approximately eight gender clinics across major urban centers in Canada whose multidisciplinary specialists are working through long referral lists and wait times for GD assessments (Pyne, 2014), it can be just as difficult for transgender individuals and caregivers to find mental/medical health providers in rural areas who are competent and willing to treat transgender patients (Chen et al., 2016). Logistical and personnel challenges tend to complicate the already complex GD presentations that often require interventions that are administrative, comprehensive, and time-sensitive (Edwards-Leeper et al., 2016; Moller & Romer, 2014). And so collectively, it appears competent and consistent structures for the "wrap around services" suggested by Gridley et al. (2016, p. 241) may be challenges in and of themselves (Thompson, Karnik, & Garofalo, 2016). The medical supports that transgender learners need, when they need it may be difficult to access and could add to the duress that they are currently experiencing.

Children. The medical support available for children with gender dysphoria is primarily social in nature. In addition to concurrent psychological support, affirming the identity of a gender nonconforming/transgender child under age 12 involves a safe and welcome space for the child to explore and engage in the roles and behaviors of his/her/their gender expression without external force or shame (Coleman et al., 2012; de Vries & Cohen-Kettenis, 2012; Edwards-Leeper et al., 2016; WPATH, 2011). No hormonal or surgical interventions should be used to treat GD in childhood (Ristori & Steensma, 2016). With considerations that trauma, attachment issues, and autism are related to childhood GD (Ehrensaft, 2012), and that a majority of GNC children do not persist into adolescence (Alegría, 2016), critics like Van Meter (2016) would argue that having a gender variant child thoroughly assessed "by a competent therapist without an agenda to recruit to a transgender lifestyle….and reared as his or her biologic sex" (p. 240) would be a better approach to care.

Conversely, with the acceptance and understanding that variant, nonbinary, and transgender forms of gender identity do exist (Ehrensaft, 2017; Turban, 2017) and a minority to persist into adolescence (Alegría, 2016), then perhaps having an interdisciplinary team of professionals who can confirm initial GD diagnosis or differential diagnosis (Abel, 2014), help parents/guardians follow the child's lead in the positive formation of the individual's true gender self, and the reconciliation of any resistance to that growing gender web (Alegría, 2016; Ehrensaft, 2012; Ristori & Steensma, 2016) would be the right approach to care. There are diverse perspectives regarding the best way(s) to treat/support the various presentations and uncertain

development of GD in childhood (Ristori & Steensma, 2016). Thus, ethical professionals and providers working with GD children (Drescher & Byne, 2012) should be focused on facilitating the personalized process of nurturing a person's authentic gender identity towards increased well-being versus warding off opposite sex identities or same sex attractions perceived as abnormal or sinful (Ehrensaft, 2012; Ristori & Steensma, 2016; Van Meter, 2016). The depth and breadth to which children with gender dysphoria may socially transition is cautiously supported.

There are three models of care currently being used to support children with gender dysphoria. In order of presentation, the *live in your own skin*, *watchful waiting*, and *gender affirmative* models of care vary in their degree of affirmation for the articulated and expressed identity of a given child (Ehrensaft, 2017; Turban, 2017) – from non-affirming and partially affirming to fully affirming, respectively (Coleman et al., 2012; Ristori & Steensma, 2016; WPATH, 2011). Polarized views about what social transition could look like in terms of changes to assigned name/pronoun, gender expression at home, and/or and gender role/behaviors in public appear to be concerned with rates of persistence and desistence that have yet to be academically explored and/or confirmed (Alegría, 2016; Coleman et al., 2012; Drescher & Byne, 2012; WPATH, 2011). Thus, the treatment and support of children with gender dysphoria can be an ambiguous experience for professionals, parents, and patients (Ristori & Steensma, 2016), highly controversial (Edwards-Leeper et al., 2016; Radix & Silva, 2014; Shumer & Tishelman, 2015; Turban, 2017), and ethically challenging (Abel, 2014, p. 26).

First, the live in your own skin model of care helps the child accept his/her gender assigned at birth by exploring environmental or psychological obstacles preventing appropriate expression and/or contributing to the dysphoria, and then explore opportunities and strategies that promote the proper roles and behaviors of the gendered birth sex (Ehrensaft, 2017). It is thought that this approach would accommodate a sensitive period of brain development, lessen the likelihood of GD persistence into adolescence and transsexualism/homosexuality into adulthood, and serve as a reliable indicator of those children who actually are transgender (Ehrensaft, 2017; Ristori & Steensma, 2016). However, forms of reparative therapy were deemed unethical by WPATH (2011; Coleman et al., 2012) because of the tendency to change sexuality, fuel stigma, instill shame, and damage relationships with others (Drescher & Byne, 2012; Pyne, 2014; Reitman et al., 2013). Children in Ehrensaft's (2012) clinical practice have verbally and behaviorally conveyed "symptoms of anxiety, stress, distress, anger, and depression" (p. 338) when forced to be the gender they are not.

Second, the watchful waiting model of care acknowledges the child's felt gender identity and giving them a safe space to explore and express that identity without any attempts to sway their gender formation, nor moving too quickly to label and live through that felt gender (Ehrensaft, 2017). It is thought that this approach would accommodate the anticipated changes in puberty that tend to confirm or continue to confound the individual's true sense of gender self, give the child time to process their thoughts, feelings, and concerns through competent counselling, and provide parents with spaces, resources, and specialists to understand the construct of transgender being and potentially

plan for a context of transgender living (Ehrensaft, 2017; Ristori & Steensma, 2016). This easy-going process of allowing a child's gender identity to evolve naturally without bias or assumptions is strongly encouraged and largely preferred by many health care professionals (Alegría, 2016; Vrouenraets et al., 2016) because it provides due care and caution for all possible outcomes of gender and sexuality that may develop over time, nor could not be predicted or treated with any degree of certainty (Drescher & Byne, 2012). Likewise, this approach gives supporters time to help GD children develop the resiliency skills necessary for potential transitions (Ristori & Steensma, 2016). Yet, for the children and parents who are ready to get-going with the transition process (per se), medical professionals in Vrouenraets et al.'s (2015) case study suggested that stalling a person's social transition could inadvertently contribute to added physical or psychological distress. Ehrensaft (2012) shared a similar concern, noting that children in her practice would disengage from daily living when prohibited from moving forward with their felt gender needs.

Third, the gender affirmative model of care assumes that a child is cognizant enough in their sense of gender self and would benefit from a social transition at any age (Ehrensaft, 2017). It is thought that this approach could provide children with an individualized opportunity to speak and advocate for themselves so that professionals and providers could better assess gender status, identify areas of needs, create safe spaces, reduce related stressors, and develop empowerment skills for their emerging identities (Ehrensaft, 2017; Ristori & Steensma, 2016). When parents and professionals provide unconditional support for children to explore their gender growth as/when needed,

children tend to have better mental health outcomes sooner rather than later (Olson, 2016). Instead of policing children to fit the binary norms of gender in society (Riley et al., 2013), perhaps educating society about the variant norms of gender in children could create a culture of acceptance and appreciation for their expressed differences (Ristori & Steensma, 2016). Stein's (2012) review of treatments for GD children/youth supported affirmative approaches that "broaden social expectation of how to be a man or woman" (p. 497) and remind people of what it means to be human (Riley et al., 2013).

Essentially all three approaches for treating GD children exercise caution and care in the best interests of a child to a subjective degree of philosophy, logic, and extent. With gender identity during childhood viewed as something to be fairly certain at an early age (Coleman et al., 2012; Steensma, McGuire, et al., 2013; WPATH, 2011), uncovered or altered over time (Ehrensaft, 2012), or perhaps a fantasy to be explored and accommodated (Weinstein & Wallerstein, 2015), it makes it even more difficult to discern, predict, and support GNC children (Edwards-Leeper et al., 2016). Turban (2017) raised two additional dilemmas in his review of transgender youth health care; enabling children with binary transgender identities to socially transition may be beneficial for mental health in the short-term or run the risk of promoting persistence in the long-term. While research has yet to uncover which model of care is best in terms of reducing harm and supporting authentic gender formation in childhood, scholars agree that the administration of hormonal or surgical treatments prior to puberty are prohibited, and that social transition is the only developmentally appropriate option (Drescher & Byne, 2012; Pyne, 2014; Ristori & Steensma, 2016). Within the social transition option, "The Dutch

Approach" (de Vries & Cohen-Kettenis, 2012, p. 301) preferred the watchful waiting model of care with a focus on the "concomitant emotional and behavioral and family problems that may or may not have an impact on the child's gender dysphoria" (p. 307). Such was the finding in a case report of gender dysphoria from Iran, where a number of factors gravely influenced the patient's dysphoria, including the influence of an opposite sex behavior model, having social reinforcement, living in a male dominated family, and receiving positive feedback for desired expression from the family (Ketabi & Bashardoost, 2015). Contemporary models of care for children with GD recognize the plausibility of diverse gender expressions, but vary in terms of time for, extent to which, and who/what is the focus of support for their authentic gender selves.

Adolescents. The medical support available for adolescents with gender dysphoria is physical in nature. In addition to concurrent psychological support, affirming the identity of a transgender adolescent starting around age 12 tends to involve reversible/irreversible chemical and surgical interventions that proactively guard against the unnecessary mental anguish that puberty brings adolescents already stressed by their gender incongruence (Coleman et al., 2012; de Vries & Cohen-Kettenis, 2012; Edwards-Leeper et al., 2016; Steever, 2014; WPATH, 2011). Chemical interventions include puberty blockers and cross-sex hormones (Leibowitz & de Vries, 2016), which tend to improve "behavior, emotional problems, depressive symptoms, and global functioning" (Smith, Madison, & Milne, 2014, p. 1282). Confirmed by a study of global functioning in GD youth who received chemical *and* psychological support from a gender clinic in the United Kingdom, results showed that global functioning significantly improved over 6

months with psych support, and psychosocial functioning improved significantly over 12 months with chemical interventions (Costa et al., 2015). Likewise, a chart review of transgender youth receiving treatment at a gender clinic in Canada also suggested that concurrent chemical and psychological support improved health **(**Khatchadourian, Amed, & Metzger, 2014). As listed in the care standards and consented to by parents/guardians, breast and chest surgeries are the only surgical interventions that may be considered for a minor (Coleman et al., 2012; Leibowitz & de Vries, 2016; WPATH, 2011). Keeping in mind that youth with gender dysphoria may have persisted from childhood or initially presented in adolescence (Alegría, 2016; Leibowitz & de Vries, 2016; Ristori & Steensma, 2016), and that GD may also be influenced by the concomitant development of gender identity and sexual orientation (Ehrensaft, 2017), critics like Van Meter (2016) would maintain that youth should refrain from accessing available medical treatments until the process of puberty has naturally manifested and they have had time to reconcile those bodily changes with their perceptions of gender. Furthermore, any external interventions may not be appropriate if a GD diagnosis is complicated by the possibility of a differential diagnosis or confirmed presence of a concurrent psychological/developmental condition (Abel, 2014; Kaltiala-Heino et al., 2015; Tishelman et al., 2015).

Alternatively, for youth who transitioned socially in childhood (Ehrensaft, 2012) or whose gender identity came into question and/or intensified with the onset of puberty and sexuality (Kuklin, 2014; Leibowitz & de Vries, 2016), then perhaps medical treatment could bring better mind-body alignment that hones in on their authentic gender

identities (Ehrensaft, 2017). Otherwise, it could be perceived as unethical to deprive transgender youth of any treatments that could reduce the GD that they are experiencing (Drescher & Byne, 2012). Perspectives regarding the best way(s) to treat/support the complex variations in which transgender youth may present are varied in light of the increased presentation earlier in adolescence (Olson & Garofalo, 2014), and additional medical and psychological research for transgender adolescents that has yet to be conducted (Leibowitz & de Vries, 2016). Thus, medical professionals and mental health providers working with gender dysphoric youth would benefit from collaborating on the selection of appropriate treatments options that fit with the unique pathways adolescents take to establish and empower their authentic gender selves (Chen et al., 2016; Kaltiala-Heino et al., 2015; Olson & Garofalo, 2014). The variety of physical interventions available to adolescents with gender dysphoria are carefully and uniquely administered by health care professionals.

There are three categories of physical interventions currently being used to support adolescents with GD. In order of presentation, *fully reversible, partially reversible,* and *irreversible interventions* vary in their means of and motive for treatment towards the desired physical-psychological alignment of gender of a given adolescent – puberty blockers, hormone therapy, and surgery, respectively (Abel, 2014; Coleman et al., 2012; Ehrensaft, 2017; Leibowitz & de Vries, 2016; WPATH, 2011). Divergent opinions as to which/when physical interventions should be administered depend on the preceding gender identity development and treatment pathways, physical and psychological comorbidities, intellectual maturity, individual supports, stage of puberty,

likelihood of desistence, and potential negative side-effects from synthetic hormone treatments (Abel, 2014; Alegría, 2016; Coleman et al., 2012; Ehrensaft, 2017; Kaltiala-Heino et al., 2015; Leibowitz & de Vries, 2016; Spack et al., 2012; Steever, 2014; WPATH, 2011). In exploring perceptions of sex, gender, and puberty suppression of transgender youth in the Netherlands, participants were more cautious in their treatment views as compared to their clinicians, with regards to appropriate age limit, lack of data, and the social context (Vrouenraets et al., 2016). Thus, adolescents with gender dysphoria should be assessed *and heard* by a competent and comprehensive group of health care professionals and offered further, individualized treatment that is patient-centered, developmentally appropriate, and supported by caregivers (Dèttore et al., 2015; Leibowitz & de Vries, 2016; Vrouenraets et al., 2016). Timely prescription of medication to offset the heightened dysphoria from puberty, and concurrent psychological support could improve quality of life, sexual identity, and psycho-social adaptation, and prevent comorbidities (Costa et al., 2015; Dèttore et al., 2015; Radix & Silva, 2014).

First, fully reversible interventions stave off the advancement of unwanted pubescent changes that tend to exacerbate a person's degree of gender dysphoria (Coleman et al., 2012; WPATH, 2011). Secondary sex changes during puberty include enlargement of breasts, penis and testicles, as well as the growth of pubic, underarm, and facial hair (Coleman et al., 2012). Developmental changes during puberty include: (a) menses, wider hips, weight gain, bone density in females; (b) erections, low voice, Adam's apple, broad shoulders, and increased muscle mass/strength in males; and (c) sex drive, fertility, body odor, perspiration, linear height, impulsivity, and mood in both

females and males (Coleman et al., 2012; Edwards-Leeper et al., 2016; WPATH, 2011). For teens experiencing GD who already do not feel comfortable in their own skin, going through puberty can be an extremely scary, stressful, and burdening time for an already vulnerable group of minors (Edwards-Leeper et al., 2016; Fuss, Auer, & Briken, 2015) susceptible to depression, suicidality, and self-harming behaviors (Radix & Silva, 2014).

Preferably, gonadotropin-releasing hormone (GnRH) analogues are used to suppress estrogen and testosterone production and subsequent physical changes in FTM and MTF adolescents, respectively (Coleman et al., 2012; WPATH, 2011). The most common GnRH analogues used are Lupron (leuprolide) by injection in the thigh monthly, or Supprelin (histrelin acetate) implanted in the arm annually (Coleman et al., 2012; WPATH, 2011). Both Lupron and Supprelin act on the pituitary gland to stop producing the luteinizing hormone, which in turn stops the ovaries from releasing estrogen and the testes from releasing testosterone that foster pubescent changes (Olson & Garofalo, 2014). In a European, longitudinal study of 55 transgender youth who promptly received GnRH analogues during adolescence and underwent surgical reassignment in early adulthood, outcomes positively correlated with treatment, and on par with cisgender learners of the general population included: (a) psychological functioning (GD, body image, global functioning, depression, anxiety, emotional and behavioral problems); (b) objective wellbeing (social, educational, and professional functioning); and (c) subjective wellbeing (quality of life, satisfaction with life, and happiness), as noted by de Vries et al. (2014, p. 696).

Alternatively, antiandrogens and progestins and may be used to block estrogen and testosterone (respectively) from fostering dreaded puberty (Coleman et al., 2012; WPATH, 2011). The most common antiandrogens used are Androcur (cyproterone acetate; oral/injection) to slow/stop the production of testosterone in testes, and Aldactone (spironolactone; oral) to impede testosterone secretion and androgen binding/reception (Coleman et al., 2012; WPATH, 2011). The most common progestins used are Provera (medroxyprogesterone acetate; oral/injection) and Prometrium (micronized progesterone; oral) to stop menses in FTMs and/or increase breast growth in MTFs (Coleman et al., 2012; WPATH, 2011). Both antiandrogens and progestins block the ability of the body to use the endogenous hormones towards puberty (Steever, 2014). Thus, these exogenous hormones can delay, decrease, or desist unwanted physical changes associated with puberty that tend to intensify gender dysphoria in adolescents (Steever, 2014).

In addition to being irreversible and safe by current evidential and theoretical consensus, puberty blockers afford time for gender dysphoric adolescents to explore their non-conforming identities, take care of their psychological well-being, and ease transition into more permanent physical changes (Abel, 2014; Alegría, 2016; Coleman et al.; Edwards-Leeper et al., 2016; Ehrensaft, 2017; Leibowitz & de Vries, 2016; Olson & Garofalo, 2014; Radix & Silva, 2014; WPATH, 2011). It could also be argued that puberty blockers might disrupt the natural process of building a person's character, identity, and sexuality from the disorganized chaos and pain of being a teenager (Edwards-Leeper et al., 2016; Weinstein, & Wallerstein, 2015). In order for puberty

blockers to be administered, transgender youth must be assessed by a mental/medical health provider who is licensed/specializes in transgender health (Coleman et al., 2012; WPATH, 2011) and informed of their diagnoses and treatment options (Shumer & Tishelman, 2015). However, evaluating informed consent can be challenging for the assessor in "clinical situations [where] patients with carefully diagnosed gender dysphoria, who otherwise meet eligibility and readiness criteria, are not able to provide meaningful consent due to cognitive or verbal disability" (Shumer & Tishelman, 2015, p. 100).

Nonetheless, should the adolescent present with a history of gender incongruent *pain* that intensified with the onset of puberty and have stable functioning and support from parents to make informed consent, then the individual may qualify for the administration of puberty suppressing hormones (Coleman et al., 2012; WPATH, 2011). That qualification for prescription would be contingent on the verification of a minimum Tanner 2 or 3 pubescent stage during a physical exam (Coleman et al., 2012; Ehrensaft, 2017; Radix & Silva, 2014; WPATH, 2011), which is a direct visualization of pubic hair, breast and penis growth (Feingold, 1992; Steever, 2014). Gender dysphoric youth tend to start puberty blockers around age 14 (Chen et al., 2016), but puberty development is highly subjective and there is some debate about blocking puberty as early as age 12 (Ehrensaft, 2017). Likewise, if one waits too long /unable to access care well into Tanner 3 or 4, then puberty blockers become less effective (Radix & Silva, 2014). Contributing to the debate about the minimum age for taking various puberty blockers (Chen et al., 2016) includes the developmental maturity relating to assent and consent (Shumer &

Tishelman, 2015), as well as the physical and emotional maturity to make decisions about medications that will impact their fertility aspirations and options (Edwards-Leeper et al., 2016; Leibowitz & & de Vries, 2016; Stein, 2012). To address this in part, transgender youth can be assessed for treatment using individualized strategies (Shumer & Tishelman, 2015) and should consider egg or sperm banking prior to the administration of any puberty blockers or sex hormone (Steever, 2014). Of the MTF patients treated in a Vancouver clinic, "19% attempted semen cryopreservation (all Tanner 5) before starting estrogen" (Khatchadourian et al., 2014, p. 909). And while discussing fertility goals should be common practice before starting any chemical/surgical treatments (Khatchadourian et al., 2014), it seems that many adolescents would rather chance procreation in the future, versus sacrifice alleviation of the present duress they are living (Abel, 2014). GnRH analogues, antiandrogens and progestins are reversible and safe modes of therapy for puberty suppression in both females and males.

Second, partially reversible interventions feminize and/or masculinize the gendered body to better match a person's gender mind (Coleman et al., 2012; WPATH, 2011). The combinations of sex hormones (estrogen and testosterone) and hormonal medications (like those used in puberty suppression) used in hormone therapy depend on the adolescent's individual, somatic, emotional, and mental development (Coleman et al., 2012; Steever, 2014; WPATH, 2011). Moreover, it can take 3-5 years for one to reach desired effects of cross-sex hormones (Smith et al., 2014). MTFs will take estrogen (or estradiol) via oral, transdermal, or parenteral administration, and FTMs will take testosterone via oral, transdermal, or intramuscular administration to induce desired

secondary sex/developmental changes (Steever, 2014). Typically, gender dysphoric youth then start cross-sex hormones between the ages of 16 and 18 (Abel, 2014; Alegría, 2016; Radix, & Silva, 2014; Steever, 2014), but pubescent development, prior treatments, and patient/parent expectations are also highly subjective so there is some debate about taking cross-sex hormones as early as age 14 (Chen et al., 2016; Edwards-Leeper et al., 2016; Ehrensaft, 2017; Leibowitz & de Vries, 2016; Steever, 2014).

Thus, Steever (2014) recommends that transgender youth partner with an older transgender adult who has been through this process and might be able provide some insight and/or mentorship throughout this stage of treatment. The hormone therapy regimen might also include low dose, short-term use of progestins and GnRH agonists that may have been used during puberty (Coleman et al., 2012; Steever, 2014; WPATH, 2011). Taking cross-sex hormones comes with the potential for negative side-effects in mood, weight, height, skin, or libido and additional complications like thromboembolic events, cardiovascular problems, and osteoporosis (Coleman et al., 2012; Kuklin, 2014; Smith et al., 2014; Steever, 2014; WPATH, 2011; Zucker et al., 2016). Contributing to the debate about the minimum age for various hormonal interventions (Leibowitz & de Vries, 2016; Radix & Silva, 2014) are the preferred brands, regimens, and potential risks associated with short/long-term administration of synthetic hormones (Arcelus & Bouman, 2015; Steensma, Kreukels, et al., 2013), the expectation of a real life test (Steever, 2014), and the possibility that youth may turn to sex-work to afford self-prescribed hormone therapy or silicone injections via the Internet when formal treatment is denied by parents or providers (Radix & Silva, 2014). Regimens of estrogen or

testosterone with/without puberty blockers can foster masculine and feminine features that may be irreversible and involve more risk.

Third, irreversible interventions add/remove the physical presentation of secondary sex characteristics to functionally align with the individual's lived and treated gender identity (Coleman et al., 2012; WPATH, 2011). Only top (breast/chest) surgery, that is mastectomy in FTM and construction in MTF patients, may be offered to gender dysphoric adolescents provided they took estrogen/testosterone and publicly lived in the desired gender role for at least 1 year prior and obtained parental/guardian consent (Coleman et al.; Edwards-Leeper et al., 2016; Leibowitz & de Vries, 2016; WPATH, 2011). Bottom (gonadal/genital) surgery is not completed in most countries over the age of majority (Leibowitz & de Vries, 2016). That age (18) happens to be around when gender dysphoric youth pursue surgical top/bottom procedures (Chen et al., 2016), but again, preceding developmental pathways and treatments are highly subjective so there is some debate about surgically altering the body as early as age 16 (Ehrensaft, 2017). Contributing to the debate about the minimum age for various surgical interventions includes the types of information and interactions compose informed consent about procedures that permanently impact a person's physical appearance, reproductive capacity, quality of life, and potential for harm (Leibowitz & de Vries, 2016; Stein, 2012; Van Meter, 2016). Top surgery is irreversible and the only surgical option available to adolescents.

Ultimately, all three medical interventions for treating GD adolescents will impact their physical development in some way. Transgender youth may also use nonmedical

interventions to aesthetically adapt their gendered body to fit with their intended gender expression, including the growing or shaving of body, facial, or cranial hair; the binding or stuffing of breasts; or the tucking or stuffing of a penis (Coleman et al., 2012; Leibowitz & de Vries, 2016; WPATH, 2011). Youth with various presentations of gender and degrees of dysphoria may not think that surgery is the affirmation answer, nor is adolescence the time to be doing so (Kaltiala-Heino et al., 2015). Likewise, at any point during adolescence, transgender youth may opt in/out of medical interventions that contradict the gender alignment and affirmation being experienced and/or pursued, make them feel intentionally/unintentionally trapped in any way (Edwards-Leeper et al., 2016), or prevent them from exploring their gender and sexual identities in a healthy manner (Reitman et al., 2013). And so, in treating GD youth, as the Dutch do, it appears that "[providing] the future young adult with the necessary resources for an optimal psychological development and a good quality of life" (de Vries & Cohen-Kettenis, 2012, p. 315) is the end goal of for any interventions offered. On the other hand, if a transgender youth chose no gender/agender to identify with, then theoretically the conversation regarding treatment perspectives, practices, and potential for harm could be a nonissue (Edwards-Leeper et al., 2016). Puberty blockers, hormone therapy, surgical procedures, and expression strategies may provide desired mind-body gender alignment that a given adolescent with GD, needs.

Adults. The medical support available for adults with GD is primarily surgical in nature. In addition to concurrent psychological support, affirming the identity of a transgender adult tends to involve surgical interventions that are irreversible and vary in

anatomical location (Coleman et al., 2012; WPATH, 2011). Combined with hormone support, surgical options can relieve dysphoria, improve quality of life, and ensure adequate sexual function (Smith et al., 2014). Surgical interventions commonly referred to as top, bottom, and cosmetic surgery may contribute to partial or complete sex reassignment (SRS)/gender confirmation surgery (GCS) as needed (Zucker et al., 2016). Considering that those individuals who identify as a binary, ambivalent, or alternative [trans] gender may or may not want all of these procedures and the inherent/unknown complications/risks that go with (Kuyper & Wijsen, 2014; Nagoshi et al., 2014; Zucker et al., 2016), and that there are documented cases of regret for natal females/males who underwent SRS (Dhejne, Oberg, Arver, & Landen, 2014), critics like Van Meter (2016) would suggest that transgender adults seeking surgical options obtain informed consent (in part) via consultation with other transgender adults who procured SRS/GCS procedures and "subsequently returned to their biological sexual identity" (p. 240). In fact, WPATH (2011; Coleman et al., 2012) requires applicants for bottom surgery have at least 1 year of real lived experience (RLE) as their authentic gender. This forced RLE qualification for surgery could arguably expose one to job loss, impaired relationships, transphobia, violence, and self-harm (Zucker et al., 2016).

Conversely, if an RLE was positive and supported by hormone replacement therapy (HRT), then there is also the possibility that one may not pursue any/all GCS options (Zucker et al., 2016). Views about qualifications for surgery and sequence in which surgical procedures are performed vary in light of the time at which medical support is pursued, access and barriers to care, and the expanded treatments options that

have yet to fully address the diversity of transgender identities presenting in adulthood (Zucker et al., 2016). And so, care providers should collaboratively make recommendations and approve surgeries for transgender adults based on individual clinical need commensurate to their lived gender identity construct (Coleman et al., 2012; WPATH, 2011). The variety of surgical options available to adults with gender dysphoria are carefully and contextually recommended by health care providers.

There are three categories of surgical interventions currently being offered to support adults with GD. In order of recommended sequence, top, bottom, and cosmetic surgery also varies by means of and motive for reassigning/confirming the authentic gender identity of a given adult – *breast and chest*, *genital*, and *other surgery, respectively* (Coleman et al., 2012; WPATH, 2011; Zucker et al., 2016). Professional recommendations as to which/when surgical interventions can be completed depend on the transgender adult's developmental, psychological, sexual, functional, and medical history; ultimately the decision to surgically confirm a person's mind-body perception of gender (which ever transgender form that takes), resides with informed consent of the person trying to live an authentic life (Coleman et al., 2012; Kuyper & Wijsen, 2014; Nagoshi et al., 2014; Van Meter, 2016; WPATH, 2011; Zucker et al., 2016). Thus, adolescents with gender dysphoria should be assessed by a team of health care specialists who can develop a medical support regimen that fits each transgender patient (Zucker et al., 2016).

First, top surgery involves procedures to the *breast and chest* region of transgender adults. FTM patients could have a mastectomy (breast removal), and MTF

patients could have chest construction (breast augmentation). While neither of these procedures requires prior RLE, it is thought that starting with this mode of surgery could contribute to the individual's positive RLE and factor in the decision to pursue further surgery. (Coleman et al., 2012; WPATH, 2011). Top surgery can relieve some dysphoria pertaining to body parts that others tend to visibly discern.

Second, bottom surgery involves procedures to the *genital* region of transgender adults. FTM patients could have a Salpingo-oophorectomy, hysterectomy, and vaginectomy (removal of ovaries/fallopian tubes, uterus, and vagina), and then perhaps metoidioplasty, phalloplasty, urethroplasty, scrotoplasty, and testicular prostheses to construct the appearance and functionality of male genitals. Conversely, MTF patients could have an orchiectomy, vasectomy, and penectomy (removal of testicles, vas deferens, and parts of the penis), and then possibly vaginoplasty and urethroplasty, clitoroplasty, and labiaplasty to construct the appearance and functionality of female genitals (Coleman et al., 2012; Richards, 2016; WPATH, 2011). Bottom surgery can relieve some dysphoria pertaining to body parts that only transgender learners can physically discern.

Third, cosmetic surgery involves procedures to *other* regions of the body for transgender adults. To enhance a masculine appearance, FTM patients might pursue an Adam's apple reduction, voice modification surgery, liposuction, rhinoplasty, facial bone reduction, face-lift, and blepharoplasty (Coleman et al., 2012; WPATH, 2011, p. 64). Similarly, to enhance a feminine appearance, MTF patients might pursue voice modification surgery, electrolysis, liposuction and lipofilling, and pectoral implants

(Ahmad et al., 2013; Coleman et al., 2012; WPATH, 2011). Cosmetic surgery can relieve some dysphoria pertaining to the degree one passes in the real lived experiences in his/her/their authentic identity.

The majority of adults with GD pursue some form of feminization and/or masculinization procedure, and typically follow through with bottom surgery (Nagoshi et al., 2014). In Dhejne et al.'s (2014) analysis of SRS applicants over a 50-year period in Sweden, 89% of applicants (252 FTMs and 429 MTFs) underwent SRS with a regret rate of 2.2% for both groups, that declined over that time. Regardless of which surgical options transgender adults choose, hormone therapy is also required to nurture and/or maintain the developmental and surgical process of aligning female or male characteristics with a person's felt identity and lived experience (Coleman et al., 2012; WPATH, 2011; Zucker et al., 2016). Likewise, psychological therapy is often encouraged to help one process the product of a person's surgical transitioning (Coleman et al., 2012; Richards, 2016; WPATH, 2011).

Alternatively, when supplemented by hormonal and psychological therapies, it is possible for some transgender adults to live authentically with or without a change in sexual anatomy and function (Arcelus & Bouman, 2015; Coleman et al., 2012; WPATH, 2011). Unfortunately, access to care is not always a certainty; many patients do not have insurance coverage and turn to the Internet/streets for self-prescribed hormones, nor do they have the professional help needed to safely deal with the challenges they face (Feldman & Spencer, 2014). In a case study about the prevalence of cross-sex hormones used by transgender patients without medical advice and applying for SRS, 30% of

transgender women and 6% of transgender men self-prescribed hormones; respectively 1 in 4 and 1 in 3 of MTFs and FTMs respectively, purchased these hormones via the Internet (Mepham, Bouman, Arcelus, Hayter, & Wylie, 2014). In addition to hormone therapy, top, bottom, and cosmetic surgery may complete the physical and psychological affirmation of a person's gender identity.

From the discipline of applied sciences, the medical paradigm may inform transgender learners. Standards of practice were developed to help medical professionals provide appropriate care for all ages based on developmental and clinical needs (Coleman et al., 2012; WPATH, 2011). However, in actual practice, consensus regarding the use of these interventions, especially during childhood and adolescence, is lacking and debatable (Vrouenraets et al., 2015). Gender clinics and/or MDTs of care are paramount for practitioners, patients, and parents (Arcelus & Bouman, 2015; de Vries et al., 2014; Edwards-Leeper et al., 2016), but they are not always available and/or accessible because of multiple barriers to/debate over care, including an explanatory model for GD; the cause of GD, the role of puberty in gender identity, the role of comorbidity, physical/psychological early (or no) medical interventions; as well as patient competence and consent, and the social context (Chen et al., 2016; Vrouenraets et al., 2015). Ideally, individuals with GD should be assessed mentally by a qualified mental health practitioner to confirm diagnosis and any comorbidities, evaluated physically by for medical factors considered in qualification for informed treatment options, then treated individually by medical specialists who can recommend and oversee specific treatment options (Coleman et al., 2012; WPATH, 2011). Comprehensive provider care considers patient and

provider perspectives (Alegría, 2016) to ensure the optimal treatment outcomes are achieved (Edwards-Leeper et al., 2016).

Respectively, medical treatments are primarily social, physical, and surgical across childhood, adolescence and adulthood (Edwards-Leeper et al., 2016). To varying degrees and limits, medical providers can help children choose how they present socially, adolescents may control how they develop sexually, and adults alter how they align anatomically (Abel, 2014). In addition to these medical interventions, ongoing psychological support at every stage of development/intervention is an important part of a person's overall clinical service profile (Abel, 2014). Over the last decade, the majority of medical and mental health providers have proceeded with some form of affirmative care approach for all ages (Edwards-Leeper et al., 2016). In doing so, most transgender patients benefit in a variety of socially, emotional, behavioral, and psychological ways (Abel, 2014; Steever, 2014); reparative/conversion therapy has been deemed unethical (Coleman et al., 2012; WPATH, 2011).

Health care providers have an ethical obligation to respect patient autonomy, act in the patient's best interests, and do no harm to the patient (Abel, 2014, p. 25-26). In listening to their needs and following their leads to the best of a person's professional capacity, providers can help children, adolescents, and adults feel validated, empowered, and hopeful when it comes to functioning in and living their lives as they see fit (Edwards-Leeper et al., 2016). It is recommended that care providers examine their own biases about gender (Steever, 2014); be knowledgeable about how to care for transgender individuals (Abel, 2014); make no assumptions about how they identify, dress, or want to

be treated (Steever, 2014); and strive to help individuals with gender dysphoria explore their evolving identities (Steever, 2014) so they too, may live fulfilling, healthy, and secure lives (Abel, 2014). Just as various disciplines within medicine will be called on to assist in this endeavor, there are other fields that may support transgender individuals as well – especially children and youth in schools (Edwards-Leeper et al., 2016). Protocols, practices, and professionals involved in the treatment of gender dysphoria may contribute to the medical knowledge of educators in service of transgender learners. The medical paradigm may contribute to the applied sciences knowledge of educators who serve of transgender learners.

The literature related to knowledge ranges from the humanities (Blaise & Taylor, 2012; Craig & McInroy, 2014; Goodrich et al., 2016; Hardy et al., 2013; Hendricks & Testa, 2012; Lev, 2004a, 2004b; Levitt & Ippolito, 2014a, 2014b; Liboro, 2015; McCarty, 2015; McInroy & Craig, 2015; Nagoshi & Brzuzy, 2010; Nagoshi et al., 2014; Pan & Moore, n.d.; Paprocki, 2014; Richards, 2016; Rosenkrantz et al., 2016; Rossi & Lopez, 2017; Ruocco, 2014; Scott & Walsh, 2014; Wolowic et al., 2017; Wong, 2017) and social sciences (Beek, Cohen-Kettenis, Bouman, et al., 2016; Deogracias et al., 2007; Diehl et al., 2017; Drescher et al., 2012; Ehrensaft, 2012, 2017; Kanamori et al., 2017; Lai, 2015; Lang, 2016; Leibowitz & de Vries, 2016; Richards et al., 2016; Ristori & Steensma, 2016; Schmidt, 2016; Stip, 2015; Testa et al., 2015; Walch et al., 2012; WHO, 2017; Zucker et al., 2016), to natural sciences (American Psychological Association, 2017; Case et al., 2017; Furtado, et al., 2012; Guillamon et al., 2016; Jürgensen et al., 2014; Kreukels & Guillamon, 2016; Lee et al., 2016; Rawal & Austin, 2015; Turkoglu &

Turkoglu, 2016; Van Meter, 2016; Walia et al., 2018) and applied sciences (Abel, 2014; Alegría, 2016; Coleman et al., 2012; de Vries & Cohen-Kettenis, 2012; de Vries et al., 2014; Edwards-Leeper et al., 2016; Olson & Garofalo, 2014; Radix & Silva, 2014; Smith et al., 2014; Steever, 2014; Stein, 2012; Thompson et al., 2016; Turban, 2017; WPATH, 2011) disciplines about transgender learners. The empirical research however, has primarily focused on the development and treatment of transgender learners and has been conducted using qualitative (Blake, 2017; Chen et al., 2016; Dentice & Dietert, 2015; Ehrensaft, 2012; Feldman & Spencer, 2014; Gridley et al., 2016; Kern et al., 2017; Nagoshi et al., 2014; Nordmarken, 2014; Riley et al., 2013; Shumer & Tishelman, 2015; Tishelman et al., 2015; Vrouenraets et al., 2015; Winograd, 2014), quantitative (Arcelus & Bouman, 2015; Costa et al., 2015; de Vries et al., 2014; Dhejne et al., 2014; Holt et al., 2016; Khatchadourian et al., 2014; Kornienko et al., 2016; Kuyper & Wijsen, 2014; Lemaster et al., 2017; Spack et al., 2012), and mixed (Kaltiala-Heino et al., 2015; Mepham et al., 2014; Olson et al., 2015) methods. There are several gaps that remain. One gap is what formal knowledge educators have about transgender learners. Another gap is what informal knowledge educators have about transgender learners. These gaps are important because little is known about the paradigms of educators in service of transgender learners at the secondary level.

There is a standout inquiry related to the topic of *knowledge* that may contribute in part to this study. In a mixed methods study of lay theories of gender identity disorder, four causes of and five factors for treatment of GID were identified (Furnham & Sen, 2013), many of which emulated the knowledge paradigms found in the literature.

Therefore, this study will expand on current research by exploring what knowledge educators have about the transgender learners they serve, albeit responses described by educators at the secondary level. A single case study approach for this study may add understanding to the gap by describing the knowledge held by educators in a school system that serves transgender learners. This aspect of the study will primarily address the learning component of the Learning, Instruction, and Innovation specialization for the PhD in Education because it focuses on the paradigms that educators draw from to serve transgender learners in a school committed to SOGI inclusive education strategies.

Attitudes

Attitudes are the mental positions about and/or states of readiness in response to a fact or state (Attitudes, n.d.). There are a number of circumstances that may contribute to an educator's attitudes about and towards transgender youth, and this section of the literature review is organized by how scholars presented circumstances of comorbidity and adversity that could enhance an educator's mindfulness about the ways in which related conditions and conflicting interactions compound the lived experiences of transgender youth. Therefore, the following circumstances related to transgender learners could enhance in part, the professional attitudes that an educator may draw upon when serving transgender youth with optimal learning experiences.

Comorbidity Circumstance

The comorbidity circumstance pertaining to transgender learners may be understood through conditions found concurrently in children, adolescents, and adults. According to the DSM-5 (APA, 2013), the conditions associated with transgender

learners may be characteristic of or clinically diagnosed as (a) neurodevelopmental; (b) depressive; (c) anxiety; (d) obsessive-compulsive; (e) trauma- and stressor-related; (f) feeding and eating; and (g) disruptive, impulsive-control, and conduct disorders; as well as (h) other conditions that may be a focus of clinical attention." These developmental and/or psychiatric disorders impair aspects of personal, social, academic, and occupational functioning of transgender individuals to varying degrees across the lifespan (APA, 2013). If educators are mindful of the psychological comorbidities related to transgender learners, then educators may serve transgender youth with optimal learning experiences.

Children, adolescents, and adults diagnosed with GD often experience other difficulties in tandem with their dysphoria. For children with GD, these comorbidities tend to include "anxiety, disruptive and impulse-control, and depressive disorders" (APA, 2013 p. 458). Adolescents and adults with GD tend to have anxiety and depressive disorders as well (APA, 2013). At a U.S. gender identity clinic, review of 38 patient referrals for youth with GD noted a comorbidity rate of 63.1% (Chen et al., 2016). Likewise, at a Finnish gender identity clinic, a review of 47 patient referrals for youth with GD found a comorbidity rate of 75% (Kaltiala-Heino et al., 2015). Comparatively, at a Canadian gender identity clinic, a review of 50 patient referrals for youth with GD found a comorbidity rate of 60% (Bechard et al., 2016). There were concurring difficulties highlighted among these studies: (a) depression, (b) learning disorders, (c) autism, (d) attention-deficit/hyperactivity disorder, (e) Tourette's syndrome, (f) anxiety, (g) self-harm and suicidal behaviors, (h) psychotic symptoms, (i) obsessive compulsive

disorder, (j) conduct disorders, (k) post-traumatic stress disorder, (l) substance abuse, and (m) anorexia nervosa (Chen, et al., 2016; Kaltiala-Heino et al., 2015). Additional literature has documented the complex comorbid presentations of individuals with GD.

Neurodevelopmental disorders. Across the literature, any of four neurodevelopmental disorders were found concurrently for individuals with GD. First, autism spectrum disorder (ASD) was a comorbidity experienced by some transgender learners. ASD involves

> persistent deficits in social communication and social interaction across multiple contexts; restricted, repetitive patterns of behavior, interests, or activities; symptoms must be present in the early development period; symptoms that present early in childhood; symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning. (APA, 2013, p. 50)

At the U.S. and Finnish gender identity clinics, prevalence rates for ASD in GD youth ranged from 13.1%–26%, respectively (Chen et al., 2016; Kaltiala-Heino et al., 2015). However, at the Canadian identity gender clinic, the prevalence rate for ASD in GD youth was lower at 4% (Bechard et al., 2016). The prevalence of comorbid ASD with GD may be as high as 26 in 100 transgender learners.

A quantitative study of 1,201 children referred to a gender identity clinic revealed that intense obsessional interests appear be a shared feature of GD an ASD, whereby repetitive and compulsive behaviors often pertained to gender-related objects or activities (VanderLaan, Postema, et al., 2015). Likewise, a case study of two people with

concurrent GD and ASD diagnoses concluded that even with limited articulation of self-concept and tolerance for ambiguity, gender identity/expression of transitions was plausible as well as the cognitive capacity in higher functioning ASDs to make informed choices regarding medical interventions (Jacobs, Rachlin, Erickson-Schroth, & Janssen, 2014). Discerning the relationship of attributes among diagnoses can be challenging.

Comorbidities associated with an ASD diagnosis include (a) intellectual disabilities, (b) structural language, (c) attention-deficit/hyperactivity, (d) developmental coordination, (e) anxiety, (f) depressive, (g) specific learning, and (h) eating disorders (APA, 2013). Some of these related difficulties might inform why GD natal female [ID 40] presented with ASD and comorbid GAD (Bechard et al., 2016), or contribute to atypical presentation of GD that can be difficult to diagnose (Van Der Miesen, Hurley, & De Vries, 2016). Conversely, these related comorbidities might inform why a GD diagnosis was questioned in the case of a 21-year-old natal male with ASD, who adamantly identified as transgender after reading an article about transsexualism, was subsequently denied female hormones by medical providers, yet eventually came to the realization that he did not have a female identity after all (Parkinson, 2016). Concurrent ASD and/or related difficulties can compound a GD diagnosis.

Second, attention-deficit/hyperactivity disorder (AD/HD) was a comorbidity experienced by some transgender learners. AD/HD involves “persistent inattention and/or hyperactivity-impulsivity that interferes with the functioning or development, as characterized by. . .” (APA, 2013, p. 59) inattention to detail, recall, and follow-through; as well as poor listening, organization, and time-management skills; and/or excessive

fidgeting, talking, moving, and interrupting others. At the U.S. and Finnish gender identity clinics, prevalence rates for AD/HD in GD youth ranged from 11%–15.8%, respectively (Chen et al., 2016; Kaltiala-Heino et al., 2015). Likewise, at the Canadian gender identity clinic, the prevalence rate for AD/HD in GD youth was similar at 18% (Bechard et al., 2016). Kuklin's (2014) interview with Mariah (MTF) revealed that she was prescribed Ritalin for an ADD diagnosis in childhood, prior to confirming a GD diagnosis. The prevalence of comorbid AD/HD with GD may be as high as 18 in 100 transgender learners.

Comorbidities associated with an ADD/ADHD diagnosis include (a) oppositional defiant, (b) conduct, (c) disruptive mood dysregulation, (d) specific learning, (e) anxiety, (f) major depressive, (g) intermittent explosive, (h) substance use, (i) antisocial and/or personality, (j) obsessive-compulsive, (k) tic, and (l) autism spectrum disorders (APA, 2013). Some of these related difficulties might inform why a GD natal male [ID 21] presented with AD/HD and comorbid major depressive disorder and a GD natal female [ID 48] presented with AD/HD as well as specific learning disorder (Bechard et al., 2016). Alternatively, these related comorbidities might inform why Mariah (MTF) also recalled repeated episodes of defiance in school, including violence towards peers and threats made towards teachers (Kuklin, 2014). Concurrent AD/HD and/or related difficulties can compound a GD diagnosis.

Third, specific learning disorder (SLD) was a comorbidity experienced by some transgender learners. SLD involves "difficulties learning and using academic skills, . . . despite the provision of interventions that target those difficulties," (APA, 2013, p. 67) as

evidenced by impairments in reading, writing, and mathematics. At the U.S. gender identity clinic, at least one case (unable to verify *n* =) of SLD was concurrent with GD (Chen, et al., 2016). Likewise, at the Canadian gender identity clinic, the prevalence rate for SLD in GD youth was 12% (Bechard et al., 2016). The prevalence of comorbid SLD with GD may be as high as 12 in 100 transgender learners.

Comorbidities associated with a SLD diagnosis include (a) AD/HD, (b) communication, (c) developmental coordination, (d) autism spectrum, (e) anxiety, (f) depressive, and (g) bipolar disorders (APA, 2013). Some of these related difficulties might inform why a GD natal female [ID 24] presented with SLD and comorbid pervasive developmental disorder (not otherwise specified), and a GD natal male [ID 30] presented with SLD as well as AD/HD (Bechard et al., 2016). Concurrent SLD and/or related difficulties can compound a GD diagnosis.

Fourth, tic disorder (TD) was a comorbidity experienced by some transgender learners. TD involves "both multiple motor and one or more vocal tics (such as eye blinking or throat clearing, that) have been present at some time during the illness, although not necessarily concurrently" (APA, 2013, p. 81). At the U.S. gender identity clinic, at least one case (unable to verify *n* =) of TD was concurrent with GD (Chen et al., 2016). Likewise, at the Canadian gender identity clinic, the prevalence rate for TD in GD youth was 4% (Bechard et al., 2016). The prevalence of comorbid TD with GD may be as high as 4 in 100 transgender learners.

Comorbidities associated with a TD diagnosis include (a) ADHD, (b) obsessive-compulsive, (c) movement, (d) depressive, (e) bipolar, and (f) substance use disorders

(APA, 2013). Some of these related difficulties might inform why a GD natal male [ID 27] presented with TD and comorbid OCD, and a GD natal male [ID 26] presented with TD as well as ASD, AD/HD, and MDD (Bechard et al., 2016). Concurrent TD and/or related difficulties can compound a GD diagnosis.

Depressive disorders. Across the literature, any of two depressive disorders were found concurrently for individuals with GD. First, major depressive disorder (MDD) was a comorbidity experienced by some transgender learners**.** MDD involves "depressed mood or loss of interest or pleasure" (APA, 2013, p. 160), as evidenced by marked social withdrawal, disengagement from activities, weight loss/gain, insomnia, restlessness, fatigue, feelings of worthlessness and guilt, lack of concentration, caring or decision-making, recurrent thoughts of death and/or suicide attempts. At the U.S. gender identity clinic, depression was found in 31.6%, of GD youth (Chen et al., 2016). Likewise, at the Finnish gender identity clinic, depression was found in 64% of GD youth, 3 cases specifically reported "major depression" (Kaltiala-Heino et al., 2015, p. 5). Other gender identity clinics with larger sample sizes reported similar rates of concurrence.

At another U.S. gender identity clinic, 35% of GD youth reported concurrent depression (Olson et al., 2015). Or at a British gender identity clinic, 42% of GD children/adolescents (n = 218) reported concurrent low mood/depression (Holt et al., 2016). While diagnostic phrasing was not exact, it appears that depression was present in GD youth across all four gender identity clinics. Specified exactly, the Canadian gender identity clinic noted the prevalence rate for MDD in GD youth was 38% (Bechard et al.,

2016). Overall, depression is common among transgender learners, and the prevalence of comorbid MDD with GD may be as high as 38 in 100 transgender learners.

Comorbidities associated with an MDD diagnosis include (a) substance-related, panic, (b) obsessive-compulsive, (c) anorexia nervosa, (d) bulimia nervosa, and (e) borderline personality disorders (APA, 2013). Some of these related difficulties might inform why a GD natal female [ID 52] presented with MDD and comorbid ED and GAD, and a GD natal male [ID 19] presented with MDD as well as AD/HD and GAD (Bechard et al., 2016). To these related comorbidities, McCarthy, Fisher, Irwin, Coleman, and Pelster (2014) might add minority stress variables (self-acceptance and perceived discrimination) that correlated with depressive symptoms in 770 young adult Americans who self-identified as LGBTQ. Concurrent MDD and/or related difficulties can compound a GD diagnosis.

Second, persistent depressive disorder (PDD) was a comorbidity experienced by some transgender learners. PDD involves “depressed mood for most of the day, for more days than not, as indicated by either subjective account or observation by others, for at least 2 years” (APA, 2013, p. 168) as evidenced by poor appetite or overeating, insomnia or hypersomnia, low energy or fatigue, low self-esteem, poor concentration or difficulty making decisions, and feelings of hopelessness. At the Canadian gender identity clinic, one case of PDD (formerly dysthymic disorder) was concurrent with GD (Bechard et al., 2016). The prevalence of comorbid PDD with GD appears to be on a case by case basis and may be as high as 2 in 100 transgender learners.

Comorbidities associated with an PDD diagnosis include (a) anxiety, (b) substance use, and (c) personality cluster B & C disorders. However, none of these related difficulties were found concurrently in the GD natal female [ID 28] who presented with PDD (Bechard et al., 2016). Concurrent PDD and/or related difficulties can compound a GD diagnosis.

Anxiety disorders. Across the literature, any of three anxiety disorders were found concurrently for individuals with GD. First, selective mutism (SM) was a comorbidity experienced by some transgender learners**.** SM involves a "consistent failure to speak in specific social situations in which there is an expectation for speaking (e.g., at school) despite speaking in other situations" (APA, 2013, p. 195). At the Finnish gender identity clinic, it was noted that one GD youth had an additional diagnosis of SM (Kaltiala-Heino et al., 2015). The prevalence of comorbid AD with GD appears to be on a case by case basis and may be as high as 2 in 100 transgender learners.

Comorbidities associated with an SM diagnosis include (a) other anxiety disorders (social, separation, and specific phobia); and (b) oppositional behaviors, especially in situations pertaining to speech (APA, 2013). Some of these related difficulties might lead a clinician to question if an additional diagnosis of SM would have been appropriate for Nat (IQ), who often avoided/declined speaking in class or engaging with people socially (hanging out, group work, studying, or gym class) because Nat feared being bullied for an inability to interact and articulate themselves in any context (Kuklin, 2014). Or, perhaps Nat's case could have been differentially diagnosed as Social Anxiety Disorder,

which transgender learners tend to be at a heightened risk for (Ehrensaft, 2017). Concurrent SM and/or related difficulties can compound a GD diagnosis.

Second, social anxiety disorder (SAD) was a comorbidity experienced by some transgender learners**.** SAD involves "marked fear or anxiety about one or more social situations in which the individual is exposed to possible scrutiny by others" (APA, 2013, p. 202). At the Finnish gender identity clinic, anxiety disorders were present in 55% of GD youth, 5 cases specifically reported "social phobia" (Kaltiala-Heino et al., 2015, p. 5). Conversely, at the Canadian gender identity clinic, the prevalence rate for SAD in GD youth was lower at 4% (Bechard et al., 2016). By individual account, Nat (IQ) dressed neutral in oversized clothes to avoid people who had commented on how "physically weird they looked" (Kuklin, 2014, p. 130), likely attributed to their underlying medical condition (intersex). While anxiety overall is common among transgender learners, the prevalence of comorbid SAD with GD appears to be on a case by case basis and could be as high as 4 in 100 transgender learners.

Comorbidities associated with SAD diagnosis include (a) other anxiety, (b) major depressive, (c) substance use, (d) bipolar, and (e) body dysmorphic disorders (APA, 2013). Some of these related difficulties might inform why a GD natal female [ID 50] presented with SAD and comorbid MDD (Bechard et al., 2016). Alternatively, these related comorbidities might inform why a physically transitioning FTM adult was nervous to "perform instructor" (p. 37) in front of his college students subject to his "new feelings particular to transness: anxiety, fear, hypervigilance" (Nordmarken, 2014, p. 38). Concurrent SAD and/or related difficulties can compound a GD diagnosis.

Third, generalized anxiety disorder (GAD) was a comorbidity experienced by some transgender learners**.** GAD involves "Excessive anxiety and worry…about a number of events or activities (such as work or school performance)" (APA, 2013, p. 222) that is difficult to control as evidenced by restlessness, fatigue, difficulty concentrating, irritability, muscle tension, and sleep disturbance. At the Canadian gender identity clinic, the prevalence rate for GAD in GD youth was 18% (Bechard et al., 2016). Although not clinically diagnosed or differentiated, additional literature suggests that variations of anxiety (albeit social, general, other) were present among participants in the sample. At a transgender health service in the UK, a quantitative study of 913 adults found levels of anxiety to be higher in transgender adults (especially natal females), compared to nontrans adults (Bouman et al., 2017). Levels of anxiety were suggestive of comorbid anxiety (specific) diagnoses, except for those transgender learners who reported better self-esteem, interpersonal functioning, and access to care (Bouman et al., 2017). The prevalence of comorbid GAD with GD may be as high as 18 in 100 transgender learners.

Comorbidities associated with a GAD diagnosis include (a) anxiety,(b) depressive, (c) substance use, (d) conduct, (e) psychotic, (f) neurodevelopmental, and (g) neurocognitive disorders (APA, 2013). Some of these related difficulties might inform why a GD natal male [ID 32] presented with GAD and comorbid AD/HD or a GD natal [ID 43] presented with GAD and comorbid panic disorder without agoraphobia (Bechard et al., 2016). Concurrent GAD and/or related difficulties can compound a GD diagnosis.

Obsessive-compulsive and related disorders. Across the literature, obsessive-compulsive disorder (OCD) was one of the obsessive-compulsive and related disorders found concurrently for individuals with GD. OCD involves the "presence of obsessions, compulsions, or both" as evidenced by (a) recurrent and persistent thoughts, urges, or images that are experienced, at some time during the disturbance, as intrusive and unwanted, and that in most individuals cause marked anxiety or distress; and (b) individual attempts to ignore or suppress such thoughts, urges, or images, or to neutralize them with some other thought or action (APA, 2013, p. 237); and some degree of insight. At the U.S. gender identity clinic, at least one case (unable to verify *n* =) of OCD was concurrent with GD (Chen et al., 2016). Likewise, at the Canadian gender identity clinic, the prevalence rate for OCD in GD youth was 4% (Bechard et al., 2016). The prevalence of comorbid OCD with GD may be as high as 4 in 100 transgender learners.

Comorbidities associated with an OCD diagnosis include (a) specific phobia, (b) social anxiety, (c) generalized anxiety, (d) separation anxiety, (e) panic, (f) depressive, (g) bipolar, (h) post-traumatic stress, (i) attention-deficit/hyperactivity, (j) oppositional defiant, (k) schizophrenia, (l) eating, and (m) tic disorders (APA, 2013). Some of these related difficulties might inform why a GD natal male [ID 9] presented with OCD as well as AN, GAD, MDD, and SLD (Bechard et al., 2016). Concurrent OCD and/or related difficulties can compound a GD diagnosis.

Trauma and stressor-related disorders. Across the literature, post-traumatic stress disorder (PTSD) was one of the trauma and stressor-related disorders found concurrently for individuals with GD. PTSD involves

> exposure to actual or threatened death, serious injury, or sexual violence; presence of one (or more) of the [symptoms] associated with the traumatic event(s); persistent avoidance of stimuli associated with the traumatic event(s); negative alterations in cognitions and mood associated with the traumatic event(s); and marked alterations in arousal and reactivity associated with the traumatic event(s). (APA, 2013, p. 271)

At the Canadian gender identity clinic, one case of PTSD was concurrent with GD (Bechard et al., 2016). Likewise, at the Finnish gender identity clinic, three cases reported a history of trauma (Kaltiala-Heino et al., 2015, p. 5). From specialized clinics to professional practice, trauma has been noted in some cases.

By individual account from a clinician's case report, a gender variant (GV) adolescent named Jase, was diagnosed with PTSD due to an undisclosed traumatic event (Minshew, 2015). Another clinician's case report noted a MTF adult named *Jane, who suffered from on-going PTSD in the form of "nightmares about past traumas, hypervigilance, and avoidance of individuals reminiscent of her abusers" (Donnelly-Boylen, 2016, p. 377). The prevalence of comorbid PTSD with GD appears to be on a case by case basis and may be as high as 2 in 100 transgender learners.

Comorbidities associated with a PTSD diagnosis include (a) depressive, (b) bipolar, (c) anxiety, (d) substance use, (e) conduct, (f) oppositional defiant, (g) separation anxiety, and (h) neurocognitive disorders (APA, 2013). Some of these related difficulties might inform why a GD natal male [ID 2] presented with PTSD and comorbid AD/HD (Bechard et al., 2016). Likewise, these related comorbidities might inform why a Jase

also described “symptoms of flat affect, anorgasmia, anhedonia, hypervigilance, anxiety, panic, dissociation, and self-harm, that contributed] to extreme emotion dysregulation” (Minshew, 2015, p. 203). Concurrent PTSD and/or related difficulties can compound a GD diagnosis.

Feeding and eating disorders. Across the literature, anorexia nervosa (AN) was one of the trauma and feeding and eating disorders found concurrently for individuals with GD. AN involves

> restriction of energy intake relative to requirements, leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health; intense fear of gaining weight or of becoming fat, or persistent behavior that interferes with weight gain; and disturbance in the way in which [a person’s] body weight or shape is experienced. (APA, 2013, p. 338)

Regarding AN (type not specified), the Canadian gender identity clinic, noted a 4% prevalence in GD youth (Bechard et al., 2016). Regarding AN of the restrictive type (APA, 2013), the Finnish gender identity clinic found one severe case of AN in a GD youth (Kaltiala-Heino et al., 2015)**.** From specialized clinics to professional practice, AN has been noted in some cases.

Likewise, in a case report of a 16-year-old FTM, the restriction and purging of food to alter the progression of secondary sex characteristics for a nonfeminine preferred body shape initially presented as AN but later revealed an underlying concern for gender identity (Strandjord et al., 2015). Eating disorders may be present in natal females and natal males with primary gender identity issues. A case report of a 19-year-old MTF with

food restriction and purging behaviors also revealed body ideation consistent with gender incongruence (Ewan, Middleman, & Feldmann, 2014). Relating to AN of the binge-eating type (APA, 2013), a national online survey of 923 Canadian transgender youth ages 14–25 found that in addition to fasting to lose weight, binge eating was the most commonly reported behavior in 35–45% of the FTM/MTF and NB identities (Watson, Veale, & Saewyc, 2017). The prevalence of comorbid AN with GD appears to be on a case by case basis and may be as high as 4 in 100 transgender learners.

Comorbidities associated with an AN diagnosis include (a) bipolar, (b) depressive, (c) anxiety, (d) obsessive-compulsive, and (e) alcohol or substance use disorders (APA, 2013). Some of these related difficulties might be influenced by the higher rates of enacted stigma (harassment and discrimination) and lower rates of social supports (family and school connectedness, peers that care) that were linked to high prevalence rates of ED in GD youth (Watson et al., 2017). Concurrent AN and/or related difficulties can compound a GD diagnosis.

Disruptive, impulse-control, and conduct disorders. Across the literature, any of two disruptive, impulse-control, and conduct disorders were found concurrently for individuals with GD. First, oppositional defiant disorder (ODD) was a comorbidity experienced by some transgender learners**.** ODD involves "a pattern of angry/irritable mood, argumentative and/or defiant behavior, or vindictiveness exhibited during interaction with at least one individual who is not a sibling" (APA, 2013, p. 462). At the Canadian gender identity clinic, one case of ODD was concurrent with GD (Bechard et al., 2016). Conversely, in a sample of 728 GD patients (554 children, 174 adolescents

referred to specialized gender identity clinics in Canada and the Netherlands, teachers reported that emotional and behavioral problems were more prevalent in GD adolescents than GD children, more prevalent in natal males, more prevalent for both age groups in Canada (Steensma et al., 2014). Although not formally diagnosed as ODD in this cross-national study, the reporting form used by teachers to assess the GD students included criteria characteristic of ODD. Likewise, at the same gender identity clinic in Canada, a separate study of 56 GD adolescents used a different questionnaire to self-report higher rates of behavioral and emotional problems as compared to the cisgender youth control group (Shiffman et al., 2016). The prevalence of comorbid ODD with GD appears to on a case by case basis and may be as high as 2 in 100 transgender learners.

Comorbidities associated with an ODD diagnosis include (a) attention deficit/hyperactivity, (b) conduct, (c) anxiety, (d) major depressive, and (e) substance use disorders (APA, 2013). Some of these related difficulties might inform why a GD natal male [ID 42] presented with ODD and comorbid AD not otherwise specified, identity problem, and MDD (Bechard et al., 2016). Likewise, these related comorbidities might inform why Mariah (MTF) was insubordinate in early childhood, diagnosed with ADD, medicated, depressed, and acted like the loser she felt, even monster at times, from being so angry (Kuklin, 2014). Concurrent ODD and/or related difficulties can compound a GD diagnosis.

Second, conduct disorder (CD) was a comorbidity experienced by some transgender learners**.** CD involves “a repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are

violated" (APA, 2013, p. 469) as displayed in (a) aggression to people and animals, (b) destruction of property, (c) deceitfulness or theft, and (d) serious violations of rules. At the Finnish gender identity clinic, conduct disorders were present in 9% of GD youth (Kaltiala-Heino et al., 2015). The prevalence of comorbid CD with GD may be as high as 9 in 100 transgender learners.

Comorbidities associated with a CD diagnosis include (a) attention deficit/hyperactivity, (b) oppositional defiant, (c) specific learning, (d) anxiety, (e) depressive, (f) bipolar, (g) substance-related, and (h) communication disorders (APA, 2013). Some of these related difficulties might inform why the case report of an adolescent MTF named *Taylor, noted early onset GD, moderate depression, and stubborn, argumentative, instigating, annoying, and destructive verbal/nonverbal behaviors towards family members (Mishra et al., 2016). Concurrent CD and/or related difficulties can compound a GD diagnosis.

Evidenced disorders unconfirmed. Though not an official diagnostic category, evidence of other disorders was also found concurrently for individuals with GD within the literature. Even though the prevalence of comorbidities in the following examples could not be confirmed due to lack of formal diagnosis or subtype disorder, and/or imprecise diagnostic phrasing, these examples related to schizophrenia, personality, and substance use disorders are worth mentioning.

First, evidence of schizophrenia spectrum and other psychotic disorders (SSOPD) appeared to be present in some transgender learners**.** SSOPD involves "abnormalities in one or more of the following five domains: delusions, hallucinations, disorganized

thinking (speech), grossly disorganized or abnormal motor behavior (including catatonia), and negative symptoms" (APA, 2013, p. 87). At the Finnish gender identity clinic, prevalence rates for psychotic symptoms in GD youth was 13% (Kaltiala-Heino, et al., 2015). At the British gender identity clinic, the prevalence of psychosis in GD adolescents was 5.7% (Holt et al., 2016). A lack of specificity in psychotic symptoms/diagnoses by the Finnish and British gender identity clinics may have been confirmed by one case [ID 42) of concurrent Schizophrenia at the Canadian gender identity clinic (Bechard et al., 2016), cases of concurrent Bipolar diagnoses for *Jane (Donnelly-Boylen, 2016) and Mariah (MTF), and the possible Schizoid Personality Disorder for Nat (GF; Kuklin, 2014). Concurrent SSOPD may be associated with a GD diagnosis.

Second, evidence of personality disorders (PD) appeared to be present in some transgender learners**.** PD involves

> an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment. (APA, 2013, p. 645)

According to a review of literature on GD in adults, Zucker, Lawrence, and Kreukels (2016) estimated the prevalence rate of personality disorders to be anywhere from 20-60%. By individual account, Nordmarken's (2014) described his transgender personality: "I am self and Other, self-as-Other, and Other-as-self; In various ways, I am becoming another social way of being" (p. 39). Specifically, Minshew's (2015) clinical

observations of patients with GD found “personality pathology” (p. 202) to be rooted in some form of trauma, abuse, or stigma and symptomatic of depression, anxiety, and substance use disorders. Concurrent PD may be associated with a GD diagnosis.

Third, evidence of substance-related and addictive disorders (SRAD) appeared to be present in some transgender learners**.** SRADs essentially “involve a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems” (APA, 2013, p. 483). The substances listed in this category include alcohol, caffeine, cannabis, phencyclidine, other hallucinogens, inhalants, opioids, sedatives/hypnotics/anxiolytics, stimulants, tobacco, and other unknown substances (APA, 2013). At the Finnish gender identity clinic, prevalence rates for substance abuse in GD youth was 4% (Kaltiala-Heino et al., 2015), but the specific substances were not differentiated. Comparatively, a statewide cross-sectional sample of California middle/high schools found the prevalence of substance use was 2.5 to 4 times higher for transgender youth (n = 335) compared with their nontransgender peers (n = 31,737), depending on the substance (Day et al., 2017). However, in this western U.S. study, while the substances used were not formally diagnosed as a disorder, they were differentiated by alcohol, cigarette, marijuana, other illicit drugs, and/or polysubstances (Day et al., 2017).

Furthermore, it was noted that early onset substance use was more likely for transgender youth (Day et al., 2017), which may be attributed to the commencement of discrimination faced due to their transness (Ignatavicius, 2013), and/or the developmental age of GD presentation. The frequency and degree to which transgender youth used

alcohol could be mitigated according to the presence of an LGBTQ-affirmative school climate, according to a recent survey of sexual minority high school students in the eastern United States (Coulter et al., 2016). Unfortunately, in a case like *Jane's (MTF), her use of alcohol led to use of other substances like heroin and cocaine for many years after high school (Donnelly-Boylen, 2016), which is a typical comorbidity path (APA, 2013). As pointed out by Ignatavicius (2013), more research is needed with respect to substance abuse by transgender learners. Concurrent SRAD may be associated with a GD diagnosis.

Other conditions that may be a focus of clinical attention. Across the literature, a number of other circumstances of personal history that may be a focus of clinical attention (APA, 2013), were found concurrently with GD. These circumstances constitute "conditions and problems that may be a focus of clinical attention or that may otherwise affect the diagnosis, course, prognosis, or treatment of a patient's mental disorder" (APA, 2013) and include V-codes specific to the DSM-5 and Z-codes specific to the *ICD-IO-CM*. Once again, even though the prevalence of comorbidity relatedness in the following examples could not be confirmed due to lack of specificity, these examples related to psychological trauma, self-harm, and personal risk factor, and a few others are worth mentioning.

The first subtype in this category is other personal history of psychological trauma (APA, 2013). Psychological trauma may start as early as the moment one realizes they were born into a biological sex that does not match their psychological sex (Ignatavicius, 2013). Or, it might become apparent with the onset of puberty, when one is forced to deal

with additional physical changes that exacerbate a person's felt incongruence and make it more difficult to hide from the scrutiny of others (Ehrensaft, 2012). Psychological trauma may take place at any point across the lifespan. Further transitioning into adulthood, one might describe the traumatic stress in terms of emotional wounds created by authentically disrupting the ideals of gender in society that persecute their transness in some way on a daily basis (Nordmarken, 2014). Psychological trauma may persist across the lifespan to a place of understanding.

The second subtype in this category is personal history of self-harm (APA, 2013). A personal history of self-harm, including suicidality, involves thoughts and attempts. At the U.S. and Finnish gender identity clinics, prevalence rates for self-harm and suicidality in GD youth ranged from 13.1%–53%, respectively (Chen et al., 2016; Kaltiala-Heino et al., 2015). Although methods of self-harm and suicidality were not differentiated, methods may have included cutting, burning, and self-hitting (Bakken & Gunter, 2012; Walls, Laser, Nickels, & Wisneski, 2010), skin rubbing or picking (Rice et al., 2016) genital mutilation, and drug-overdose (Donnelly-Boylen, 2016; Kuklin, 2014). It appears that the rate of self-harm/self-harm/suicidality increases as GD children get older (Aitken et al., 2016). Transgender learners may engage in various self-harm behaviors.

At a British gender identity clinic, a review of patient files for 125 transgender children and/or adolescents found thoughts of self-harm (22%), attempts of self-harm (39%), and attempts of suicide (15%) in their GD patients (Skagerberg et al., 2013). At the same British gender identity clinic, a review of patient records for 218 transgender children/adolescents found thoughts of self-harm (44.1%), ideation of suicide (39.5%),

and attempts of suicide (15.8%) in their adolescent GD patients (Holt et al., 2016). Between both studies, actual self-harm was more common in the natal females and there was no significant difference in suicide attempts between natal genders (Holt et al., 2016; Skagerberg et al., 2013). Like the British studies, self-harm behaviors and suicide attempts were more common in natal females than natal males reported by GD youth in a central US clinical sample (Peterson, Matthews, Copps-Smith, & Conard, 2016). Natal girls with GD seem to engage in thoughts and behaviors of self-harm more than natal males.

Among transgender Ontarians age 16+ in a respondent-driven sampling survey, 35.1 % seriously considered suicide in the last year (Bauer, Scheim, Pyne, Travers, & Hammond, 2015), which is lower than approximately 50% of transgender individuals who had thought about suicide at least once in their lifetime in the Olson et al. (2015) study. In a U.S. clinical sample of 96 transgender youth/young adults, 41.8% reported self-injurious behaviors and 30.3% attempted suicide at least once (Peterson et al., 2016), which seemed to be on par with suicide attempts in the Olson et al., (2015) study, yet more than double the 12% of suicide attempts in GD youth at a clinic in BC, Canada (Khatchadourian et al., 2014). Similarly, 11.2 % of transgender youth in an Ontario study had attempted suicide in the past year, which is much lower than the suicide attempts of at least once in 1 of 3 of GD participants' lifetimes according to Olson et al. (2015). The differences in these rates may have to do with the source of reporting, and the duration qualifier related to the line of review or questioning in these studies. In a Turkish qualitative study, interviews of 141 transgender young adults revealed suicide attempts of

29.8%, current suicidal thoughts of 9.2%, lifetime suicidal thoughts of 55.3%, and suicide attempts that occurred before the age of 21 at 76.7% (Yüksel, Aslantaş Ertekin, Öztürk, Bikmaz, & Oğlağu, 2017). Between these studies, it appears that present thoughts of suicide are lower than past thoughts. Along the degree of self-harm, suicide attempts are most common during the adolescent phase of growth and development.

A third subtype in this category is other personal risk factors, in terms of lifestyle (APA, 2013). Sexual behavior is a major lifestyle risk factor for unplanned pregnancies and sexually transmitted infections (STIs). In a national survey of transgender youth (14–25 years old; $N = 923$), 5% of transgender youth in Canada reported an unplanned pregnancy and were six times more likely to develop to contract an STI compared to cisgender youth (Veale, Watson, Adjei, & Saewyc, 2016). Comparatively, in review of health record for 180 transgender adolescents who were treated at an urban community health center in the United States over a 10-year period, 145 reported being sexually active, of which 47.6% engaged in unprotected anal/vaginal sex (Reisner, Vetters, et al., 2015). The STI prevalence rates for sexually active transgender youth were 4.8% for HIV, 2.8% for herpes simplex virus, 2.8% for syphilis, 2.1% for chlamydia, 2.1% for gonorrhea, 2.8% for hepatitis C, and 1.4% for human papilloma virus (Reisner, Vetters, et al., 2015). With 68.3% of this group receiving hormone therapy, MTFs reported more multiple partner casual sexual encounters than FTMs who engaged in single partner committed sexual encounters (Reisner, Vetters, et al., 2015). Between these two studies, it seems apparent that transgender youth need to practice safer sexual practices to avoid contributing to pregnancies and STIs.

There are other subcategories/circumstances worth mentioning that may apply to some of the anecdotal, descriptive, and empirical cases evidenced across the literature.

- First, there were cases of relational problems whereby GD youth endured problems with a parent, guardian, and/or sibling throughout their upbringing (APA, 2013; Donnelly-Boylen, 2016; Firth, 2014; Kuklin, 2014; Mishra et al., 2016).
- Second, there were cases of abuse and neglect whereby GD youth encounter physical, psychological, and/or sexual abuse by someone they may/may not have known (APA, 2013; Donnelly-Boylen, 2016; Firth, 2014; Kuklin, 2014; Mishra et al., 2016).
- Third, there were cases of educational and occupational problems whereby in the context of education, GD youth had academic and social experiences with professionals, parents, and peers that contributed to their GD in some way (APA, 2013; Donnelly-Boylen, 2016; Firth, 2014; Kuklin, 2014).
- Fourth, there were cases of housing and economic problems whereby GD youth were displaced from their homes (family break-up/separation/divorce, multiple family moves, foster care, kicked out by parents, youth shelters, homeless) at some point during their upbringing (APA, 2013; Donnelly-Boylen, 2016; Kuklin, 2014; Radix & Silva, 2014; Shelton, 2015; Walls et al., 2010).
- Fifth, there were cases of other problems related to social environment whereby GD youth were socially excluded or rejected, and discriminated and persecuted

(APA, 2013; Donnelly-Boylen, 2016; Ignatavicius, 2013; Kuklin, 2014; McCarthy et al., 2014; Minshew, 2015; Radix & Silva, 2014).

- Sixth, there were cases of problems related to crime or interaction with the Legal System whereby GD youth were victimized and/or incarcerated (APA; 2013, Donnelly-Boylen, 2016; Kuklin, 2014; Radix & Silva, 2014).
- Seventh, there are cases of problems related to other psychosocial personal and environmental circumstances whereby GD youth dealt with unwanted religious or spiritual problems (APA, 2013; Donnelly-Boylen, 2016; Jones, 2013; Kuklin, 2014), or unwanted pregnancies (Veale et al., 2016).
- And eighth, there are cases of problems related to access to medical and other health care whereby GD youth found needed health care facilities or helping agencies to be unavailable or inaccessible (APA, 2013; Davey, Bouman, Arcelus, & Meyer, 2014; Donnelly-Boylen, 2016; Ignatavicius, 2013; Kuklin, 2014; Mishra et al., 2016).

Though yet to be discussed in depth or breadth across the literature, there are individual circumstances that may influence or impact the ability of transgender youth to engage in optimal learning experiences at school.

Regarding comorbidity and transgender youth, a wide range of clinical profiles can impair daily functioning in various areas of life. The complexity of comorbidities related to GD make proper diagnoses and appropriate treatments plans difficult for clinicians as well. The most common difficulties themed in the literature include emotional and behavioral problems, post-traumatic stress, anorexia, thoughts/attempts of

self-harm, and suicidality (Bechard, et al., 2016; Chen et al., 2016; Kaltiala-Heino et al., 2015), and substance use to which targeted and timely individual/medical interventions (Bouman et al., 2017; Ignatavicius, 2013) as well as safe and supportive adults (Walls et al., 2010), groups (Davey et al., 2014; Kuklin, 2014), and spaces (Coulter et al., 2016) can lessen these difficulties. Other difficulties have been mentioned in recent literature but may be limited by reporting, design, and number (Bauer et al., 2015; Holt et al., 2016; Ignatavicius, 2013; Khatchadourian et al., 2014; Peterson et al., 2016; Reisner, Bradford, et al., 2015; Skagerberg et al., 2013; Veale et al., 2016; Yüksel et al., 2017). While the clinical field is a common context for transgender inquiries, a Canadian study actually disclosed table information related to the field of education (individualized education plan and dropped out of high school) that were considered to be vulnerability factors in a person's GD clinical profile (Bechard et al., 2016). Just as clinicians working with GD youth need to consider the difficulties impairing their clients to function and heal (Holt et al., 2016), it would be reasonable to expect the same of teachers to consider how their clinical profiles might influence their students' ability to function and learn. Thus, it seems fitting that the DSM-5 would include V62.3 (Z55.9) Academic or Educational Problem as an area of consideration (though not limited to) when assessing an individual's GD profile for related comorbidities or conditions requiring further examination (APA, 2013, p.723). The psychological disorders that denote a comorbidity for transgender learners may contribute to the mindfulness attitude of educators who serve of transgender learners.

Adversity Circumstance

The adversity circumstance pertaining to transgender learners may be understood through the perceptions of learners and educators. In the last decade some key research was conducted regarding the perceptions and experiences of LGBTQ students and those who teach them. To get a better sense of how these perceptions relate to conditions of learning, scholarly evidence is will be examined according to a metric used by some schools in Alberta to lead learning through informed practice. There appears to be an overall adversity between the needs of transgender learners and perceptions of educators who serve them. If educators are mindful of the interpersonal adversities faced transgender learners, then educators may serve transgender youth with optimal learning experiences.

Learners' perceptions. In the last decade some key research was conducted regarding the perceptions and experiences of LGBTQ students. National and regional studies explored school climates in relation to various educational outcomes for LGBTQ youth samples that included anywhere from 3%–25% of participants identifying as transgender (Kosciw, Greytak, Diaz, & Bartkiewicz, 2010; Kosciw et al., 2013; Peter et al., 2016; Taylor & Peter, 2011; Ullman, 2015, 2016). Recently, a few studies with samples composed only of transgender youth examined their well-being from the perspectives of health (Wells et al., 2017) and learning (Jones et al., 2015). Key findings from studies of LGBTQ and transgender youth appear to fit with meaningful measures of learning used in some Alberta schools to lead informed practice (Learning Bar, 2018). The perceptions of transgender youth may be a focus of clinical attention, given the

criteria pertaining to educational and occupational problems experienced (APA, 2013). Within these social-emotional, physical health, academic outcomes, drivers and demographic factors (Learning Bar, 2018), there are noted similarities and disparities.

There is a metric that can be used by schools to measure outcomes of student learning. Developed (in part) by renowned education researcher Dr. J. Douglas Willms, the OurSCHOOL survey for elementary and secondary students measures factors known to affect student outcomes for meaningful learning (Learning Bar, 2018). Social-emotional outcomes are measured by social, institutional, and intellectual engagement as well as emotional health. Physical health outcomes are measured by nutrition, physical fitness, risky behaviors, and sexual health. Academic outcomes are measured by English, math, and science achievement. Drivers of student outcomes are measured by quality instruction, and school, classroom and family contexts. Demographic factors are measured by a demographic drilldown. Multiple domains of learning can be examined by using this metric. The OurSCHOOL survey (formerly known as the Tell Them From Me survey) is a mixed methods tool in that it is composed of survey questions related to the domains listed, and it has the option to create site-based, short-answer questions that may be presented in program processed word clouds.

As posited in an article by Sloat, Audas, and Willms (2007), the OurSchool survey is ideal for evaluating programs for at-risk youth because of the (a) wide range of learning outcomes covered, (b) large control group feature, (c) pre-post intervention feature, and (d) increased use of large scale data sets. While a series of reports published by the Canadian Education Association were focused on the relationship between student

engagement and academic outcomes (Dunleavy, Willms, Milton, & Friesen, 2012), (b) instructional challenge and student engagement (Willms & Friesen, 2012), and trends in intellectual engagement (Dunleavy, Milton, & Willms, 2012), only one peer-reviewed article confirmed that the OurSchool survey was used to examine levels of anxiety between males and females in Canadian middle and secondary schools (Tramonte & Willms, 2010). Considering that transgender youth are a marginalized group of learners, it seems appropriate from a learning, instruction, and innovation perspective that the advanced use of this metric as a basis for understanding the global learning needs of transgender youth could inform (in part) where/which instructional practices might best meet those needs.

In the last 10 years, a number of national studies examined school perceptions and experiences for LGBTQ youth. In 2010, Kosciw, Greytak, Diaz, and Bartkiewicz reported on a national school climate survey of 7,261 LGBTQ students (9.6% identified as transgender) across the United States that found significant problems pertaining to school climate, absenteeism, lowered educational aspirations, and academic achievement, and (e) poorer psychological well-being. From this data, Kosciw et al. (2013) published a journal article about the effects of a negative school climate on student achievement and the possible role of safe school policies, supportive school personnel, LGBTQ inclusive curriculum, and GSAs to mitigate these effects. Kosciw et al. noted factors of drivers of student outcomes in relation to academic outcomes for meaningful learning.

In 2011, Taylor and Peter reported on a national school climate survey of 3,607 LGBTQ students (3% identified as transgender) across Canada which revealed that not

enough was being done by schools to address what LGBTQ students endured in terms of harassment, school attachment and isolation, safety, skipping school, teacher interventions, curriculum, and GSAs. From this data, Peter, Taylor, and Campbell (2016) published a journal article that discussed how unhealthy heteronormative discourse that contributed to unsafe spaces, direct victimization, and poor school attachment for those LGBTQ students could be influencing self-harm and suicidality. Taylor et al. (2016) noted factors of drivers of student outcomes in relation to social-emotional outcomes for meaningful learning.

In 2015, Ullman reported on a national school climate survey of 704 LGBTQ students (7% identified as transgender) across Australia and found that on a weekly or daily basis, most of the students were subjected to marginalizing behaviors of language and harassment that were rarely intervened by teachers. From this data, Ullman (2016) published a journal article about relationships and school outcomes for transgender students that revealed a significant impact of teacher positivity on school connection. Ullman (2016) noted a factor of drivers of student outcomes in relation to a factor of social-emotional outcomes for meaningful learning. Combined, the prevailing areas of concern for LGBTQ students from the, Australian, Canadian, and U.S. climate surveys appear to align with social-emotional, academic, and drivers of student outcomes for meaningful learning.

In the last 10 years, a few regional studies also examined school perceptions and experiences for LGBTQ youth. In a western U.S. state, 1,415 high school students (19% identified as LGBTQ) were surveyed regarding the role of school strategies to promote

safety; non-LGBTQ and LGBTQ students perceived their schools as safer for GNC males when LGBTQ issues were included in curriculum and GSAs were present in schools (Toomey et al., 2012). While the practice of LGBTQ-inclusive curriculum and presence of GSAs sounds theoretically amenable for reducing the likelihood of victimization, it seems that a number of students may not have been afforded such intentions. In an eastern U.S. state, 11,447 high school students (6% identified as LGBTQ) were surveyed regarding the link between victimization and educational outcomes; LGBTQ students reported statistically higher truancy, lower grades, and lower expectations to finish high schools and/or attend university as compared to non-LGBTQ students (Aragon, Poteat, Espelage, & Koenig, 2014). Although the curricular and extracurricular conventions were not confirmed by participants in this sample to further examine a connection to victimization, findings from the next study question whether access to interventions equals engagement of interventions. In the same western U.S. state, 48 LGBTQ adolescents (whom 25% identified as Transgender) were interviewed regarding strategies used to cope with minority stress; with the exception of LGBTQ friends or school peers, other engaging or disengaging strategies, responses and resources described by participants (and subsequently coded) as school related were employed less frequently than non-school related options (Goldbach & Gibbs, 2015). For example, the frequency in which LGBTQ youth spent time in a school GSA compared to the LGBTQ community outside of school to deal with minority stress was 25% and 67%, respectively (Goldbach & Gibbs, 2015). Combined, the prevailing areas of concern for LGBTQ students from

regional inquiries in the United States also appear to align with social-emotional, academic, and drivers of student outcomes for meaningful learning.

In the last 5 years, a few researchers explored the perceptions and experiences of transgender youth separate from the broader LGBTQ youth group. From a health perspective in Canada, Wells et al. (2017) reported on Alberta's results as part of a national survey of 923 transgender youth that found differences group characteristics, identity, safety, bullying, family, mental health, health care/providers, poverty, hunger, and homelessness (Veale, Saewyc, Frohard-Dourlent, Dobson, Clark, & Canadian Trans Youth Health Survey Research Group, 2015). A similar sample was examined from a different perspective and country. From a learning perspective in Australia, Jones et al. (2015) reported on a national survey of 189 participants and 16 online interviews that found differences in group characteristics, identity, transition areas, school history, basic record keeping, health education classes, segregated facility use, uniform, staff, supportive classmates, and types and outcomes of activism. Combined, the prevailing areas of concern specific to transgender youth from national inquiries in the in Canada and Australia appear to align with social-emotional, physical health, and drivers of student outcomes, and demographic factors for meaningful learning.

Key findings from studies with LGBTQ samples and transgender samples shared and differed in their alignment of meaningful learning measures. To the areas of concern noted among national and regional LGBTQ studies, the national transgender studies shared the same with the exception of academic outcomes and added physical health outcomes and demographic factor. Likewise, factors within noted outcomes also varied

between LGBTQ and transgender studies. Therefore, further exploration of key (and notable) findings by outcome measure for the transgender only studies could be more telling of actual perceptions, experiences, associations, and areas of need pertaining to the intersection of health and learning care.

Social-emotional outcomes. There are four measures and related factors of learning for transgender youth that can be examined via social-emotional outcomes. The first measure is social engagement and it is composed of 10 factors: (a) participate sports, (b) participate clubs, (c) sense of belonging, (d) positive relationships, (e) watch TV, (f) read books for fun, (g) work part-time, (h) using ICT, (i) volunteer, and (j) using phone (Learning Bar, 2018). A key finding from the Australian transgender study was related to positive relationships, whereby supportive classmates of survey participants were found to be a key protective factor against various types of victimization (Jones et al., 2015). Survey participants with versus without positive peer relationships reported rumors spread about them (36% vs. 50%), graffiti written about them (3% vs. 27%), social media bullying (21% vs. 47%), being humiliated (28% vs. 53%), being deliberately addressed by the wrong name/pronoun (26% vs. 50%) and being socially excluded (30% vs 68%), according to Jones et al. (2015). Transgender youth with positive relationships reported lower rates of victimization.

Findings pertaining to extracurricular activities, school attachment, and part-time employment were noted in the Canadian transgender study (Wells et al., 2017). The percentage of younger youth who never participated in school-based activities or community-based activities was 31% and 85%, respectively (Wells et al., 2017).

Participating in fine arts, sports, and recreation activities at school can have a positive influence on a person's attachment to school. While younger youth rated their attachment to school 4.7AB (vs. 4.9CAN) on a 10-point scale, those who felt closer to their schools were twice as likely to have better mental health (Wells et al., 2017). However, some transgender youth may not be able to participate in activities because 52% of them reported working part-time jobs for pay (Wells et al., 2017). Neither the Canadian nor Australian transgender studies disclosed any key/notable findings specific to participate in clubs, which is interesting considering that GSA clubs were mentioned in the LGBTQ-based samples. Likewise, there was no additional information from either transgender study about the remaining factors in this measure. With respect to transgender learners, there was no specific mention of social engagement through GSAs.

The second measure is institutional engagement and it is composed of five factors: (a) values school outcomes, (b) truancy, (c) homework behavior, (d) homework time, and (e) positive behavior at school (Learning Bar, 2018). A few of the key findings from the Australian transgender study related to school attendance and activism (Jones et al., 2015). With regards to truancy, 25% of participants surveyed avoided school because they could not deal with the questions, judgement, and pressure to fit with gender stereotypes at school. Furthermore, survey participants with supportive versus non-supportive classmates were less likely to miss classes (22% vs. 47%), hide during breaks or lunch (21% vs. 50%), or change schools altogether (7% vs. 27%), according to Jones et al. (2015). The likelihood of missing school could be mitigated by positive peers.

In terms of positive behavior at school, another key finding from the Australian transgender study was that 91% of survey participants took part in at least one activism activity, 60% of whom also reported feeling better about themselves for their efforts (Jones et al., 2015). Their improved feelings were attributed to reports of having had fun (57%), feeling part of a larger community (55%), feeling more resilient (33%), alleviated depression (30%), reduced thoughts of self-harm (30%) and suicide (31%), and that they stopped from conducting self-harm or attempting suicide (24%), according to Jones et al. (2015)**.** The Australian researchers also examined the types of activism that surveyed participants benefited from and their reasons for doing so. The types of activism that survey participants reported: clicked 'like' on an activist Facebook page or other social media site (83%), signed a petition (80%), improved understanding through conversation (70%) or attended a march or rally (52%), created an activist blog (30%), wrote to a local member of parliament (22%), uploaded a video to the Internet (20%), gave a speech at a march/rally (10%), or helped organize a march/rally (9%), according to Jones et al. (2015). Overall choice by survey participants to be positive activists was attributed to much needed improvements for transgender individuals in society, and a sense of responsibility as a citizen and human being–the "rent [one] pays for living on Earth" (Jones et al., 2015, p. 167), according to one participant's interview. Neither the Canadian nor Australian transgender studies disclosed any key/notable findings specific to the remaining three factors in this measure. With respect to transgender learners, supportive peers could help transgender youth stay in school and bring about positive social change.

The third measure is intellectual engagement and it is composed of three factors: (a) interest and motivation, (b) effort, and (c) skills-challenge (Learning Bar, 2018). However, neither the Canadian nor Australian transgender studies disclosed any key/notable findings specific to this measure and/or related factors. The absence of information specific to this outcome may be attributed by the questions asked by researchers of those studies. With respect to transgender learners, the factors which engage them intellectually have yet to be explored.

The fourth measure is emotional health and it is composed of three factors: (a) depression, (b) self-esteem, and (c) anxiety (Learning Bar, 2018). The Canadian transgender survey revealed that "mental health issues were a key concern" (Wells et al., 2017, p. 1), in that 73% of younger youth reported self-harm, in the past 12 months, and that 39%AB (vs. 31%CAN) had harmed themselves 20 or more times in the past month (Wells et al., 2017). Likewise, younger youth also reported serious thoughts of suicide (67%), and attempted suicide (41%) in the past 12 months (Wells et al., 2017). These thoughts and behaviors may coincide with overall mental health ratings of fair by 47%AB (vs. 45%CAN) or poor by 38% (vs 31%CAN) of younger youth were reported (Wells et al., 2017). Specifically, younger youth overall, rated their emotional distress to be 6.3AB (vs.5.4CAN) on a 10-point scale, and over half reported having so many problems and feeling so discouraged and/or hopeless, that they wondered if anything was worthwhile (Wells et al., 2017). Feelings of despair and self-harm may be experienced by transgender youth.

With regards to depression, though not clinically diagnosed, feeling sad most or all of the time in the past month was reported by 33%AB (vs. 34%CAN) and 11%AB (vs. 14%CAN) of younger youth, respectively (Wells et al., 2017). In terms of self-esteem, noted findings from the Canadian transgender study reported that 57% of younger youth were able to think of something they were good at, even when overall, younger youth rated their self-esteem to be low, at 2.5 on a 10-point scale (Wells et al., 2017). Neither the Canadian nor Australian transgender studies disclosed any key/notable findings specific to anxiety in this measure. With respect to transgender learners, it is plausible that all three factors of emotional health may be interrelated and could be associated with a person's interest or motivation for intellectual engagement.

Although not specified by factor, it is worth mentioning that other noted findings in the Canadian transgender study that appear to relate to the emotional health measure (Learning Bar, 2018). Regarding health care access, almost three fifths of younger youth (62%) reported not receiving mental health care help as needed in the past year for the following top three reasons: 91%AB (vs. 71%CAN) of youth did not want parents to know, 77%AB (vs. 62%CAN) of youth of youth thought or hoped the problem would go away, and 77%AB (vs.54%CAN) of younger youth were afraid of what the doctor would say or do (Wells et al., 2017). This finding might contribute (in part) to the 30%AB (vs. 44%CAN) of younger youth who also reported feeling so stressed to the point that they could not function or deal with things in/out of school during the past month (Wells et al., 2017). Combined, this might also inform why 52%AB (vs. 53%CAN) of younger youth reported getting 6 hours or less of sleep per school night, and 68%AB (vs. 73%CAN) of

younger youth reported either often or always having trouble going to sleep or staying asleep (Wells et al., 2017). With respect to transgender learners, self-harm may be a way of coping with emotional suffering.

Physical health outcomes. There are four measures and related factors of learning for transgender youth that can be examined via physical health outcomes. The first measure is nutrition and it is composed of two factors: (a) healthy foods**,** and (b) sweet and fatty foods (Learning Bar, 2018). A key finding from the Canadian transgender survey was that 25% of younger youth went to bed hungry due to insufficient finances in the home to purchase food (Wells et al., 2017). Added to this, 38% and 25% of younger youth reported never and always (respectively) eating breakfast in the past week while attending school. In terms of healthy foods, most younger youth ate a fruit or vegetable on a daily basis (Wells et al., 2017). A lack of servings of fruits and vegetables may be influenced by other food choices. The types of sweet and fatty foods consumed by younger youth on a daily basis included salty or sugary snacks 87%AB (vs. 80%CAN), fast food 33%AB (vs. 30%CAN) and sugared beverages 37%AB (vs. 35%CAN), according to Wells et al. (2017). With respect to transgender learners, they may lack balanced and healthy diets.

The second measure is physical fitness and it is composed of three factors: (a) physical activity – moderate, (b) physical activity – intense, and (c) healthy weight (Learning Bar, 2018). With regards to any level of physical activity, a noted finding in the Canadian transgender survey was that 85% of younger youth did not engage in any coach-facilitated activities in the community, in the last month (Wells et al., 2017). There

was no information regarding their involvement in school-based physical activity, except that 58% of younger youth had exercised in the past year to purposely achieve a healthy weight, via weight loss (54%) or maintenance (25%) primarily (Wells et al., 2017). That exception may be attributed to the 57% of younger youth who perceived themselves to be overweight, but not medically confirmed obese (Wells et al., 2017). Beyond physical activity, younger youth also fasted or skipped meals (44%), smoked cigarettes (16%), purged food (9%), and used diet pills or speed (7%), and laxatives (1%), according to Wells et al. (2017). With respect to transgender learners, a lack of physical activity may be contributing (in part) to unhealthy weight.

The third measure is risky behavior and it is composed of five factors: (a) use of tobacco, (b) marijuana, (c) other drugs, (d) alcohol, and (e) gambling (Learning Bar, 2018). Regarding substance use, noted findings in the Canadian transgender study were that 57% and 82% of younger youth recently used tobacco and/or marijuana, respectively (Wells et al., 2017). Likewise, a few younger youths reported using other drugs like inhalants and/or prescription pills without medical consent (Wells et al., 2017). The frequency of alcohol use by younger youth varied from 73% at least once in the past year, to 14% in the past week; 58% reported binge drinking in the past month, as well (Wells et al., 2017). Even with this reported use, the most negative consequence perceived from such risky behavior was doing something they could not remember (Wells et al., 2017). In terms of gambling, other noted findings from the Canadian transgender survey included chancing personal injury via marijuana use and driving (10% for those who are licensed) and helmet use while biking (50% for those younger youth who participate),

according to Wells et al. (2017). With respect to transgender learners, common risky behaviors involved underage and/or illegal substance use.

The fourth measure is sexual health and it is composed of one factor: (a) sexual health, as delineated by basic, basic plus, and extended (Learning Bar, 2018). A number of findings pertaining to sexual health were noted in the Canadian transgender study pertaining to activity, contraceptives, and consequences (Wells et al., 2017). The average age that younger youth had their first sexual encounter was just under 15 years old (Wells et al., 2017). Younger youth had engaged in various sexual activities, either given 47%AB (vs. 49%CAN) or received 47%AB (vs. 39%CAN) oral sex, had given 10%AB (vs. 6%CAN) or received 10%AB (vs. 15%CAN) anal sex; and 35%AB (vs. 36%CAN) had genital sex (Wells et al., 2017). Additional findings related to safe sexual practices were also noted in that the majority of younger youth (93%) did not use alcohol or drugs while engaging in sexual activity (Wells et al., 2017). Younger youth reported using contraceptive methods 51% of the time during sexual activity, with condoms 21%AB (vs. 19%CAN), and birth control pills 10%AB (vs. 8%CAN) most commonly used (Wells et al., 2017). Given that many transgender youth are sexually active in some way, and the types of contraceptives used most, it was surprising that younger youth did not have any medically confirmed pregnancies or sexually transmitted infections to report; nor, had they ever traded sex for other means (Wells et al., 2017). With respect to transgender learners, they can be sexually active and at risk for unwanted pregnancies and sexually transmitted infections.

Although not specified by factor, it is worth mentioning that other noted findings in the Canadian transgender study that appear to relate to the physical health measure (Learning Bar, 2018). Regarding health care access, almost half of younger youth (44%) reported not receiving physical health care help when physically sick or hurt in the past year for the following top three reasons: 82%AB (vs. 71%CAN) thought or hoped the problem would go away, 64%AB (vs. 61%CAN) were afraid of what the doctor would say or do, and 64%AB (vs 22%CAN) did not know where to go for help (Wells et al., 2017). With respect to transgender learners, they may not receive the health care needed for their physical health concerns.

Academic outcomes. There is one measure and related factors of learning for trans youth that can be examined via academic outcomes. The single measure is academic and it is composed of three factors: (a) English, (b) math, and (c) science achievement (Learning Bar, 2018). However, neither the Canadian nor Australian transgender studies disclosed any key/notable findings specific to this outcome, measure, and/or related factors. The absence of information specific to this outcome may be attributed by the questions asked by researchers of those studies. With respect to transgender learners, the factors pertaining to achievement in academics have yet to be explored.

Drivers of student outcomes. There are four measures and related factors of learning for transgender youth that can be examined via drivers of student outcomes. The first measure is quality instruction and it is composed of three factors: (a) effective learning time, (b) relevance, and (c) rigor (Learning Bar, 2018)**.** Regarding relevance, a key finding from the Australian transgender study was that of the sexuality education

offered at their school, approximately 65% of survey participants felt it was mostly inappropriate and less than 10% felt it was appropriate (Jones et al., 2015). However, researchers of the study did not elaborate on the elements of sexual or puberty education, nor ask interview questions in this regard. Additionally, 55% of survey participants felt the school's provision of puberty education was mostly inappropriate for students who attended Christian schools, the level of appropriate of sexuality and puberty education presented was even lower (Jones et al., 2015). Neither the Canadian nor Australian transgender studies disclosed any key/notable findings specific to effective learning time or rigor in the classroom. With respect to transgender learners, education about human sexuality could be relevant.

The second measure is school context and it is composed of five factors: (a) bully-victim, (b) bully and exclusion, (c) bullying, exclusion, and harassment, (c) feeling safe attending this school, and (d) advocacy at school (Learning Bar, 2018). Both the Canadian and Australian transgender studies keyed in on the prevalence of victimization among younger youth and survey participants. With regards to bullying (and factor subsets), a key finding from the Canadian transgender study was that in the last year, 7 of 10 younger youth reported discrimination or unfair treatments by others based on their gender identity 71%AB (vs. 60%CAN), sexual orientation 56%AB (vs. 47%CAN), sex 55%AB (vs. 46%CAN), age 52%AB (vs. 51%CAN), and appearance 50%AB (vs. 43%CAN); ethnicity, race, or language did not appear to be a basis for harassment (Wells et al., 2017). When asked about the types of harassment/bullying faced by surveyed participants and younger youth, verbal and physical abuse were prevalent concerns in

both countries. A key finding in Australia was that based on their gender difference, 65% and 21% of survey participants experienced verbal and physical abuse (respectively) and 90% of those abused had related suicidal thoughts (Jones et al., 2015).

Comparatively, a key finding in the Canadian transgender study was that based on their gender identities, younger youth also experienced taunting and ridicule 61%AB (vs. 64%CAN) and 35% had been physically threatened or injured in the past year, 12% of which involved a weapon (Wells et al., 2017). Transgender youth are victimized by some form of bullying, and/or through virtual spaces and sexual encounters. A notable finding from the Canadian transgender study was that 38% of younger youth had been harassed, bullied, or made to feel unsafe via the Internet in the past year (Wells et al., 2017). Additionally, of the 79% of younger youth who had been in a romantic/dating relationship, 27% of them had been shoved, slapped, hit, kicked, or forced into a sexual activity by the attracted partner (Wells et al., 2017), to which the latter could result in an unwanted pregnancy or sexually transmitted infection. Less violent means of sexual harassment like unwanted touching, grabbing, pinching, or brushing against them in a sexual way was reported by 54% of younger youth, and unwanted sexual comments, jokes, or gestures had been directed at 69% of them as well (Wells et al., 2017). Transgender youth experience various types of victimization, some more violent than others.

Regarding those youth who feel safe attending [their] school, a notable finding from the Canadian transgender study was that on average, younger youth felt relatively safe at school 50% of the time (Wells et al., 2017). As noted earlier, the safety of

transgender youth may be compromised by how they dress and express themselves. Some schools have standardized dress codes (in part) to promote equality. On the topic of dress codes, a key finding from the Australian transgender study found mixed responses; some survey participants attended schools that had strongly gendered uniforms, and others that offered greater selection and flexibility (Jones et al., 2015). Other survey participants who were interviewed commented they would feel better about required attire if dress policies acknowledged the needs specific to various forms of gender expression in addition to being fairly enforced among, rather than forced upon students (Jones et al., 2015). Transgender students are concerned about what clothes they can safely wear to school, and what spaces they can safely use. In the Canadian transgender study, areas of/related to the school where younger youth felt relatively safe on a daily basis included; the library 80%AB (vs. 80%CAN), travelling to and from school 71%AB (vs. 60%CAN), in classrooms 70%AB (vs. 67%CAN), in hallways and stairwells 68%AB (vs. 63%CAN), in the cafeteria 59%AB (vs. 59%CAN), outside school grounds 55%AB (vs. 61%CAN), and in washrooms 33%AB (vs. 31%CAN) or changerooms 32%AB (vs. 16%CAN), according to Wells et al. (2017). Some schools may choose to deal with safety concerns for transgender students in these areas by separating spaces of use and learning.

However, a key finding in the Australian transgender study was that over one third of survey participants perceived segregated facilities as mostly inappropriate, including toilets (44%) and changing rooms (41%) respectively, whereby some students would refrain from urinating at school or participating in gym class (Jones et al., 2015).

To this, survey participants interviewed in the Australian transgender study also commented that segregating practices in classrooms (course composition, seating arrangements, organized group work) limited their autonomy; subjected them to additional judgement, ridicule, and harassment; and deterred them from living authentically at school (Jones et al., 2015). Alternatively, a few students may choose to take their own safety precautions. In Canada, 10% of the younger youth reported carrying a weapon to school in the past month (Wells et al., 2017). Structures and policies may contribute to the sense of safety for transgender youth.

In terms of advocacy at school, a key finding from the Australian transgender study was that 67% of survey participants accessed trans-inclusive counselling that was provided at school (Jones et al., 2015). Of those survey participants interviewed in the Australian transgender study, students recognized those teachers and school support staff who were accepting and helpful, regardless of their direct involvement with, and/or assigned service to them (Jones et al., 2015). Comparatively, younger youth in the Canadian transgender study sought help from a school counsellor 32%AB (vs. 46%CAN), school teacher 28%AB (vs. 39%CAN), or other school staff 16%AB (vs. 28%CAN) of the time; respectively, these positions were reported as helpful 13%AB (vs. 57%CAN), 43%AB% (vs. 62%CAN), and 75%AB (vs. 51%CAN) most of the time (Wells et al., 2017). Support staff were reported as more helpful than teachers or counsellors, combined.

Of additional interest, younger youth reported nurses as helpful 100% of the time, yet nurses were approached by just 20% of younger youth (Wells et al., 2017). However,

the Canadian transgender study did not disclose whether these nurses were school, clinic, or hospital based. When younger youth turned to friends for support, similar rates of approach 89%AB (vs. 78%CAN) and helpfulness 83%AB (vs. 84%CAN) were reported (Wells et al., 2017). With respect to transgender learners, the individuals approached frequently in the school context for help with safety concerns/victimization for example, may not be the most helpful.

The third measure is classroom context and it is composed of three factors: (a) positive teacher-student relations, (b) positive learning climate, and (c) expectations for success (Learning Bar, 2018). Regarding positive teacher-student relations, a key finding from the Australian transgender study was that survey participants who did not have teacher support compared to those with teacher support were (respectively): four times more likely to leave school 23%AB (vs. 5%CAN); over twice as likely to hide at lunch 50%AB (vs. 23%CAN); and at increased risk of victimization via smart phone 27%AB (vs. 8%CAN), written forms 27%AB (vs. 11%CAN), and discriminatory language by peers 62%AB (vs. 31%CAN), according to Jones et al. (2015). This key finding from Australia is interesting because in the Canadian study it was noted that younger youth were most likely to have asked the following individuals to use their preferred names and pronouns: online people 88%AB (vs. 85%CAN), transgender friends 83%AB (vs. 86%CAN), cisgender friends 75%AB (vs. 78%CAN), teachers 53%AB (vs. 55%CAN), and school staff 39%AB (vs. 50%), according to Wells et al. (2017). Elaborating on that key finding by Jones et al., (2015), survey participants exposed to teachers who used inappropriate language (as compared to those who did not) were unable to concentrate in

class (54/22%), had a decline in grades (54/26%), or had dropped out of school entirely (22/6%). Neither the Canadian nor Australian transgender studies disclosed any key/notable findings specific to positive learning climate or expectations for success in the classroom. With respect to transgender learners, the use of trans-preferred language by teachers may contribute to positive relationships and outcomes.

The fourth measure is family context and it is composed of four factors: (a) advocacy outside of school, (b) aspirations to finish high school, (c) aspirations to pursue trade, and (d) aspirations to attend college or university (Learning Bar, 2018). With regards to advocacy outside of school, a key finding from the Canadian transgender study was that younger youth with high levels of parent support and family connectedness were more likely to report better overall health (Wells et al., 2017). However, the ratio of youth who chose not at all or a little when asked "How much your family: cares about your feelings 62%AB (vs. 47%CAN); understands you 81%AB (vs. 69%CAN); has fun together 42%AB (vs. 51%CAN); respects your privacy 39%AB (vs. 43%CAN); and pays attention 35%AB (vs. 35%CAN)?" (Wells et al., 2017) was not so assuring. Neither was another key finding, in that only 33% of younger youth felt they had an adult in their family whom they could turn to if they had a problem (Wells et al., 2017). And while this lack of felt support is opposite to the 92%AB (vs. 79%CAN) of younger youth who felt safe inside their own home, one third of younger youth reported running away from home in the past year (Wells et al., 2017).

A lack of support from family outside of school may influence how transgender youth perform in school and their hopes for the future. In terms of future aspirations in

education, only 4 of 41 younger youth said they were not in school, and one wanted to quit school immediately (Wells et al., 2017). Conversely, 2 of 41 younger youth intended to graduate in order to pursue a trade or vocation, and over two thirds of them aspired to attend college or university–one of whom also indicated graduate/professional school (Wells et al., 2017). With respect to transgender learners, they can be hopeful about their academic future, regardless of family support.

Demographic factors. There is one drilldown feature of learning for transgender youth that can be examined via demographic factors. The single demographic drilldown feature is composed of 10 factors: (a) grade, (b) sex, (c) socio-economic factors, (d) language spoken at home, (e) grade retention, (f) immigrant status, (g) Native American status, (h) disability, (i) changed schools, and (j) age (Learning Bar, 2018). A number of these factors are common information items requested on student registration forms that schools archive in a database accessible to other school staff, teachers, counsellors, administrators, and district executives. Subsequently, this information may then be drilled down for record purposes related to those assignments. Appropriate record keeping was a key area of concern for surveyed participants in the Australian transgender study (Jones et al., 2015). Real-lived experience was also a key area of concern for younger youth in the Canadian transgender study; only 20% of Alberta youth reported living in their felt gender full-time, thus increasing the likelihood by 50% that they would also report better levels of mental health as well (Wells et al., 2017). Both the Canadian and Australian transgender studies identified aspects of transitioning that transgender youth might be

navigating–socially, legally, and medically. Drilldown factors might address various three key areas of transitioning that could help more transgender youth live authentically.

The first key area of concern for trans youth was social transitioning. Survey participants in the Australian transgender study described this process as "affirming how one wishes to be perceived and treated, a person's ideal social role [in terms of] declaring a person's gender identity and preferred pronouns, changing or affirming a person's presentation and role, etc." (Jones et al., 2015, p. 162). Of the participants surveyed, 77% were in the process of socially transitioning, 7% intended to at some point, and 15% did not want to (Jones et al., 2015). Gender identities were diverse among both transgender studies. Of the survey participants in Australia, 50% identified as genders outside the female-male binary as gender in-transit/absent; 16% genderqueer, 10% gender fluid, 7% agender, 5% trans, 4% androgynous, 4% questioning, 2% bi-gender, and 2% other (Jones et al., 2015).

Similar nonbinary identities were reported by over half of younger youth in the Canadian transgender survey, with other identities reported at 18% (Wells et al., 2017). Gender identities of the female-male binary opposite to their natal sex among Australia and Canada reported by survey participants and younger youth included, boy/man, girl/woman, FTM/MTF, trans boy/man, trans girl/woman, T Girl, and Brotherboy (Jones et al., 2015; Wells et al., 2017). Transgender youth embrace an array of identities which may not be accommodated on school related documents.

Thus, the drilldown characteristic of sex could be delineated further to clarify and accommodate such diversity in gender. A key finding in the Australian transgender study

was the prevalence of survey participants who reported their sex assigned at birth as female (72.5%), male (26.5%), or none (1%), according to Jones et al. (2015). To the latter, it is possible that intersex (or DSD) may have applied to those 2 participants.

Alternatively, a person's sex assigned at birth is not a typical characteristic that transgender learners prefer to identify with, first (Wells et al., 2017); it is typical for those who are cisgender. Likewise, for the purpose of research, both the Canadian and Australian transgender studies collected information pertaining to sexual orientation, whereby younger youth and survey participants reported the following, respectively: pansexual or queer (47% vs. 50%), gay/lesbian/homosexual (16% vs. 17%), bisexual (18% vs. 10%), heterosexual (7% vs. 5%), questioning (14% vs. 5%), other (19% vs. 5%), and asexual (12% vs. 3%), and 8% reported TS in Alberta (Jones et al., 2015; Wells et al., 2017). Furthermore, whom one is sexually attracted to is not a typical characteristic that transgender learners prefer to identify with, first (Wells et al., 2017). To avoid any confusion regarding the characteristic of sex, perhaps the drilldown characteristic of gender could be included to afford transgender youth the opportunity to state how they identify.

Likewise, the drilldown characteristic of language could be outlined further to also acknowledge gender diversity. In the Canadian transgender study, Wells et al. (2017) took note of language spoken at home as a cultural gauge (in part), including English (83%), English and French (4%), and Other (13%) spoken at home. However, compared to language for culturized communication, transgender youth seem to related more to language for personalized communication. A notable finding from the Canadian

transgender study was that younger youth in AB versus CAN respectively, were more likely to ask family (60/60%), transgender friends (83/86%), and people online (88/85%) to use a preferred name/pronoun versus teachers (43/55%), other school staff (39/50%), and classmates (57/52%), according to Wells et al. (2017). Thus, if this drilldown was gender inclusive, perhaps more students would be inclined to confirm their preferences with teachers and school staff so as to avoid any misgendering, and/or the awkward and complicated conversations about students' preferred gender language (Wells, et al., 2017).

This was a key finding in the Australian transgender study, in that survey participants chose the following pronouns: she (46%), he (42%), they (35%), and other terms like yo and ze (5%), according to Jones et al. (2015). While the majority of survey participants did care about pronoun use, 2 of 10 students did not care, which may have represented the presence of an atypical identity and/or a state of ongoing ponderance of identity (Jones et al., 2015). Given "that the ability to self-identity in unique ways resonated very positively with trans youth" (Wells et al., 2017, p. 9) and survey participants engaged in an iterative process of exploring their gender identities (Jones, Smith, Ward, Dixon, Hillier, & Mitchell, 2015), perhaps the drilldown characteristic of preferred name and pronoun could be included to provide transgender youth the opportunity to state how they want to be addressed, first.

Other factors that may inform a person's social position were also reported by both the Canadian and Australian transgender studies. Regarding the characteristic of age, younger youth from the Canadian transgender study and survey participants from the

Australian transgender study ranged in age from 14 to 25 years old (Jones et al., 2015; Wells et al., 2017). In Canada, the sample was divided into two age groups; younger youth ages 14–19, and older youth ages 20–25 (Wells et al., 2017). Of the total youth from Alberta (N = 114) who contributed to the Canadian transgender study, the average age was 19 years-old and 36% were younger youth (Wells et al., 2017). These two transgender specific studies were similar in sample size (in part) and sample age (range). In Australia, the sample was divided into three age groups: ages 14–17, 18–21, and 22–25 (Jones et al., 2015). Of the total youth who participated in Australian transgender study, the average age of was 20-years-old (Jones et al., 2015), but the percent of youth who were still in high school was not disclosed.

In terms of the socio-economic factor, a key finding from the Canadian transgender study was that almost 23% of younger youth went to bed hungry at night never (77/80%), sometimes, (19/17%), and often (3/3%) because their families could not afford food at home (Wells et al., 2017). With regards to immigrant status, 92% of younger youth were born in Canada (Wells et al., 2017), and 84% of survey participants were born in Australia (Jones, et al., 2015). As for Native American status, 5% and 10% of the younger youth AB and CAN (respectively) identified as Aboriginal (Wells et al., 2017), as did less than 5% of the survey participants from Australia (Jones, et al., 2015). Neither the Canadian nor Australian transgender studies disclosed any key/notable findings specific to grade, grade retention, changed schools, and/or disability in this drilldown feature. With respect to transgender learners, their social transition process may center around identity and language.

The second key area of concern for transgender youth was legal transitioning. Survey participants in the Australian transgender study described this process as "having a person's desired gender identity affirmed on official documents [in terms of] birth certificate, license or passport, etc." (Jones et al., 2015, p. 162). Of the 89% of survey participants who had these documents, 40% had already changed some documents and 54% expressed their intentions to do so (Jones et al., 2015). Likewise, almost 10% of surveyed participants had changed their gender on school records, and 41% expressed an interest in doing so (Jones et al., 2015). Changes to official documentation at the school level was perceived as an integral part of a person's education experience by half of the Australian participants surveyed (Jones et al., 2015), and recommended by researchers of the Canadian transgender study with the caveat of "always protecting student confidentiality and privacy" (Wells et al., 2017, p. 63). Navigating the legal considerations for transgender students and those who work with them can be tricky.

This was another key finding from the Australian transgender study, in that one third of survey participants refrained from making document changes fearing not only safety for themselves at school, but for/with their family members as well (Jones et al., 2015). Conversely, neither study discussed the possibility of parents/guardians impeding transgender youth from legally changing related documentation. With respect to transgender learners, their legal transition process involves paper and people.

The third key area of concern for transgender youth was medical transitioning. Survey participants in the Australian transgender study described this process as "accessing medical, hormonal and/or surgical aids [in terms of] using puberty blockers or

hormone injections/pills/creams, getting top or bottom surgeries, etc. to transform a person's body and affirm a person's gender" (Jones et al., 2015; p. 162). Of the participants surveyed, 26% were in the process of medically transitioning, 33% hoped to do in the future, and the remaining 40% did not plan to pursue medical procedures (Jones et al., 2015).

Comparatively, younger youth from Alberta, 34%AB (vs. 36%CAN) reported they were still deciding if hormones were right for them, 19%AB (vs. 23%CAN) were not planning on taking hormones, and 19%AB (vs. 13%CAN) were unable to find a doctor to prescribe hormones. Additionally, of those younger youth taking hormones, 68%AB (vs. 60%CAN) were obtained (legally) via physician prescription (Wells et al., 2017). While the medical drill-down is not listed formally in the OurSchool metric as a demographic characteristic, it could be reasoned that it pertains to physical health Outcomes, or it may be found in separate database screens of a student profile. With respect to transgender learners, their medical transition process may or may not involve hormones and physical procedures.

Educators' perceptions. In the last decade, research regarding the perceptions of educators towards LGBTQ students was published. While some intergroup comparisons were made within these studies, data specific to educators' perceptions of transgender students was sparse. Moreover, studies regarding the perceptions of educators towards transgender youth only is nonexistent in the current literature. The examination of findings from the studies pertaining to the perceptions of teachers towards LGBTQ students was mostly thematic in nature, revealing gaps in perceptions of practice

pertaining to safety, equality, spirituality, reality, heteronormativity, and professionality. The perceptions of educators who serve transgender youth may contribute to educational and occupational problems experienced by these learners, and require clinical attention (APA, 2013). There were only four peer-reviewed articles relating to the perceptions of educators regarding LGBTQ learners.

The first article published was a literature review. It was composed of existing research on how teachers viewed their role in creating safe schools for LGBTQI students (Vega et al., 2012). Overall, the authors concluded (a) teachers were concerned for the safety of LGBTQ students in schools, (b) positions of heteronormativity dominated school settings, (c) heterosexual teachers were in a position of dominance that could be used to challenge existing and/or create new norms pertaining to sexuality and gender schools, and (d) the passive behaviors of teachers jeopardized the safety of LGBTQI students (Vega et al., 2012). Thus, active and/or proactive behaviors of teachers in position to challenge heteronormative assumptions could help create safe schools for LGBTQI learners.

The second article published was a quantitative study. The perceptions of 189 educators (47% HS teachers) were surveyed regarding the bullying of LGBTQ/GN youth in their schools (Perez et al., 2013). Overall, teachers rated the physical bullying of LGBTQ/GN youth as slightly less serious (Perez et al., 2013). Likewise, teachers also reported that they had *less* empathy for LGBTQ/GN students and were less likely to intervene in situations of physical bullying as compared to verbal and/or relational

bullying (Perez et al., 2013). Thus, passive behaviors seem tend to align with passive views of bullying of LGBTQ learners.

The third article was also a quantitative study. Respondents (N = 519) from 21 secondary schools were surveyed about the beliefs, norms, and self-efficacy of intentions to address enacted gender/sexual stigma among LGBTQ students (Collier et al., 2015). Teachers who reported higher rates of self-efficacy and higher hopes for positive outcomes were significantly more likely to intervene when LGBTQ students were stigmatized (Collier et al., 2015). Thus, educators are more likely to stand up for LGBTQ learners if they believe in themselves and others.

And the fourth article published was another quantitative study. To examine the beliefs, perspectives, and practices regarding gender and sexually diverse students, 3,400 Grades K–12 educators were surveyed across Canada through the "Every Teacher Project" (Taylor et al., 2015). As a result, six gaps in perceptions and practice were exposed in relation to (a) school safety, (b) inclusive education, (c) religious recusal, as well as (d) professional conversations, (e) professional practices, and (f) and professional supports regarding LGBTQ students (Taylor et al., 2016). Of particular note, the sample in this Canadian study was composed of educators who self-identified as 71% women, 26% men, and 3% transgender; 56% of whom taught in high schools (Taylor et al., 2016). Thus, the provision of LGBTQ inclusive education is subject to views about human rights, religious rights, and having the right supports.

The perceptions of educators regarding LGBTQ learners varies when it comes to positions responsible for change (Vega et al., 2012), passiveness regarding bullying

(Perez et al., 2013), self-efficacy and system support (Collier et al., 2015), and the parameters of LGBTQ inclusive education (Taylor, et al., 2016). However, key findings from these studies of educators' perceptions towards LGBTQ youth also appear to fit with meaningful measures of learning used in Alberta schools to lead informed practice (Learning Bar, 2018). Some anecdotal accounts of transgender youth could elaborate on the perceptions noted from the LGBTQ studies. Perceptions of educators from Europe and North America contributed to six identified gaps in practice for LGBTQ inclusive education including safety, equality, spirituality, reality, heteronormativity, and professionality.

Safety. The first gap in the perceptions of educators in the literature involved safety. Taylor, et al.'s (2016) study found "most teachers perceive their schools as safe, yet many reported that LGBTQ students would not feel safe in their schools" (p. 128). Student safety might be compromised by a lack of empathy from teachers for the types of physical, verbal, and relational bullying which LGBTQ students tend to face (Perez et al., 2013). Subsequently, student safety may also be self-jeopardized by a reluctance to report future victimization (Vega et al., 2012). Perhaps LGBTQ students would feel safer if teachers proactively discussed sexual and gender minority paradigms and promise, and advanced offers of support from other school staff (Collier et al., 2015). Perceptions regarding safety and transgender youth in particular, were not disclosed.

Individual accounts of safety experienced by transgender youth might be able to elaborate on findings from these four LGBTQ studies. Luke's (FTM) teacher did nothing when he reported the verbal bullying by a classmate whom he faced on a daily basis

(Kuklin, 2014). Conversely, Cameron (GF) did not experience any kind of harassment that they could not handle because Cameron had a system of support in place (Kuklin, 2014). Given the perceptions of educators noted in the LGBTQ studies, Luke's experience with safety seems typical, passive, and unfortunate, as compared to Cameron's atypical, proactive and fortunate experience. Empirical and anecdotal evidence for the safety gap of educators' perceptions appears to align with drivers of student outcomes, as related to school context and classroom context measures (Learning Bar, 2018).

Equality. The second gap in the perceptions of educators in the literature involved equality. Taylor, et al.'s (2016) study found "many teachers believe that LGBTQ rights are human rights yet some teachers do not approve of LGBTQ-inclusive education" (p.129). Still, it seems that the rights of LGBTQ students to equitable, affirming, and comprehensive public education have yet to be realized in North American society (Vega et al., 2012). Until educators model and nurture attitudes and behaviors accepting (versus rejecting) of all types of students as a basic human right (Perez et al., 2013), the physical, psychosocial, and academic outcomes of LGBTQ students will be at risk (Collier et al., 2015). Perceptions regarding equality and transgender youth in particular, were not disclosed.

Individual accounts of equality experienced by transgender youth might be able to elaborate on findings from these four LGBTQ studies. Instead of intervening in the moment with a showing of support in front of the whole class, a teacher told Christina (MTF) to move desks after a football player yelled out in class [at her], "Get this faggot

away from me!" (Kuklin, 2014, p. 54). Alternatively, when speaking with a teacher and classmates about commonalities among cisgender and transgender learners, Mariah (MTF) equated transitioning as a normal process that *all* people go through in one way or another at some point in their lives; her transition just happened to more extreme (Kuklin, 2014). Given the perceptions of educators noted in the LGBTQ studies, Mariah's experience with equality seems respectful, and preferred compared to Christina's experience of degradation and marginalization. Studies and anecdotal evidence for the equality gap of educators' perceptions appears to align with drivers of student outcomes, as related to quality instruction, school context, and classroom context measures (Learning Bar, 2018).

Spirituality. The third gap in the perceptions of educators in the literature involved spirituality. Taylor et al.'s (2016) study found that even those teachers who believed LGBTQ rights were human rights, also believed teachers should have the religious right to opt out of providing LGBTQ-inclusive education. This interpretation of human rights might explain why in faith-based/private schools, teachers intervened less when LGBTQ students were victimized (Collier et al., 2015). This lack of inclusion and intervention by religion first, for majority teachers, sends a message of safety second, for minority students. Moreover, in addition to professional authority, Perez, Schanding, and Dao (2013) suggested that teachers who personally identify with the majority tend to be self-righteous, less empathetic, more judgmental, and quick to lay blame that LGBTQ are treated differently because they deserve such based on their chosen differences. However, regardless of the position held by teachers or students, the basic human right to personal

safety, individual expression, and inclusive environments for all should be heard and taken seriously (Vega et al., 2012). Perceptions regarding spirituality and transgender youth in particular, were not disclosed.

Individual accounts of spirituality experienced by transgender youth might be able to elaborate on findings from these four LGBTQ studies. When it came to casual dress/nonuniform days, the principal at Christina's (MTF) all-boys Catholic school said, "You're creating this whole problem, this whole circus. Anything that happens to you is your fault, because you're coming to school dressed like a clown," (Kuklin, 2014, p. 48). On the contrary, a person's transness could be the responsibility of someone else. Despite growing up in a Catholic family where there was no talk of sex/anatomy, Nat (IQ) believed that God meant for them to be 'born this way', even if the others in society or the church could not understand (Kuklin, 2014). Given the perceptions of educators noted in the LGBTQ studies, Nat's experience with spirituality seems logical and open to interpretation, compared to Christina's experience of blame and judgement. Empirical and anecdotal evidence for the spirituality gap of educators' perceptions appears to align with drivers of student outcomes, as related to quality instruction, school context, and classroom context measures (Learning Bar, 2018).

Reality. The fourth gap in the perceptions of educators in the literature involved reality. Taylor et al.'s (2016) study found "many teachers believe LGBTQ rights are human rights, yet many teachers do not talk about LGBTQ issues with students" (p. 130). This lack of verbal engagement might be attributed to a lack of awareness and/or established policy and protocol as to what topics can be discussed and how to facilitate

such conversations (Perez et al., 2013). This lack of acknowledgement an intervention could be related to a teacher's attitude towards LGBTQ students; those with higher tolerance levels tend to be more at ease in their ability to support and discuss concerns surrounding gender identity/expression, and sexual orientation (Collier et al., 2015). In turn, attitudes of tolerance and acceptance can help teachers foster safe learning climates through dialogue that deconstructs heteronormativity and constructs the norms of LGBTQ students (Vega et al., 2012). Perceptions regarding reality and transgender youth in particular, were not disclosed.

Individual accounts of reality experienced by transgender youth might be able to elaborate on findings from these four LGBTQ studies. When Christina (MTF) spoke up for herself regarding a conversation about sexuality and gender in a religion class to which a classmate made a snide remark, the teacher changed the subject instead of using it as a teachable moment (Kuklin, 2014). The ownership of Christina's transness shifted in power to a majority educator who dismissed her identity in front of majority students. Conversely, Jessy (FTM) would not be dismissed and once shouted, "This is me! The whole world will just have to deal with it" (Kuklin, 2014, p. 16); as if to say his reality *is* their reality too, to some extent. Given the perceptions of educators noted in the LGBTQ studies, Jessy seemed to claim his reality (upfront), and Christina's seemed to justify her reality as needed. Empirical and anecdotal evidence for the spirituality gap of educators' perceptions appears to align with drivers of student outcomes, as related to quality instruction, school context, and classroom context measures (Learning Bar, 2018).

Heteronormativity. The fifth gap in teacher perception and professional practice literature involved heteronormativity. Taylor et al.'s (2016) study found "most teachers approve of LGBTQ-inclusive education, but fewer teachers would be comfortable practicing it, and fewer still are actually doing it" (p. 130). Similar to Perez et al.'s (2013) study, a researcher might question if those (most) teachers responded with a belief that was more socially desirable or professionally determined in hypothetical situations as compared to their actual efforts to challenge heteronormativity or intervene as needed on behalf/in support of LGBTQ students. Perhaps their perceptions were overstated, and there is a general reluctance or consistent indecision about confronting cisgender and heterosexual norms that oppress LGBTQ students; whereby these passive behaviors create uncertainty regarding which teachers whom LGBTQ students can truly be themselves around, confide in, or turn to for help (Vega et al., 2012). A teacher's ability to offer unwavering and consistent support for LGBTQ students may be of great psycho-social benefit to the students (Collier et al., 2015). Conversely, a lack of practice or consistency might be subject to context and what is best for the transgender youth at any given point in time. Perceptions regarding heteronormativity and transgender youth in particular, were not disclosed.

Individual accounts of heteronormativity experienced by transgender youth might be able to elaborate on findings from these four LGBTQ studies. When Christina (MTF) met with her male counsellor to discuss career planning to which she replied with answers typical of a traditional woman; it was then, that her counsellor advised, "Well, whatever you do, you should do it after high school" (Kuklin, 2014, p. 42). Perhaps there

is room to broaden both their perspectives about role expectations and appropriate timing to pursue those roles. Jessy (FTM) suggested that students have access to social studies or sociology classes where curriculum covers gender identities and roles from historical, traditional, and contemporary perspectives (Kuklin, 2014). Given the perceptions of educators noted in the LGBTQ studies, Nat's experience with heteronormativity seems logical and open to interpretation, compared to Christina's experience of blame and judgement. Empirical and anecdotal evidence for the heteronormativity gap of educators' perceptions appears to align with drivers of student outcomes, as related to quality instruction and classroom context measures (Learning Bar, 2018).

***Professionality*.** The sixth gap in the perceptions of educators the literature involved professionality. Taylor et al.'s (2016) study found "most teachers approve of LGBTQ-inclusive education, yet many teachers do not feel they would be supported in practicing it" (p. 131). As pointed out by Vega et al. (2012), it is crucial that teachers are supported by their administrators, and that teachers receive pre-service training and in-service professional development. Collier et al. (2015) suggested that training opportunities for pre/in-service teachers should explore queer theory, shape tolerant attitudes, and nurture self-efficacy to competently offer LGBTQ inclusive learning opportunities. To this, Perez et al. (2013) would add that a combination of internal and external supports might improve conditions that drive teacher practice and interventions for LGBTQ students, including multilevel engagement from students, colleagues, administrators, support staff, family, and community providers. Perceptions regarding professionality and transgender youth in particular, were not disclosed.

Individual accounts of professionality experienced by transgender youth might be able to elaborate on findings from these four LGBTQ studies. Cameron's (GF) had an 'awesome' principal on the first day of school, personally: (a) met with Cameron and the social worker, (b) helped Cameron pick classes they would be interested and successful in, (c) showed Cameron around the school with a choice of bathrooms and changerooms to use, (d) brought Cameron to the GSA club that he started, (e) introduced Cameron to their new teachers, and (f) restated his full confidence and support for both parties (Kuklin, 2014). Furthermore, this principal did not shy away from Cameron's needs/concerns, and made it known that this school was trans-friendly and fully supportive (Kuklin, 2014). Educators in positions of leading and counselling have been positive professionals for transgender youth. After having sexual slurs, batteries, and branches slung at her on the playground, Christina (MTF) approached her school counsellors under the assumption of trust related to their professional assignments (Kuklin, 20014). Thankfully, the counsellors were helpful to her (Kuklin, 20014), but as discussed in the literature, counsellors tend not to be rated the 'most' helpful for the frequency in which they are approached for assistance. Given the perceptions of educators noted in the LGBTQ studies, both Cameron and Christina experienced professionality from educators that was prompt, learner centered, and positive, whereby spirituality was logical and open to interpretation, as compared to Christina's experience of blame and judgement. Empirical and anecdotal evidence for the professionality gap of educators' perceptions appears to align with drivers of student outcomes, as related to quality instruction, school context, and classroom context measures (Learning Bar, 2018).

Regarding adversity and transgender youth, individual and interpersonal circumstances compound their learning needs. The examination of findings from the studies pertaining to the perceptions of learners was mostly prevalent in nature. While some intergroup comparisons were made, most studies did not have matched samples to provide comparisons between minority and majority youth. For whatever reason(s) that may be, majority samples can provide collective starting point, minority samples can provide a common starting point (Kosciw et al., 2010; Kosciw et al., 2013; Peter et al., 2016; Taylor & Peter, 2011; Ullman, 2015, 2016), and marginalized samples can provide a concentrated starting point for needs-based analysis of learning (Jones et al., 2015; Wells et al., 2017). By relating the OurSchool measure to the exploration of learners' perceptions, the majority of need expressed by learners seems to focused on social-emotional outcomes, physical health outcomes, drivers of student outcomes, and demographic factors (Jones et al., 2015; Wells et al., 2017). Comparatively, educator's perceptions of the experiences of transgender learners could not be made in the absence of related scholarly literature that concentrated on transgender youth only. Thus, educators' perceptions of LGBTQ learners in schools were examined as a starting point and thematic concerns pertaining to safety, equality, spirituality, reality, heteronormativity, and professionality were apparent (Collier et al., 2015; Perez et al., 2013; Taylor, et al., 2016; Vega, et al., 2012). Moreover, these concerns were confirmed in part, by anecdotal accounts of transgender youth (Kuklin, 2014). When these themes and accounts were compared to the OurSchool measure as well, it appears educators perceived drivers of student outcomes to be the sole area of concern. Hence an adversity

exists between the perceptions of transgender youth, and the practices of those who teach them. The differing perceptions that create adversity for transgender learners may contribute to the mindfulness attitude of educators who serve of transgender learners.

The literature related to attitudes ranges from comorbidity (Bechard et al., 2016; Bouman et al., 2017; Chen et al., 2016; Holt et al., 2016; Ignatavicius, 2013; Kaltiala-Heino et al., 2015; Khatchadourian et al., 2014; Peterson et al., 2016; Reisner, Bradford, et al., 2015; Veale et al., 2016; Yüksel et al., 2017), to adversity (Aragon et al., 2014; Collier et al., 2015; Jones et al., 2015; Kosciw et al., 2010, 2013; Perez et al., 2013; Peter et al., 2016; Taylor & Peter, 2011; Taylor et al., 2015, 2016; Ullman, 2015, 2016; Vega et al., 2012; Wells et al., 2017) circumstances experienced by transgender youth. The empirical research however, has primarily focused on the difficulties faced by transgender learners and has been conducted using qualitative (Donnelly-Boylen, 2016; Ewan et al., 2014; Firth, 2014; Goldbach & Gibbs, 2015; Jacobs et al., 2014; Minshew, 2015; Mishra et al., 2016; Rice et al., 2016; Shelton, 2015; Strandjord et al., 2015), quantitative (Aitken et al., 2016; Aragon et al., 2014; Bakken & Gunter, 2012; Bechard et al., 2016; Bouman et al., 2017; Coulter et al., 2016; Davey et al., 2014; Day et al., 2017; Kosciw et al., 2013; McCarthy et al., 2014; Peterson et al., 2016; Reisner, Vetters et al., 2015; Shiffman et al., 2016; Skagerberg et al., 2013; Taylor et al., 2011; Toomey et al., 2012; VanderLaan, Postema, et al., 2015; Veale et al., 2017; Veale et al., 2016; Veale et al., 2015; Walls et al., 2010; Watson et al., 2017; Wells et al., 2017), and mixed (Jones et al., 2015; Peter et al., 2016), methods. There are several gaps that remain. One gap is what circumstances experienced by transgender youth are educators mindful of.

Another gap is how educators would describe their attitudes towards transgender youth. These gaps are important because little is known about the perceptions of educators in service of transgender learners at the secondary level.

There is a standout inquiry related to the topic of attitudes that may contribute in part to this study. In a qualitative study about the needs of gender-variant children, social, behavioral and cognitive needs were recognized (Riley et al., 2013). Therefore, this study will expand on current research by exploring what attitudes educators have about the learning needs of transgender youth they serve, albeit responses described by educators at the secondary level. A single case study approach for this study may add understanding to the gap by describing the attitudes held by educators in a secondary school that serves transgender learners. This aspect of the study will primarily address the innovation component of the Learning, Instruction, and Innovation specialization for the PhD in Education because it focuses on the perceptions that educators draw upon to serve transgender learners in a school committed to SOGI inclusive education strategies.

Skills

Skills are the abilities to use a person's knowledge and attitudes readily, proficiently, and effectively in execution of, or performance towards, a desired result (Skills, n.d.). There are a number of approaches in which educators may demonstrate skills in service of transgender youth. In literature pertaining to transgender learners scholars discussed how educators of a school, in a role, and/or in a team might approach the service of transgender learners. Therefore, the following approaches related

to transgender learners could engage in part, the professional skills that an educator may demonstrate when serving transgender youth with optimal learning experiences.

School Approach

In a school approach, competent conditions within a school are required to provide optimal learning experiences for transgender youth. Best practice guidelines in schools that respect diverse sexual orientations and gender identities and gender expressions are based on (a) learner needs, (b) self-identification, (c) privacy and confidentiality, (d) expression, (e) desegregated activities, (f) equitable participation, (g) safe access to facilities, (h) professional development, (i) whole-school approach, (j) student engagement, (k) supported families, and (l) inclusive environments (GOA, 2016). As schools are responsible for all learners, there may be policies, projects, and places specific to the service of transgender learners. If schools provide the following conditions for teaching and learning, then educators may serve transgender youth with optimal learning experiences.

Policies. Competent schools have policies that contribute to optimal learning experiences for transgender youth. In an article titled, “Responding to Issues of Sexual Orientation and Gender Identity (SOGI) in School” (Rudy, 2017), the author noticed that schools tend to respond based on four schemas: the legal, academic, emotive, and sociological needs of LGBTQ students. To varying extents, these tendencies fit with the perceptions of transgender youth and educators expressed in literature. To support the legal schema, policies may exist at various levels of education to serve transgender learners. Miller-Young et al. (2017) urged scholars to consider how Williams et al.’s

(2013) 4M model of social networks in postsecondary institutions could be used to effect positive social change in other settings. As presented by Williams et al. (2013), the four levels of change from top to bottom are the mega, macro, meso, and micro levels of institutional culture. And so, within the setting of secondary institutions (and the educators) who serve transgender learners, there are policies that align with some system levels of change.

In secondary education, the mega level would be composed of educational leaders in senior management (Miller-Young et al., 2017; Williams, et al., 2013). As part of the provincial government, a collective developed a policy for LGBTQ students. In keeping with the existing Inclusive Education Policy (GOA, 2017), the Ministry of Education then developed a subset policy (guidelines for action) for LGBTQ students. In *Guidelines for Best Practices* (GOA, 2016), general practices (and related indicators of action) were focused on (1) learner needs, (2) self-identification, (3) privacy and confidentiality, (4) expression, (5) desegregated activities, (6) equitable participation, (7) safe access to facilities, (8) professional development, (9) whole-school approach, (10) student engagement, (11) supported families, and (12) inclusive environments (GOA, 2016). In part, these practices were to intended to support the development of policies by individual school boards/districts (GOA, 2016). In part, these practices also coincided with the revised professional standards for educators, as well. To date, school board, schools, and educators are in the process of developing policies and procedures that serve LGBTQ/transgender learners.

In secondary education, the macro level would be composed of educational leaders in upper management (Miller-Young et al., 2017; Williams et al., 2013). For example, on behalf of school boards, the Alberta School Boards Association (ASBA) passed a policy of inclusion for all students (2018). In the approved position statement, it stated that,

> optimal learning occurs in welcoming, caring, respectful, safe and healthy learning environments that respect diversity, foster a sense of belonging, and promote student wellbeing. Each student has the right to learn in inclusive environments where equality of opportunity, dignity and respect are promoted. (ASBA, 2018, p. 35)

While the position statement includes respect for diversity, it does not delineate what forms of diversity in terms of gender or sexuality. Yet, in a recent media release, a representative for ASBA maintained this policy includes those students who wish to participate in GSA clubs at their schools (ASBA, 2017). Since 2018, school boards in Alberta may still be in the process of developing policies and procedures that serve transgender learners.

In secondary education, the meso level would be composed of educational leaders in middle management (Miller-Young et al., 2017; Williams et al., 2013). For example, on behalf of schools, the Alberta Schools' Athletic Association (ASAA) passed a policy pertaining to LGBTQ students (2017). Regarding SOGI, the ASAA prohibited discrimination, supported participation in sport, and permitted students to "participate fully and safely in sex-separated sport activities in accordance with their lived gender

identity," (ASAA, 2017, p. 43). With respect to students and athletics, a policy affirming the diversity of sexuality and gender for students and teachers has been drafted. While additional policies pertaining to transphobia, bullying, dress code, and records management should also be considered according to the *Guidelines for Best Practices* (GOA, 2016), it has been left to individual schools to review/revise existing policies that serve LGBTQ/transgender learners, or create new policies as needed. Since 2016, schools in Alberta have been in the process of developing school board policies and procedures that serve transgender learners.

In secondary education, the micro level, would be composed of educational leaders in lower management (Miller-Young et al., 2017; Williams et al., 2013). On behalf of teachers, the ATA amended a policy pertaining to professional conduct (ATA, 2004). Regarding gender identity, the ATA stipulated that in relation to students,

> teachers teach in a manner that respects the dignity and rights of all persons without prejudice as to race, religious beliefs, color, gender, sexual orientation, gender identity, physical characteristics, disability, marital status, family status, age, ancestry, place of origin, place of residence, socioeconomic background or linguistic background. (ATA, 2004, p. 1)

Compared to policy drafted at the macro level, this policy clearly outlines features of diversity. Since 2004, educators in Alberta have been expected to honor association policies and procedures that serve transgender learners.

Projects. Competent schools have projects that contribute to optimal learning experiences for transgender youth. Aspects of these schemas described by Rudy (2017)

may be found in SOGI, whereby three school districts in Alberta are participating in the third year of an innovative pilot project focused on creating policies, environments, and curriculum to help sexual and gender minority students flourish (ARC Foundation, 2018). There may be school projects dedicated to sexual and gender minority youth that help educators and learners grow as leaders. There is another outreach project in Alberta called "fYrefly in Schools", whereby experienced educators work with a youth peer education team to lead activities that build teacher and student a) awareness of homophobia and transphobia, and b) capacity to be effective allies for diversity, equity, and human rights (Institute for Sexual Minority Studies and Services, 2018). While these projects have yet to be peer-reviewed in the literature, they have been developed and/or facilitated by provincial scholars. Projects that promote an awareness and acceptance of diverse sexual orientations and gender identities may benefit transgender learners.

Places. Competent schools have places that contribute to optimal learning experiences for transgender youth. In an article titled, "The Schools Transgender Students Need", in Kahn's (2016) experience of working with transgender youth, she also recognized the importance of (a) creating a safe space, as well as understanding what transgender means; (b) creating first and lasting impressions; (c) fostering a culture of inclusion; (d) engaging a whole-school approach; and (e) moving forward proactively (versus politically) to support transgender students. Kahn urged schools to consider the same. Related to this, Martino's (2013) essay acknowledged the merits of an "invaluable" (p. 169) guide for educators in *Supporting Transgender and Transsexual Students in K-12 Schools* (Wells et al., 2012), one that could address transgender justice in

schools…[and] also save lives" (p. 172). One of the recommendations put forth by Kahn, and Wells et al., was that of having a GSA club in schools.

A few general articles pertaining to the functions of GSAs for LGBTQ students have been published. In an article about GSAs in secondary schools, it was suggested that GSAs provide LGBTQ students with safe spaces, support, education, and advocacy (Kassen & Lapointe, 2013). Though transgender learners were not specifically mentioned, the related suggestions extracted respectively were (a) the use of preferred pronouns, (b) based on member needs, (c) understanding the spectrum of gender and sexuality, and (d) a whole-school approach (Kassen & Lapointe, 2013). GSAs have the potential to serve transgender learners in ways that affirm their diverse identities. However, in another article, DeJong (2015) countered that GSAs should be purposed in advocating for common humanity. The potential benefits of GSAs for transgender learners may be subject to values for that which sets us apart, versus that which unites us, per se.

A few empirical inquiries pertaining to the merits of GSAs for LGBTQ students have been published. In a qualitative study composed of a 'snowball' sample across Canada and the United States, online interviews of young adults who had recently participated in their high school GSAs (n = 38) or other types of LGBTQ activism (n = 19), three findings pertaining to safe space dimensions as related to transgender students were extracted (Fetner et al., 2012). In terms of GSA membership, transgender learners were not given equal acknowledgement, if at all (Fetner et al., 2012). In terms of GSA context, teachers contributed to transphobia and/or homophobia and harassment (Fetner

et al., 2012). And in terms of GSA activities, transgender membership did not necessarily translate into related gender policy development in schools (Fetner et al., 2012). Conversely, the perceived benefactors of policies in other schools with GSAs seemed to differ. In a quantitative study across the United States, 6,853 LGBTQ youth, 409 of whom identified as transgender, were surveyed about LGBTQ related resources in schools: GSAs, educators, curriculum, and policies (Greytak et al., 2013). A key finding from this study was that the positive effects of antibullying/antiharassment policies and GSAs were stronger for transgender youth as compared to their LGB peers (Greytak et al., 2013). Places that allow and empower students with diverse gender identities and sexual orientations to be themselves and be supported by others may benefit transgender learners.

In a school approach, there are multilevel policies, outreach projects, and school-based spaces that may benefit transgender learners. Policies at all levels of K-12 education may contribute in some way to optimal learning experiences for transgender youth (ASAA, 2017; ASBA, 2017; ATA, 2004; GOA, 2017; Miller-Young et al., 2017; Williams et al., 2013). Outreach projects may assist with policy development, safe spaces, and inclusive education (ARC Foundation, 2018; Institute for Sexual Minority Studies and Services, 2018; Rudy, 2017). While transgender youth have benefited from GSAs in some ways, scholars acknowledged that not all GSAs are created and/or function equally; nor do they serve transgender students equally (DeJong, 2015; Fetner et al., 2012; Greytak et al., 2013; Kassen & Lapointe, 2013). As an educator of the whole school, one may engage with policy, programs, and places to serve transgender learners.

Role Approach

In role approach, competent educators in various roles are required to provide optimal learning experiences for transgender youth. The Teaching Quality Standard (TQS) includes competencies that ground all educators in commencement of their careers at all levels of education, such as (1) Fostering Effective Relationships; (2) Engaging in Career Long Learning; (3) Demonstrating a Professional Body of Knowledge; (4) Establishing Inclusive Learning Environments; (5) Applying Foundational Knowledge about First Nations, Metis, and Inuit; and (6) Adhering to Legal Frameworks and Policies (GOA, 2018c). As educators progress in their careers, they might serve the learning needs of transgender youth through leading, counselling, teaching, and advising roles with additional professional standards. If educators demonstrate abilities commensurate to their roles, then educators may serve transgender youth with optimal learning experiences.

Leading. Competent educators hired as Superintendents are required to provide optimal learning experiences for transgender youth. In addition to foundational TQS obligations, educators hired for this role (and/or assistant or designate) are required to be proficient in additional skills pertaining to that role. These standards include (1) Building Effective Relationships, (2) Modelling Commitment to Professional Learning, (3) Visionary Leadership, (4) Leading Learning, (5) Ensuring First Nations, Metis, and Inuit Education for All Students, (6) School Authority Operations and Resources, and (7) Supporting Effective Governance (GOA, 2018b, p. 4). In the hypothetical case of an assistant superintendent approached by parents of a concerned (cisgender-heterosexual)

daughter who shared a PhysEd class and locker room with an open transgender male student who was attracted to females, questions pertaining to ethics, morals, policies, legal frameworks, and critical/queer theory were presented for use in a professional development discussion (Kaiser, Seitz, & Walters, 2014).

In part, such a hypothetical became reality for other school district leaders. In a Michigan school district, the superintendent allowed a transgender boy in middle school to use the restroom that aligned with his gender identity because it was congruent with the school board's existing nondiscrimination policy (Workman as cited in Eckes, 2017). While the superintendent received pushback from students and parents at a subsequent school board meeting in this regard, Eckes (2017) noted in a legal review of transgender policies and related court rulings that leaders in other American school districts did not experience any contest or controversy for honoring the same courtesy for transgender students to use restrooms that aligned with their gender identity.

Superintendents may chair responses and/or craft resolutions that serve transgender students. In another review of case law involving a California school district, whereby a transgender male student was denied use of gender-identified facilities, specific remedies created by the school district (as led by the superintendent) in response to court order, included policy changes, training and education, individualized remedial measures, and individualized support teams (Curtis, 2016). These resolutions appear to fit with strategies for superintendents suggested in the transgender guide for educators, including the creation/revision of policies pertaining to (a) privacy and confidentiality, (b) names and pronouns, (c) official records and communication, (d) transferring a

student to another school, (e) gender-segregated activities, (f) athletics–locker room, change room access and accommodation, (g) restroom accessibility, (h) dress codes, and (i) resolving conflict (Wells et al., 2012, p. 41). Albeit hypothetical or actual, superintendents navigate and respond to concerns, congruencies, confusion, and complexities in service of the learning needs for transgender and cisgender youth in their schools.

Competent educators hired as principals are required to provide optimal learning experiences for transgender youth. In addition to foundational TQS obligations, educators hired for this role (and/or assistant or designate) are required to be proficient in additional skills pertaining to that role. These standards include (1) Fostering Effective Relationships, (2) Embodying Visionary Leadership, (3) Leading a Learning Community, (4) Providing Instructional Leadership, (5) Supporting Application of Foundational Knowledge about First Nations, Métis and Inuit , (6) Developing and Facilitating Leadership, (7) Managing School Operations and Resources, and (8) Understanding and Responding to the Larger Societal Context (GOA, 2018a, p. 4). In the case of an elementary principal who had a fifth grade student requesting to socially transition half way through the school year, the principal: learned and prepared himself through reading and reflection; listened to Anna's needs and her parents' concerns; considered contextual concerns/pushback from conservatives, community, and district executives; and proceeded with staff training as a first step in Anna's transition plan (Rodela & Tobin, 2017). Environmental scanning of all stakeholders helped this principal proceed with a

social transition plan that could be supported in the best interests of the transgender student.

In a different case, where the student president of the GSA club approached the high school principal for permission to hold a school-based Transgender Day of Remembrance activity, approval was initially given then subsequently withdrawn due to a scheduling conflict with another event (Fusarelli & Eaton, 2011). That same night, an 'open house' for prospective students and their parents was also planned and the principal was worried about the potentially offending them; upon hearing the GSA president's counter argument citing concerns of equity, social justice, marginalizing transgender learners, and that the school is [supposedly] "an accepting community" (Fusarelli & Eaton, 2011, p. 10), the principal compromised to allow Transgender Day of Remembrance posters to be displayed in a designated area, including an appropriate table for the Open House. These examples appear to fit with strategies for principals listed in the transgender guide for educators: (a) provide leadership; (b) establish basic expectations in your school code of conduct; (c) be inclusive (signal support, challenge transphobic, identify transgender learners in society); (d) create inclusive and user friendly libraries; (e) be prepared and proactive; (f) provide resources and training for school counsellors; g) maintain confidentiality; (h) update school policies and procedures; and (i) continue to educate yourself (Wells et al., 2012, p. 33). Alternatively, it appears that a principal's support of transgender related activism may have been a conditional, passive attempt to avoid the very social justice controversy that needs to be

addressed. Principals' service of the learning needs of transgender youth may be subject to individual, circumstantial, communal, and optical influences.

Counselling. Competent educators assigned as counsellors are required to provide optimal learning experiences transgender youth. In addition to foundational TQS obligations, educators hired for this role (and/or designate) are required to be proficient in additional skills pertaining to that role. These skills include (a) assessing if counselling services may be developmental, preventive or crisis oriented; (b) providing guidance and counselling individual, small/large group activities to assists students in overcoming specific personal/social issues and difficulties, and educational or career issues; (c) coordinating community services with the school program; (d) respecting the confidentiality of information received in accordance with professional ethics and the law; and (e) working with other school staff and parents to support students as needed (GOA, 2007, p. 1). There may be some targeted strategies to help counsellors fulfill their professional obligations related to the learning needs of transgender youth. In an article regarding safe schools for queer and transgender youth, six directions were designated to the counsellors including (a) the importance of employing intersectionality and inclusivity; (b) using assessment, research, and program evaluation in serving queer and transgender youth; (c) connections through consultation, collaboration, and stakeholders; (d) utilizing a systemic lens; (e) finding tools and resources; and (f) the importance of relationships and transgender and queer narratives (Harper & Singh, 2013, p. 405). The directions for counsellors evidenced here might address the high rates of approach versus low rates of effectiveness described by transgender youth earlier in the literature.

Any of these directions, such as making connections, could be met with resistance, or cooperation as well. In a follow-up article by Harper and Singh (2014), about developing family allies of/for transgender and gender nonconforming youth, counsellors encountered challenges and opportunities in their efforts. The biggest challenge was two-fold in that most counsellors lacked formal training in working with transgender youth much less how to develop allies in others. Thus, counsellors should reflect on their own ally development/efforts first and seek out relevant training and settings that builds their capacity to practice what they will preach to families of transgender youth (Harper & Singh, 2014). Additionally, it was recommended in the transgender guide for educators that counsellors collaborate with district/school leaders, school social worker, and teachers to prepare and monitor in-school transition plans for transgender youth (Wells et al., 2012, p. 26). The transgender guide for educators further emphasized that counsellors disclose information regarding transgender youth/their transitions with school personnel, on a need-to-know basis (Wells et al., 2012). Counsellors can be precise and cautious in their contributions to the collaborative service of learning needs for transgender youth.

Teaching. Competent educators assigned as regular classroom/special education teachers are required to provide optimal learning experiences for transgender youth. In addition to foundational TQS obligations, educators assigned to either role (and/or designate) are required to be proficient in additional skills pertaining to that role. These skills include: (a) knowing and applying the knowledge, skills, and attributes to accommodate individual differences for students with special education needs, (b)

supporting teachers' ability to monitor the effectiveness of their practices and adjust practices as necessary, (c) providing parents/students with the information required to make informed decisions, and (d) involving parents and, when appropriate, students and other professionals in the development, implementation, monitoring, and evaluation of students' Individual Program Plans (IPPs; GOA, 2004, p. 6). Interviews of 26 Canadian PK-12 teachers uncovered barriers and supports that influenced their abilities to affirm transgender and gender-creative students (Meyer et al., 2016). The barriers experienced were related to: pervasiveness of transphobia pervasiveness, frequency of school transfers, sexual minority educators as experts, ethnocentrism, 'pedagogy of exposure' and 'sacrificial lambs', youth who also had behavioral/learning difficulties, and "the balancing act required to navigate complex issues with little training and support" (Meyer et al., 2016, p. 1). To offset these barriers, teachers made some provisions to affirm transgender youth. For transgender and/or gender creative students the key provisions included: offering alternative schools to thrive, planning activities for empowerment, having attentive adults to protect, and sharing best practices with other colleagues (Meyer et al., 2016). For those transgender youth with behavioral and learning difficulties, best practices from teachers in special education may be called upon.

In a multiple case phenomenological study, interviews of nine special education teachers, including six secondary educators, shared their perceptions about the well-being of LGBT youth with verified emotional-behavior disorders; these teachers had little to no or professional development, and relied on formal education in, and professional insights from, working with cisgender students with special needs to inform their practices

towards these marginalized students (Arrieta & Palladino, 2015). Teachers trained in special education may not necessarily be experts in how to assist transgender learners, nor want to acknowledge and assist LGBT youth. The majority of teachers in this study presumed that LGBT students were bothered more by their emotional-behavior disorder diagnosis, than their gender identity conflicts (Arrieta & Palladino, 2015). A cisgender high school teacher in particular admitted that while he was bothered by, and would not accept the lifestyles of LGBT students, he would refrain from discriminating against them as per employer expectation (Arrieta & Palladino, 2015). Conversely, this same teacher also pointed out that he would not entertain requests from transgender students for name and /or pronouns changes or deviations from heteronormative dress code policies (Arrieta & Palladino, 2015). The behaviors of teachers in this study do not appear to emulate the classroom strategies suggested in the transgender guide for educators, including; signal your support, challenge transphobic comments and jokes, and identify transgender and transsexual people in society (Wells et al., 2012, p. 31). Educators serve the learning needs of transgender youth from positions of professional responsiveness, assumptions, or compliance.

Advising. Competent educators selected as GSA advisors are required to provide optimal learning experiences for transgender youth. In addition to foundational TQS obligations, educators who volunteer for this role (and/or designate) are required to be proficient in additional skills pertaining to that role. These skills include: (a) having a wealth of information that might help your GSA run effectively and efficiently, (b) facilitating student-led meetings and activities, (c) being aware of a teacher's scope of

practice and limitations, and referring to other staff/professionals as needed, (d) working closely with school administration and councils, (e) refraining from online dialogue with students, (f) building as many diverse alliances as you can, and (g) involving a variety of individuals and groups in your initial planning phase (Wells, 2015, p. 42). When a cisgender predominant sample of 262 GSA advisors was surveyed about their experiences advocating for LGBTQ youth, an exploratory factor analysis uncovered 'barriers' and 'facilitators' that accounted for 47.98 of the descriptive variance (Graybill et al., 2015). The highest rated barrier was community support, and the highest rated facilitator was friends/family/partner support (Graybill et al., 2015).

Other demographic variables were of notable interest. On an individual level, the following descriptive statistics of advisors were noted: professional training prepared them not at all (42%), they became an advisor due to personal concern for student safety (29.4%) or professional obligation (26.3%), and they experienced negative personal (24.1%) or professional (18%) consequences for fulfilling this role (Graybill et al., 2015). At the individual and school level, it seems that advisors and LGBT students may be subject to negative encounters. At a school level the following descriptive statistics of interest including, advisors in schools with antidiscrimination policies (69.1%) that were enforced (78.8%), and schools that provided professional development on LGBTQ issues (32.7%) though not mandatory for all staff to attend (38.4%), according to Graybill et al. (2015). The lack of professional development (and attendance by staff) on sexual and gender minority issues may be related to the variance in related policy enforcement.

In a similar study with a predominantly cisgender sample of 47 GSA advisors from 33 high schools, those advisors who identified as LGB reported greater efficacy than did heterosexual advisors to address issues pertinent to transgender youth but not those pertinent to LGBT youth of color (Poteat & Scheer, 2016). However, for the one GSA advisor also identified as 'other' in confidence, self-efficacy was not examined specifically (Poteat & Scheer, 2016). Self-efficacy could play a part in the advisor's ability to support and sustain a GSA club that is inclusive of transgender and transsexual students (Wells et al., 2012, p. 34). There are external, professional, and personal factors that may help or hinder the advisor's ability to serve the learning needs of transgender youth through a GSA.

In a role approach, educators may lead, counsel, teach, and advise transgender learners toward optimal learning experiences. Leadership roles appear to be focused policy, procedures, and stakeholders related to transgender youth (Curtis, 2016; Eckes, 2017; Fusarelli & Eaton, 2011; Kaiser et al., 2014; Rodela & Tobin, 2017). Counselling roles tend to facilitate matters of privacy and advocacy for transgender youth (Harper & Singh, 2013, 2014). Teaching roles seem differ among intentions to serve transgender youth (Arrieta & Palladino, 2015; Meyer et al., 2016). Advising roles were influenced by internal/external pressures to serve transgender youth (Graybill et al., 2015; Poteat & Scheer, 2016). As an educator in a professional role, one might fulfill that obligation to varying degrees of service for transgender learners.

Team Approach

In a team approach, competent professionals in/across fields are required to provide optimal learning experiences transgender youth**.** The concept of a MDT for transgender learners originated in the field of health care. This concept has since been extended to the field of education. As such, a MDT may be composed of professionals within fields or across fields. To varying degrees, professionals may be individual allies and/or part of an alliance that serves transgender youth. If MDTs are present in schools, then educators may serve transgender youth with optimal learning experiences.

Health care. The concept of a MDT in the field of health care has been discussed in the contexts of clinics and nurses who serve transgender youth. Skagerberg et al. (2013) mentioned that MDTs at a highly specialized gender identity clinic in the U.K. are composed of psychiatrists, clinical psychologists, social workers, and psychotherapists (and trainees) who service children and adolescence in their gender identity development. Not mentioned from the European clinic, though previously discussed in the literature, were doctors from other specialties. For example, Fines and Richardson (2017) shared that the (GI) Metta Clinic in Alberta has a MDT composed of (a) one psychiatrist trained in adult psychiatry/transgender health; (b) two endocrinologists, each of whom are assisted by a nurse trained in endocrinology; (c) one physician/pediatrician trained in adolescent medicine; (d) one nurse trained in adolescent medicine; (e) two mental health therapists; and (f) one social worker. Similar in part, Strandjord et al. (2015) suggested that transgender youth could continue to be treated for a related eating disorder in an outpatient setting with a MDT composed of a family physician, therapist, dietitian, and

family members. Comparatively, the MDT from the Metta Clinic was the only one to include nurses.

In a clinical article from the discipline of nursing about providing quality care for LGBTQ patients, Ndoro (2014) stressed the importance of evidence-based practice, frequent audit of single/shared practice, and the ongoing development of professional qualities: (a) care, (b) compassion, (c) competence, (d) communication, (e) courage, and (f) commitment. Perhaps the directives for nurses evidenced here contributed to the high rates of effectiveness (though low rates of approach) reported by transgender youth earlier in the literature. In a recent health care article about quality care for LGBTQ patients, Bidell and Stepleman (2017) highlighted the ongoing need for competent providers, ongoing training, and ethical care from multiple fields and cautioned against practitioners providing service in silos. Given that nurses use a pedagogical approach to serving LGBTQ patients and that ongoing training is recommended for all health care professionals, educators who are trained in pedagogy, might compliment a health care composed of multiple disciplines. A MDT may be composed of doctors, therapists, nurses, and parents to collaboratively serving the health needs transgender youth.

Education. The concept of a MDT in the field of education might also be appropriate for educators who are required to provide optimal learning experiences for transgender youth**.** The European clinic focuses on the developmental needs of the transgender youth, first, and works with family members to do the same (Skagerberg et al., 2013). Transferring that patient centered focus from health care to a learner-centered approach in education is appropriate, considering that the learning measures for

transgender youth discussed in the literature include some psycho-physical factors related to and typically treated by health care professionals. Furthermore, in a position paper about current state of transgender research, Arcelus and Bouman (2015) recommended more research into MDTs focused on the physical health of transgender youth. Thus, a similar inquiry in education about MDTs focused on the learning health of transgender youth might be amenable as well.

Central to foundational TQS obligations, and across additional standards commensurate to the roles in which educators may be hired, assigned, or selected to serve in, is that of professional learning and collaboration (GOA, 2018a, 2018b, 2018c). Engaging in this respective skill-set and indicator may serve the parents of transgender learners as well. In the transgender guide for educators, authors acknowledged that parents of transgender youth need services from school leaders, counsellors, and teachers who know what transgender is/is not, and are aware of gender identity issues, regardless of their proficiency levels (Wells et al., 2012). By this accord, parents may be selective in which schools might best serve their child/youth.

In a narrated case of a mother in search of the *right* elementary school for her gender nonconforming child, the key players involved in creating an optimal learning environment over five years were the mother, counsellor, principal, and (outside) consultant for LGBTQ professional development (Slesaransky-Poe et al., 2013). Although teachers were not recognized as key players, they were involved in the process of shared service to the first open transgender child in the school. Reflecting on all the professionals involved, it was determined that 10 themes contributed to a successful

learning experience for this child including (a) collaboration, (b) consultation, (c) confidence, (d) change, (e) climate, (f) courage, (g)curiosity, (h) community, (i) compassion, and (j) commitment (Slesaransky-Poe et al., 2013). Three of these qualities were also identified in the nursing discipline (Ndoro, 2014). In this case, it also seems that the benefits of having a school-based MDT to support the transgender child were: having correct facts and common understanding, shared participation and sustainable leadership, a comprehensive action plan, as well as trust and togetherness for positive growth and change, as found by Ndoro (2014). There are benefits to having a MDT in education composed of principles, counsellors, parents, and external consultants collaboratively serving the learning needs transgender youth.

Alliance. Albeit with/without mindful intention or professional collaboration, educators in various roles appear to be demonstrating qualities of a relational competency commensurate to the provision of optimal learning experiences for transgender youth. According to the *Guide to Being a Trans Ally** (Navetta, 2016), allies possess shared traits, regardless of where they are in journey to support transgender individuals. First, "allies want to learn" (Navetta, 2016, p. 2). As evidenced in literature, superintendents were willing to listen, and principals were willing to learn about transgender learners and how to support them either on their own accord, from the student, parent or advocate. Second, "allies address their barriers" (Navetta, 2016, p. 2). Current literature recommends that counsellors be model various ways to support those who are transgender and help families and friends to develop modes of support that they are comfortable with. Third, "allies are people who know that 'support' comes in many

forms" (Navetta, 2016, p. 2). Further scholarly evidence from teachers in regular classroom or special education roles suggests that support is offered not only in different ways, but to varying degrees, "and that's ok" (Navetta, 2016, p. 2). Finally, "allies are diverse" (Navetta, 2016, p. 2). Likewise, evidence in the literature pertaining to GSA advisors suggested that they were still willing to/actively engaged in their roles to support sexual and gender minority youth in light of the internal and external barriers that they faced. Albeit, in their individual roles or as part of a team, there were indicators of allyship that could be found at any point on the Straight for Equality Ally Spectrum (see Figure 7). Educators appear to be serving as professional allies to transgender learners in various ways.

Figure 7. The straight for equality ally spectrum recognizes that for privileged individuals there is more than one way to be and ally to marginalized individuals; being a good ally to transgender individuals is a lifelong process of building relationships based on trust, commitment to support. From Guide to Being a Trans Ally (2nd ed., p. 23), by J.-M. Navetta, 2016, Washington, D.C.: PFLAG National. Copyright 2016 by PFLAG National. Reprinted with permission.

The school as a system, and those educators who compose that system, may form alliances that provide optimal learning experiences for transgender youth. As a follow-up

to the *Every Teacher Project* discussed earlier in this chapter, Campbell and Taylor (2017) produced a recommendations toolkit to help advocate for LGBTQ inclusion for each level of the school system: (a) teacher organizations, (b) government, (c) school districts/divisions, (d) school leaders, (e) Faculties of Education and B.Ed. programs, (f) all school system employers, and (g) religiously affiliated schools/districts & organizations (p. 7). Service of transgender learners involves stakeholders at mega, macro, and micro levels of the school system. In a separate section of the toolkit, dedicated to the context of transgender students, starting points for micro level educators in their service of transgender students focused on transgender inclusive policy, professional development, and curriculum content/lessons, preferred names and pronouns, agender strategies to group/team formations, freedom of gender expression, and vigilance (Campbell & Taylor, 2017, p. 157). Professional competencies ground the actions of educators first, including building relationships with the parents and/or guardians who are also part of the school system (GOA, 2016; Wells et al., 2012).

At the forefront, it appears that a relational competency specific to transgender youth may compliment the efforts of educators to serve a highly marginalized group of learners. Perhaps if transgender youth felt included and supported in a traditional pathway towards high school completion, they would not feel so excluded and isolated to the point where, as Stiegler and Sullivan (2015) discussed, they seek out a nontraditional graduation pathway to escape high school environments that are less than optimal. Through solo, team, or system approaches to service, professional allies can help transgender youth finish high school, versus being forced out of high school (Stiegler &

Sullivan, 2015). Hence, there are skills and qualities specific to transgender youth that various educators can employ to empower these learners to successfully complete the optimal path to graduation that's right for them.

In a team approach, one might collaborate with other professionals within field or amongst fields. The MDT was a concept of service for transgender youth put forth by scholars and implemented by professionals in field of health care, primarily (Arcelus & Bouman, 2015; Furtado et al., 2012; Mishra et al., 2016; Spack et al., 2012). The MDT concept was also recommended (Wells et al., 2012) and offered (Slesaransky-Poe et al., 2013) the field of education. The MDT may be composed of intradisciplinary and/or interdisciplinary professionals working together to provide comprehensive service to transgender youth. It has also been suggested that parents and family members be included in MDTs in fields of health care (Skagerberg et al., 2013; Strandjord et al., 2015) and education (Slesaransky-Poe et al., 2013; Wells et al., 2012). Allyship for transgender learners may be individual, collective, or systemic in nature (Campbell & Taylor, 2017; Navetta, 2016; Stiegler & Sullivan, 2015). As an educator of a multidisciplinary team, one might collaborate with other professionals within field or across fields–essentially, creating a collective of allies that serve transgender learners.

The literature related to skills ranges from school (Fetner et al., 2012; Greytak et al., 2013; Kahn, 2016; Kassen & Lapointe, 2013; Rudy, 2017) to role (Arrieta & Palladino, 2015; Curtis, 2016; Eckes, 2017; Graybill et al., 2015; Harper & Singh, 2013, 2014; Meyer et al., 2016; Poteat & Scheer, 2016; Rodela & Tobin, 2017), and/or team (Skagerberg et al., 2013; Slesaransky-Poe et al., 2013; Strandjord et al., 2015) approaches

in which educators may serve transgender youth. The empirical research however, has primarily focused on the difficulties for educators of transgender learners and has been conducted using both qualitative (Arrieta & Palladino, 2015; Fusarelli & Eaton, 2011; Kaiser et al., 2014; Meyer et al., 2016; Rodela & Tobin, 2017; Slesaransky-Poe et al., 2013) and quantitative (Arcelus & Bouman, 2015; Graybill et al., 2015; Poteat & Scheer, 2016) methods. There are several gaps that remain. One gap is how educators are individually demonstrating their abilities to serve transgender youth. Another gap is how educators are collaboratively demonstrating their abilities to serve transgender youth. These gaps are important because little is known about the practices of educators in service of transgender learners at the secondary level.

There is a standout inquiry related to the topic of skills that may contribute in part to this study. In a qualitative study of educators who worked with transgender learners students at the elementary level, fear and anxiety were common educator responses to serving these learners (Payne & Smith, 2014). Therefore, this study will expand on current research by exploring how educators apply their knowledge and attitudes in service of the learning needs of transgender youth, albeit responses described by educators at the secondary level. A single case study approach for this study may add understanding to the gap by describing the skills demonstrated by educators in a secondary school that serves transgender learners. This aspect of the inquiry will primarily address the instruction component of the Learning, Instruction, and Innovation specialization for the PhD in Education because it focuses on the practices that educators

demonstrate to serve transgender learners in a school committed to SOGI inclusive education strategies.

Summary and Conclusions

Chapter 2 was a review of literature regarding what is known around the central concept and phenomenon – educator competencies for transgender learners. To serve transgender youth with optimal learning experiences, competent educators apply related knowledge, attitudes, and skills. In terms of knowledge, academic disciplines including humanities, social sciences, natural sciences, and applied sciences may inform educators' service of transgender youth. Across the literature, much was known about the development and treatment of transgender youth, yet little is known about the understanding (paradigms) of educators related to transgender youth. In terms of attitudes, learner circumstances pertaining to comorbidity and adversity may contribute to the mindfulness of educators who serve transgender youth. Across the literature, much was known about the circumstances experienced by transgender youth, yet little is known about the mindfulness (perceptions) of educators related to transgender youth. In terms of skills, professional approaches via school, role, and/or team may be engaged by educators who serve transgender youth. Across the literature, much was known about the difficulties for educators of transgender youth, yet little is known about the engagement (practices) of educators related to transgender youth. Providing optimal learning experiences for transgender youth cannot rest on any one competency component. A formal inquiry into the competency of educators who serve transgender youth could fill the gap in the literature as to what educators know about these learners, what attitudes

they have towards these learners, and what skills educators demonstrate to meet the needs of these learners. In Chapter 3, I outline the research method with respect to research design and rationale; role of the researcher; issues of trustworthiness (credibility, transferability, dependability, and confirmability); and ethical procedures.

Chapter 3: Research Method

My intent with this qualitative inquiry was to explore the phenomenon of educator competencies for transgender learners. As such, the purpose of this study was to explore what KASs educators apply to serve transgender learners in secondary school. To fulfill this purpose, I studied this phenomenon in the natural context of the individuals' setting to "gain a deeper understanding of [their] experiences, behavior and processes and the meanings they attach to them" (see Moser & Korstjens, 2017, p. 272).

Chapter 3 is composed of six sections. First, the research design and rationale section includes the research questions and tradition of inquiry. In the role of the researcher section, I discuss the roles, relationships, and ethical considerations. The methodology section includes information pertaining to participants, instrumentation, procedures, and data analysis. The issues of trustworthiness section includes a presentation of the efforts to ensure credibility, transferability, dependability and confirmability within the study. In the ethical procedures section, I provide participant agreements, institutional permissions, and any moral apprehensions. Finally, the summary section concludes the chapter containing the methodological elements comprising this study.

Research Design and Rationale

In this first section, I restate the research questions posed in Chapter 1 and define the phenomenon. Additionally, I identify the research designs by tradition and provide a rationale for design selection.

Research Questions

The research questions for this study were stated on two levels. In the central level of questioning, I introduced the central concept and phenomenon, while in the related level of questioning, I delineated the central concept of the phenomenon. As reminded by Korstjens and Moser (2017), "research questions are generally, broad and open to unexpected findings" (p. 274). The following CRQ and RRQs guided this study:

CRQ: How do educators apply professional competencies (i.e., knowledge, attitudes, and skills) to serve transgender learners in secondary school?

RRQ1: What professional knowledge do educators draw from to serve transgender learners in secondary school?

RRQ2: What professional attitudes do educators draw upon to serve transgender learners in secondary school?

RRQ3: What professional skills do educators demonstrate to serve transgender learners in secondary school.

According to the levels of questioning, (a) the central concept of professional competencies was composed of KASs and contributes to (b) the phenomenon of serving transgender learners. Simply stated, the phenomenon under study was educator competencies for transgender learners.

Due to the emerging and flexible nature of qualitative inquiry and the data collection and analysis process involved, a mindful researcher has the responsibility to refine, adjust, or add level appropriate questions and related records of reflection, as needed (Korstjens & Moser, 2017). Nonetheless, the research questions and phenomenon

stated here were the foundation for my selection of an appropriate research design tradition.

Research Design Traditions

To choose the research approach most suited to exploring this phenomenon, I considered various designs of qualitative inquiry. As reminded by Korstjens and Moser (2017), "the choice of qualitative design primarily depends on the nature of the research problem, the research question(s), and the scientific knowledge one seeks" (p. 274). Therefore, the six approaches considered for this qualitative inquiry were basic qualitative, narrative, phenomenology, grounded theory, ethnography, and case study.

Basic qualitative. In qualitative inquiries, a basic qualitative approach is best suited for understanding the process in which people make sense of their experiences (Merriam & Tisdell, 2016). While this approach would be appropriate, in part, for the reflective position in which participants provided data, it did not necessarily fit with means of data collection for each RRQ in this study. Merriam and Tisdell (2016) recognized other approaches of qualitative inquiry that share similar characteristics yet differ in an added dimension. Traditionally, the five approaches common to qualitative inquiry are narrative, phenomenology, grounded theory, ethnography, and case study (Creswell, 2013; Maxwell, 2013; Patton, 2015).

Narrative. In qualitative inquiries, a narrative approach is best suited for telling the story of a person's experience (Creswell, 2013; Maxwell, 2013). However, in this study, I was focused on describing specified components of a person's lived experiences versus telling a story without specifications. According to the narrative approach, a story

involves a beginning, middle, and end (Patton, 2015), but this study was not composed of questions with stage and time parameters. Therefore, the narrative approach was not appropriate for this qualitative inquiry.

Phenomenology. In qualitative inquiries, a phenomenology approach is best suited for describing the essence of lived phenomenon (Creswell, 2013; Maxwell, 2013). While this approach would be appropriate, in part, for capturing the spiritual component of the phenomenon under study, it would not have accounted for the cognitive and behavioral components being queried in this study as well. According to the phenomenology approach, there is an assumption of shared experience (Patton, 2015). While the participants in this study were from the same profession, they did not necessarily share the same experiences in working with transgender youth in their various roles; therefore, the phenomenology approach was not ideal for this qualitative inquiry.

Grounded theory. In qualitative inquiries, a grounded theory approach is best suited for developing a theory based on the views of participants (Creswell, 2013; Maxwell, 2013). This approach was not appropriate for this qualitative study because a conceptual framework based on the theory of servant leadership was prestated prior to the selection and independent of participants' views. According to the grounded theory approach, there is an openness to alternative connotations of the phenomenon (Patton, 2015). In this study, other considerations for the theoretical underpinnings of transgender were not the focus of the CRQ; therefore, the grounded theory approach was not suitable for this qualitative inquiry.

Ethnography. In qualitative inquiries, an ethnographic approach is best suited for describing and interpreting a culture-sharing group (Creswell, 2013; Maxwell, 2013). This approach was not appropriate for this qualitative study because individual competency was the focus, rather than shared culture. According to the ethnographic approach, the researcher is immersed in deep observation of the culture over a period of time (Patton, 2015). However, the means of collecting data pursuant to the RRQs in this study did not include observations of culture; consequently, the ethnographic approach was not suitable for this qualitative inquiry.

Case study. In qualitative inquiries, a case study approach is best suited for providing an in-depth understanding of a case, in terms of studying an event, a program, an activity, or more than one individual (Creswell, 2013; Maxwell, 2013). For this study, the competency of educators was the primary focus of the CRQ. According to the case study approach, a bounded system (i.e., one bounded by time and place) is explored through in-depth data collection of multiple forms of data (Patton, 2015). In the CRQ for this study, the bounded system was a secondary school; therefore, the case study approach was the most appropriate for this qualitative inquiry.

Research Design Selection

In selecting the appropriate qualitative design, Korstjens and Moser (2017) cautioned against "simply choosing what seems interesting" (p. 277) and to discuss the plausibility of available designs with other scholars in the field. In doing so, I concluded that the conceptual framework, CRQ, and RRQs (see Merriam & Tisdell, 2016) would best be explored using the case study approach, which involved "a thorough, in-depth

analysis of and individual, group, or other social unit" (Korstjens & Moser, 2017, p. 277). As related to other approaches to qualitative inquiry, the defining characteristics of qualitative case studies as bounded systems included "the search for meaning and understanding, the researchers as the primary instrument of data collection and analysis, and inductive investigative strategy, and the end product being richly descriptive" (Merriam & Tisdell, 2016, p. 37). The purpose of this study was to explore what KASs educators apply to serve transgender learners in secondary school. I was the principal investigator, responsible for collecting and analyzing multiple forms of data. My goal was to provide a rich description of the competencies of educators who serve transgender learners. A defining characteristic that separates a case study approach from other approaches to qualitative inquiry is that of unit of analysis (Merriam & Tisdell, 2016). In this study, the unit of analysis was a secondary school in which educators (i.e., the participants) serve transgender learners. As determined in this study, the unit of analysis appeared to be "a system of action rather than an individual or group of individuals" (Tellis, 1997, p. 4).

Upon determining the case study approach as the best fit for this qualitative inquiry, I also had to determine the type of case study to be conducted (see Baxter & Jack, 2008; Merriam & Tisdell, 2016; Yin, 2014). The case study approach is appropriate for research questions prefaced by *how* and/or *what* phrasing (Tellis, 1997; Yin, 2014). There are several types of case studies (Merriam & Tisdell, 2016; Yin, 2014) to choose from, including explanatory, exploratory, descriptive, multiple case, intrinsic, instrumental, and collective case studies (Baxter & Jack, 2008). Selecting the right type

of case study has to align with the purpose of the study (Baxter & Jack, 2008), any critical, common, unusual, revelatory, or longitudinal features (Yin, 2014) and/or any instances of convenience, purpose, or probability (Baškarada, 2014). In this study, the unit of analysis was a secondary school composed of educators who happened to be part of a unique provincial network whereby a three-phase approach pertaining to SOGI inclusive education strategies for all learners was being implemented.

Likewise, selecting the right type of case study depended upon the manner in which the research questions were framed and the context boundaries were determined (see Baxter & Jack, 2008; Tellis, 1997). With respect to RRQs, the central *how* and related *what* types of research questions asked of the phenomenon suggested that a single case, exploratory design was most suited to this qualitative inquiry (see Tellis, 1997) in that the outcomes for the intervention (i.e., concept) were unclear (see Baxter & Jack, 2008). The single case, exploratory approach was a "dependable and defensible design" (Yazan, 2015, p. 134) to employ in this study because of the unique attribute of the unit of analysis and the types of questions asked.

Role of the Researcher

In this second section, I define my role as a researcher and explain related responsibilities. Additionally, I disclose any researcher relationships to the participants as well addressing researcher biases, power dynamics, and ethical issues.

Role, Responsibilities, and Relationships

As the sole researcher for this single case study, my role as an observer included several responsibilities. As the primary investigator, I was responsible for planning the

research design and developing procedures related to components of the design, including (a) selecting participants; (b) aligning sources of data; (c) creating instruments for the collection of data; and (d) identifying ways to analyze, means to report, and approaches to discuss the data. As Merriam and Tisdell (2016) pointed out, the researcher is the primary instrument for collecting and analyzing data as well as reporting and discussing the data. As the primary investigator, I was also responsible for implementing strategies that increased the trustworthiness of this chosen qualitative design (see Carlson, 2010). To this, Korstjens and Moser (2017) added that a researcher's role required empathy and distance. Empathy was described as "putting yourself in the participant's situation . . . in order to establish a trusting relationship" (Korstjens & Moser, 2017, p. 278). Likewise, distance was described as "being aware of your values, which influence your data collection, [as well as] nonjudgmental and nondirective" (Korstjens & Moser, 2017, p. 278).

Any personal and/or professional relationships that a researcher has with participants were disclosed. To this, in any relationship that a researcher might have with participants, there were three interrelated matters of concern that I accounted for (see Merriam & Tisdell, 2016). The first matter of concern was *insider/outsider issues,* which could have affected my access to participants and my ability to extract authentic sharing from these participants (see Merriam & Tisdell, 2016). As an educator who has served transgender learners at the secondary level in the same province, it was possible that I may have met or might be known to potential participants through school-based events and/or professional development engagements. If so, the partner organization/potential

participants may have been more inclined to consider my invitation, consent to participate, and cooperate in providing data. The second matter of concern was *positionality issues*, in terms of how my race, background, social class, gender, and sexual orientation might relate to the purpose of the study (see Merriam & Tisdell, 2016). I am a cisgender, heterosexual, White female of privilege and profession, and trained LGBTQ ally. While I related in many ways to the educators in this study who also serve transgender learners, I did not anticipate that my insider assignment as a classroom educator or demographic statistics as a person would mask any power over the participants. Additionally, my role as a researcher did not conflict with my position as an educator from a school district in south east Alberta because none of the schools from this area were invited to participate in this study. Thus, the fourth matter of concern was *reflexivity*, which was essentially being mindful and accountable for insider/outsider and positionality issues that may influenced my ability to conduct rigorous research (see Merriam & Tisdell, 2016).

Biases, Dynamics, and Issues

The potential for researcher biases and power dynamics are inevitable in qualitative research (Merriam & Tisdell, 2016; Yin, 2014). To minimize the potential for biases as a researcher, I was open to contrary evidence and knowledgeable of research ethics (Yin, 2014). Any personal and professional subjectivities that I had were identified in my researcher journal and monitored during the data collection and interpretation stages of inquiry (Merriam & Tisdell, 2016). To minimize the potential for power differentials inherent in qualitative design and interactions, I used my power as the

principal investigator to (a) ask questions that mitigated marginalization; and (b) protected my participants from harm, deception, or violation of privacy (see Yin, 2014). Likewise, as an ethical researcher, I was mindful that the types of questions asked in a qualitative inquiry denoted "whose interests are being served by the way the educational system is organized" (Merriam & Tisdell, 2016, p. 61), and that participants had the right to pass on any component of, and/or power to withdraw from the entire study at any time.

Since qualitative researchers interact with their participants, "researchers must consider the ethical, legal and regulatory norms and standards in their own countries, as well as applicable international and institutional norms and standards" (Korstjens & Moser, 2017, p. 279). At the forefront of the researcher's role, I ensured the confidentiality of the participants (see Korstjens & Moser, 2017). Other ethical responsibilities for this qualitative inquiry are discussed later in this chapter. At this time there were no specific ethical issues in this single case, exploratory study to disclose in terms of research-work environment, power differentials, and using incentives to recruit participants.

Methodology

In this third section, I describe the logic for participant and instrument selection. Additionally, I establish the process of recruiting and engaging participants as part of data collection and analysis.

Participant Selection Logic

One case, a secondary school, was examined for this study, from which I invited educators to describe/explore the concept and phenomenon of educator competencies for

transgender learners at a secondary school in Alberta, Canada. The logic to participant selection was in accordance with the conceptual framework and research questions for this qualitative inquiry (see Miles et al., 2014). With a conceptual framework that was based on servant leadership theory, participants were selected on the professional grounds of required service for all learners in their learning care. Likewise, participants were selected on the professional elements that indicated service of transgender learners. Moser and Korstjens (2018) recognized that "sampling is also dependent on the characteristics of the setting" (p. 11). Thus, other logical considerations for participant selection included: sampling strategy, selection criteria, sample size, participant engagement, and saturation.

Sampling strategy. As advised by Moser and Korstjens (2018), sampling strategies had to be in alignment with chosen design to "yield rich information" (p. 9). I used the general sampling strategy of purposeful sampling (see Miles et al., 2014; Patton, 2015), whereby participants were invited to partake in this study. This sampling strategy involved selecting participants based on my judgement of who had the potential to be the most informative in terms of their expertise and willingness to share their insights and experiences (see Moser & Korstjens, 2018).

Sampling purposefully was appropriate in this qualitative inquiry for three reasons. First, "the logic and power of purposeful sampling lies in selecting information-rich cases for in-depth study" (Patton, 2015, p. 264), on a smaller scale, per se (Merriam & Tisdell, 2016; Miles et al., 2014; Yin, 2014). Second, the use of the purposeful sampling strategy strategically aligned (see Miles et al., 2014; Patton, 2015) with the

purposeful selection basis in case studies, as referenced by Baškarada (2014). And third, the use of the purposeful sampling strategy intentionally added (see Miles et al., 2014; Patton, 2015), in part, to the social change significance for this study as a "teaching case" (Patton, 2015, p. 266).

Selection criteria. Should participants accept that invitation, they were selected according to certain criteria. For educators to be selected they must (a) hold a permanent teaching certificate; (b) be a member of the ATA in good standing; (c) be employed full-time in the district; (d) be assigned to a secondary school in the district; (e) be designated in a position of leadership, counselling, teaching, and/or advising for the school; and (f) have knowingly served transgender learners in the school. These criteria were chosen because to ensure participant credibility and contextual integrity if the sample. This information was verified at the point of obtaining consent and background information as sequenced in the procedures for participant engagement.

Sample size. In determining the number of participants to select for this single case, exploratory inquiry, "there are no rules" (Patton, 2015, p. 311). Selecting the appropriate number of participants depended on ". . . what you want to know, the purpose of the inquiry, what's at stake, what will be useful, what will have credibility, and what can be done with the available time and resources" (Patton, 2015, p. 311) in a manageable way. Keeping these considerations in mind, and the chance that participants may drop out, I intended to select 10–12 educators from a secondary school site. Ideally, I wanted a minimum of three educators from each of the four designated roles noted in the criteria to participate in this qualitative inquiry.

Participant engagement. In order to engage participants in this qualitative inquiry, there were procedures for how educators are identified, contacted, and recruited. A school district participating in the Alberta SOGI Educator Network was identified as per the SOGI 123 Coordinator for Alberta. I contacted the superintendent of that district via e-mail with a Letter of Invitation that explained the purpose, responsibilities, and assurances of my research study and invited the district to be a research partner. When the invitation was accepted, a letter of cooperation confirming the requirements for partnership in this qualitative inquiry was signed by the superintendent (or designate) and returned in order to proceed with participant selection. Upon receipt of the signed letter of cooperation, I asked the superintendent (or designate) to assist me in providing names of schools and contact information for educators who met my criteria for selection.

Through the principal of the secondary school, I contacted the educators via e-mail with a letter of invitation that explained the purpose, responsibilities, and assurances of my research study and invited them to be research participants. When the invitation was accepted, a letter of consent confirming the requirements for participation in this qualitative inquiry was signed in order to proceed with data collection. Upon receipt of the signed letter of consent, I asked the educators to plan a mutually agreeable time to commence the collection of data. At this time, participants were asked to complete a participant profile about their professional background, education, and employment to confirm criteria for selection as a participant.

Saturation. Sample size was also factored by data saturation, whereby the collection of qualitative data stopped when “new data [starts to] yield redundant

information" (Moser & Korstjens, 2018, p. 11). Upon review of the quality of evidence obtained and the depth of analysis, I consulted with my committee as to whether or not to discontinue or continue with the collection process (see Moser & Korstjens, 2018; Patton, 2015). Conversely, Miles et al. (2014) cautioned that "data collection is inescapably a selective process and that you cannot and do not 'get it all', even if you might think you can" (p. 73).

Instrumentation

For this single case, exploratory study, multiple sources of data were identified as per the CRQ and RRQs and connected to propositions from the literature review. Having multiple sources of data to corroborate and potentially test my research findings is known as triangulation (see Miles et al., 2014; Patton, 2015). Albeit by data source, method, researcher, theory, or data type, Miles et al. (2014) reminded that the goal was to pick different sources with different foci and strengths for complimentary contributions to a person's overall research finding. Thus, for this qualitative inquiry, triangulation was achieved by using a combination of qualitative and quantitative sources of data in a mindfully integrated manner (see Patton, 2015) towards a qualitative outcome.

The three sources of data selected pertaining to this qualitative inquiry included a document, questionnaire, and interview, as recommended by Hamilton and Corbett-Whittier (2013). Therefore, I compiled three instruments to collect these sources of data: (a) the reflective journal entry, (b) the TABS survey, and (c) the interview guide. These instruments were listed in order of RRQs and order of intended collection. Likewise, each instrument had a primary (and secondary) data collection focus related to the research

questions. These instruments were also aligned with the CRQ/RRQs and literature propositions.

Reflective journal entry. Reflective journals/logs are one source of data used in case study design (Hamilton & Corbett-Whittier, 2013). As related to this qualitative inquiry, documents may include a personal diary of written responses to prompts or open-ended questions (see Patton, 2015). For this single case study, a reflective journal entry was completed by participants to explore evidence of paradigms specific to the knowledge component of educator competency. According to Yazan (2015), documents are another key source of evidence in case study research that can be used when the investigator intends to obtain the required data as prepared by someone else.

I produced this reflective journal entry. It was composed of a prompt (and subprompts) to capture a more nuanced understanding of what educators did and did not know about transgender learners. Tellis (1997) stated, documents are most important for "[corroborating] evidence gathered from other sources" (p. 9). As such, the reflective journal/log may be structured, flexible, unstructured, and combined (in some way) with an interview (see Hamilton, & Corbett-Whittier, 2013), as planned for in this study. Listed in Table 1, were the prompt and subprompts of the reflective journal entry that I used with participants. The reflective journal entry was scheduled first to activate the participant's knowledge (and attitudes) about transgender learners, and to ease the participant into the data collection process.

Table 1

Alignment of Educator Reflective Journal Entry with Research Questions

Reflective Journal Prompt		CRQ	RRQ1	RRQ2	RRQ3
Think about your personal and/or professional experiences with transgender learners. For each of the following subprompts, please describe:		✔	✔		
JP1:	What do you know about transgender learners?	✔	✔		
JP2:	How do you know about transgender learners?	✔	✔		
JP3:	What do you want to know about transgender learners?	✔	✔		
JP4:	How has your knowledge of transgender learners influenced your attitudes towards transgender learners?	✔	✔	✔	
JP5:	Is there anything else you would like to reflect on with regards to serving transgender learners?	✔	✔	✔	✔

TABS survey. Questionnaires are another source of data that may be used in case study design (Hamilton & Corbett-Whittier, 2013). According to Moser and Korstjens (2018), "the most basic or 'light' version of qualitative data collection is that of open questions in surveys" (p. 12). As related to this qualitative inquiry, surveys may add depth and detail to participants' responses for comparative, descriptive, elaborative purposes (see Patton, 2015). For this single case study, the TABS survey was completed by participants to explore evidence of perceptions specific to the attitudes component of educator competency. According to Baxter and Jack (2008), "within case study research, investigators can collect and integrate quantitative survey data [in that it facilitates] reaching a holistic understanding of the [concept and/or phenomenon] being studied" (p. 554).

Published by Kanamori et al. (2017), this psychometric could "capture a more nuanced conceptualization of transgender attitude not found in previous scales" (p. 1503), nor fostered on its own in reflective or queried narrative. Tellis (1997) stated, "a case study should use as many [types] of sources as are relevant to the study" (p. 8). Likewise,

questionnaires may be combined (in some way) with an interview (see Hamilton, & Corbett-Whittier, 2013), as planned for in this study. Listed in Table 2 were the loading factors of item statements in TABS that I used with participants. The TABS survey was scheduled second to transition the participant from self-described knowledge (and attitudes) into self-prescribed attitudes (and knowledge) about transgender learners, and to ease the participant through the data collection process.

Table 2

Alignment of Educator TABS Survey with Research Questions

Transgender Attitudes and Beliefs Scale (TABS)		CRQ	RRQ1	RRQ2	RRQ3
Think about your personal and/or professional experiences with transgender learners. For each of the following factors, please respond to the 7-point scale of agreement:		✔		✔	
SF1:	Interpersonal Comfort (14 item statements)	✔		✔	✔
SF2:	Sex/Gender Beliefs (10 item statements)	✔	✔	✔	
SF3:	Human Value (5 item statements)	✔		✔	✔

Interview guide. Interviews are the most common source of data used in case study design (Hamilton & Corbett-Whittier, 2013). As related to this qualitative inquiry, semi-structured interviews using open-ended questions yield in-depth responses about participants' experiences (see Patton, 2015). For this single case study, interviews were conducted with participants using a semi-structured interview protocol to describe/explore evidence of practices specific to the skills component of the educator competency. However, this "brief but flexible" (Hamilton, & Corbett-Whittier, 2013, p. 104) approach also allowed for a range of topics to be covered and an ease of analysis and comparison, that could enrich the findings. According to Baškarada (2014),

interviews are a vital source of evidence in case study research that can be used when the investigator cannot obtain the required data in any other way.

I produced this interview guide. It was composed of general, open-ended questions for a semistructured process to capture a more nuanced understanding of what educators did in service of transgender learners. Tellis (1997) stated interviews are also important for "[corroborating] previously gathered data" (p. 9). As such, a review of data collected from other sources will be combined (in some way) with the interview (see Hamilton, & Corbett-Whittier, 2013), as planned for in this study. Listed in Table 3 were the general questions in the interview guide that I used with participants. The interview guide was scheduled third to culminate the participant's (described knowledge and prescribed attitudes into) probed skills for transgender learners, and to ease the participant through to the end of data collection process.

Table 3

Alignment of Educator Interview Guide with Research Questions

Interview Questions		CRQ	RRQ1	RRQ2	RRQ3
Think about your personal and/or professional experiences with transgender learners. For each of the following interview questions, please describe:		✔			✔
IQ1:	How has your knowledge of transgender learners influenced your skills in service of transgender learners?	✔	✔	✔	✔
IQ2:	How have your attitudes towards transgender learners influenced your skills in service of transgender learners?	✔		✔	✔
IQ3:	What skills have you applied *in your school* to serve transgender learners?	✔		✔	✔
IQ4:	What skills have you applied *in your role* to serve transgender learners?	✔		✔	✔
IQ5:	What skills have you applied *as part of a team* to serve transgender learners?	✔			✔
IQ6:	What skills do you want to improve upon in service of transgender learners?	✔			✔
IQ7:	Is there anything else you would to discuss, with regards to serving transgender learners?	✔	✔	✔	✔

Procedures for Recruitment, Participation, and Data Collection

For this single case, exploratory study, I developed procedures for how data would be collected. In particular, there were arrangement and engagement considerations as to how participants and I were involved in the collection of all three sources of data, as outlined in Table 4.

Table 4

Arrangement and Engagement Consideration in the Collection of Data

Arrangement and Engagement Considerations		Reflective Journal Entry	TABS Survey	Interview Guide
1	Alignment	RRQ1: KNOWLEDGE	RRQ2: ATTITUDES	RRQ3: SKILLS
2	Purpose	Gathered paradigms	Gathered perceptions	Gathered practices
3	Provider	Participant	Participant	Participant
4	Facilitator	Researcher	Researcher	Researcher
5	Stage order	1	2	3
6	Frequency	1 time*	1 time*	1 time*
7	Frame of time	Weeks 1–2	Weeks 3–4	Weeks 5–6
8	Location	Remote	Remote	Remote
9	Enter/Start	Notified by e-mail on Sunday, with prompt and instructions; completed during week	Notified by e-mail on Sunday, with metric and instructions; completed during week	Notified by e-mail on Sunday, with scheduling instructions; booked via Calendly
10	Date/Time	As determined	As determined	As determined
11	Duration	15–30 minutes	15–30 minutes	45–60 minutes
12	Recording method	Entry doc/pdf	Results doc/pdf	Skype/Zoom
13	Finish/Exit	Notified facilitator via e-mail with completed attachment *proceeded to Stage 2	Notified facilitator via e-mail with completed attachment *proceeded to Stage 3	Asked participant if they wish to revisit any questions *revisited Stages as needed
14	Follow-up	As needed	As needed	Offered transcript check
15	Communication	Walden e-mail or Text Skype group thread	Walden e-mail or Text Skype group thread	Walden e-mail or Text Skype group thread
16	Back-up	draw participants from other signed consent forms	draw participants from other signed consent forms	draw participants from other signed consent forms

The process for collecting data happened in three stages of preferred order as per RRQ: (1) responding to a reflective journal entry, (2) completing the TABS survey, and (3) participating in an interview guide. Each stage was planned for approximately 2 weeks. At the beginning of each stage, instructions and related data collection

instruments were shared electronically. Data were collected and reviewed by me and then clarified/confirmed by the participant (as needed). All data were provided remotely by participants, during noninstructional time, at their discretion within the prescribed stage order and allotted time frame. Data were scheduled to be collected one time; however, participants were given an opportunity to revisit data instruments and review their contributions as required by the researcher or requested by the participant. According to Simons (2012), this practice gives participants a control and a voice in the reflectives, assessments, and responses for this study. This accommodation was in place to ensure that data collected from every participant for each instrument was comprehensive.

Each instrument varied in terms of collection formats, duration, and facilitation. It was anticipated that the reflective journal entry would require approximately 15 minutes of response time, provided/collected by the participant in a doc/pdf format, and returned electronically (as an attachment) via e-mail to myself. It was anticipated that the TABS survey would require approximately 15 minutes of completion time, collected by the participant through the metric, with results in a doc/pdf format to be returned electronically (as an attachment) via e-mail to myself. It was anticipated that the one on one interview would require approximately 45 minutes of conversation time, recorded by the myself via Skype/Zoom, and transcribed by the myself/a transcriber.

Additionally, a schedule of when participants completed the stages of data collection was logged with related field notes. When a participant dropped out, additional participant consent forms were considered within the time remaining for collection. Any

unforeseen events were adjusted for in consultation with the dissertation committee and in accordance with Internal Review Board (IRB) regulations.

Data Analysis Plan

For this single case, exploratory study, there was a plan for how data would be analyzed. In particular, as outlined in Table 5, there were arrangement and management considerations as to how I would analyze data collected from all three instruments.

Table 5

Arrangement and Management Consideration for the Analysis of Data

	Arrangement and Management Considerations	Reflective Journal Entry	TABS Survey	Interview Guide
1	Alignment	RRQ1: KNOWLEDGE Look for paradigms	RR12: ATTITUDES Look for perceptions	RRQ3: SKILLS Look for practices
2	Cycle 1 coding	Use a priori coding; chunk the data into (6) TQS competencies	Use a priori coding; chunk the data into (6) TQS competencies	Use a priori coding; chunk the data into (6) TQS competencies
3	Cycle 2 coding	Use pattern coding; drill down the data for categories, themes, causes, explanations, relationships among ppl, and/or theoretical constructs	Use pattern coding; drill down the data for categories, themes, causes, explanations, relationships among ppl, and/or theoretical constructs	Use pattern coding; drill down the data for categories, themes, causes, explanations, relationships among ppl, and/or theoretical constructs:
4	Software	Use NVivo/Other	Use NVivo/Other	Use NVivo/Other
5	Applications	Use MS Word, Excel	Use MS Word, Excel	Use MS Word, Excel
6	Discrepant data	Ask participant to clarify or elaborate if needed; seek, accept, note, report.	Ask participant to clarify or elaborate if needed; seek, accept, note, report.	Ask participant to clarify or elaborate if needed; seek, accept, note, report.

The process for analyzing data happened in two cycles. The first cycle coding involved the use of a priori codes as defined by six categories of professional competency to chunk the data into larger groups (see Miles et al., 2014). The second cycle coding involved the use of pattern coding to drill down the data of the larger group, into smaller groups of commonalities (see Miles et al., 2014). Dedoose software was used to store and maintain data (see Miles et al., 2014), as well as support applications such as Microsoft

Word and Excel. However, as the researcher, I was responsible for configuring and interpreting the data as emerged (see Merriam & Tisdell, 2016). I was also be the sole manager and proprietor and protector of this information, which was backed up to a cloud service and stored in a portable, encrypted USB drive for a minimum of 5 years, at which point paper will be shredded and digitals deleted.

Each instrument was created/selected to yield data that directly informed the RRQ and scholarly proposition. Each instrument indirectly informed additional questions and propositions. Since competency was defined as a group of interrelated knowledge, attitudes and skills, then it was reasoned that all three sources of data would have informed any of the three RRQs, from a primary and/or secondary perspective.

And so, primary connections of data to RRQs and propositions were established. The reflective journal entry had a prompt/questions designed to elicit information about the (knowledge) paradigms educators might have about transgender learners. The TABS survey had belief statements about the (attitudes) perceptions educators might have towards transgender individuals. And the interview guide had questions to spark conversations about the (skills) practices of educator who serve transgender learners. Once coded, data were examined by data source and triangulated across data sources.

Additionally, discrepant and/or negative data were treated in a number of ways. As a researcher, I asked participants to clarify or elaborate on data, as needed. Likewise, I did "purposefully seek data that might disconfirm or challenge [a person's] expectations or emerging findings" (see Merriam & Tisdell, 2016, p. 249). In doing so, I was mindful of revisions to current and/or open to the possibility of other propositions (see Miles et

al., 2014). At some point I had to accept what data/findings I saw for face value, make note of them, and report them as is.

Issues of Trustworthiness

In this fourth section, I address issues of credibility, transferability, dependability and confirmability. Additionally, I discuss the strategy of reflexivity for promoting aspects of trustworthiness.

Credibility

Parallel to internal validity (Merriam & Tisdell, 2016), credibility refers to "the confidence that can be placed in the truth of the research findings" (Korstjens & Moser, 2018, p. 121). And so, it is the responsibility of the inquirer to "[provide] assurances of the fit between respondents' views of their life ways and the inquirer's reconstruction of the same" (Patton, 2015, p. 685). Essentially, credibility involves researcher authenticity and the truth to which "findings of the study make sense" (Miles, et al., 2014, p. 312) and are accurately portrayed on behalf of participants to a person's audience.

To establish credibility for this qualitative inquiry with these attributes in mind, I used three key strategies as suggested by Miles et al. (2014). First, the analysis of data and triangulated conclusions were checked by participants for accuracy and coherency. Second, findings were referenced to propositions from the literature in relation to the RRQS and CRQ. And third, areas of uncertainty, unforeseen events, and/or adaptations and extensions were fully disclosed in field notes and discussion of findings.

Transferability

Parallel to external validity (Merriam & Tisdell, 2016), transferability refers to "the degree to which the results of qualitative research can be transferred to other contexts or settings with other respondents" (Korstjens & Moser, 2018, p. 121). And so, it is the responsibility of the inquirer to "[provide] readers with sufficient information on the case such that readers could establish the degree of similarity between the case studied and the case to which findings might be transferred" (Patton, 2015, p. 685). Essentially, transferability involves researcher reality and the distance to which findings may be "transferable to other contexts" (Miles, et al., p. 314).

To establish transferability for this qualitative inquiry with these attributes in mind, I used three key strategies as suggested by Miles et al. (2014). First, a thick description of confirmed, additional, or rival findings with participant examples was presented in a clear, coherent, and systematic manner. Second, the setting attributes and sample qualifiers were clearly articulated for finding relevance in comparative contexts or participants. And third, strengths and limitations of the study were critically assessed as related to scholarly gap, context, and methodology, and future inquiry recommendations.

Dependability

Parallel to reliability (Merriam & Tisdell, 2016), dependability refers to "the stability of findings over time" (Korstjens & Moser, 2018, p. 121). And so, it is the responsibility of the inquirer to "[ensure] that the process of inquiry . . . was logical, traceable, and documented" (Patton, 2015, p. 685). Essentially, dependability involves

researcher stability and the means to which plans and processes were “done with reasonable care” (Miles, et al., 2014, p. 312) in assurance of quality and integrity throughout the study.

To establish dependability for this qualitative inquiry with these attributes in mind, I used four key strategies as suggested by Miles et al. (2014). First, the methodology was properly aligned with problem, purpose, and research questions, and considerate of propositions that emerged from the review of literature. Second, the process of planning the study, collecting and analyzing the data, and discussing the results in accordance with the conceptual framework was recorded and reflected upon throughout the research process in narrative/graphic form. Third, the data were analyzed individually by source and validated collectively across data sources (triangulation). And fourth, member checking was used to confirm accurate capture of data (see Carlson, 2010).

Confirmability

Parallel to objectivity (Merriam & Tisdell, 2016), confirmability refers to “the degree to which the findings of the research study could be confirmed by other researchers” (Korstjens & Moser, 2018, p. 121). And so, it is the responsibility of the inquirer to “[link] assertions, findings, interpretations, and so on to the data themselves in readily discernible ways” (Patton, 2015, p. 685). Essentially, confirmability involves researcher neutrality and “explicitness about the inevitable biases that exist” (Miles, et al., p. 311).

To establish confirmability for this qualitative inquiry with these attributes in mind, I used three key strategies as suggested by Miles et al. (2014). First, detailed field notes were kept to document the inquiry process, and data will be stored for a minimum of 5 years in case of external audit. Second, a description of the inquiry process and conclusions (concurrent and discrepant) was made available in condensed narrative and/or visual form. Third, personal beliefs, values, perspectives, and experiences that may have inadvertently influenced any portion of the study were reflected upon in through memo taking and journal writing.

Parallel to positionality (Merriam & Tisdell, 2016), reflexivity refers to "the process of critical self-reflection about oneself as researcher, …and the research relationship" (Korstjens & Moser, 2018, p. 120). And so, it is the responsibility of the inquirer to engage in "the mindfulness of reflexive triangulation" (Patton, 2015, p. 71). In this qualitative inquiry, appropriate areas to engage in reflexivity are for myself, my participants, and my audience. There are reflexive screens central to all three stakeholders: culture, age, gender, class, social status, education, family, political praxis, language, and values (Patton, 2015).

As the principal investigator, I needed to be thinking about my own thinking throughout the research process (see Patton, 2015). This involved being mindful of how my own "own biases, preferences, preconceptions" (Korstjens & Moser, 2018, p. 121) might influence my ability to conduct rigorous research. And so, I kept a researcher reflective journal to record my thoughts, concerns, or questions throughout the research process (see Janesick, 2011). Reflexivity took place on an intrapersonal level.

As the principal investigator, I needed to be thinking about my own thinking when collecting data from participants (see Patton, 2015). This involved being mindful of my "relationship to the respondents" (Korstjens & Moser, 2018, p. 121) might influence the participants' cooperation and answers to questions. And so, I kept researcher field notes to record my interactions with participants during the data collection and follow-up process (see Janesick, 2011). Reflexivity took place on an interpersonal level.

As the principal investigator, I needed to be thinking about my own thinking for sharing results with an audience (see Patton, 2015). This involved being mindful of how my documented "path of inquiry" (Korstjens & Moser, 2018, p. 121) might influence the research transparency received and perceived by the potential audience. And so, I developed a researcher inquiry model to record for the prospective audience, the events that occurred throughout the research process (see Janesick, 2011). Reflexivity took place on a global level.

Reflexivity was a strategy used to establish trustworthiness. It involved understanding and taking ownership of a person's perspectives and practices (Janesick, 2011; Patton, 2015). According to Janesick (2011), thinking about the thinking of a person's self, a person's participants, and a person's audience requires the researcher to "develop habits of mind" (p. 7) through mindful stretching exercises in (a) observation and writing, (b) interview and writing, (c) reflective journal and writing, (d) analysis and interpretation, and (e) intuition and creativity. If trustworthiness relied on "how much trust can be given that the researcher did *everything* possible to ensure that data was

appropriately and ethically collected, analyzed and reported" (Carlson, 2010, p. 1103), then reflexivity ensured that *everythink* possible was iteratively reflected on, per se.

Ethical Procedures

In this final section, I explain and disclose ethical requirements pursuant IRB. Additionally, I provide evidence of my efforts to address ethical matters and issues of concern.

Review of Ethical Requirements

In preparing for the ethical standards of research related to this qualitative inquiry, I reviewed documents prepared by the IRB as listed on the Center for Research Quality homepage of the Walden University (2018) website. These documents included guides, forms, and samples related to the process of obtaining IRB approval to conduct this study (Walden University, 2018). My IRB application was accepted and approval was granted on January 28, 2019 (Approval No. 01-28-2019-0077882).

Guides. In terms of listed guides (and FAQs), the following considerations are disclosed. There did not appear to be any red flag issues in my study. International research requirements in Alberta/Canada were confirmed through IRB application and approval. Research was conducted in an education setting but not in my own professional setting. Thus, as recommended, a nonacademic time of mutual benefit and consent was determined between me and the participants in order to collect data and proceed with any follow-up.

Forms. In terms of listed forms, the following considerations are disclosed. An IRB application was submitted once my dissertation committee had approved my

proposal. Participants were not contacted, nor were any data collected until the IRB application for this study had been approved. Elements of the research planning worksheet were addressed in components throughout Chapter 3, as well as in Table 4, Table 5, and Appendix C. When changes were required to the proposal after initial approval, or if an adverse event occurred, then the appropriate Request for Change in Procedure forms were submitted to IRB.

Samples. In terms of listed samples, the following considerations are disclosed. A letter of cooperation was obtained from participating school districts and selected schools, as per locum research requirements as well. The names of adult participants were provided by administrators of approached schools, and educators who met the eligibility requirements were invited to participate. Eligibility was verified and consent to participate was provided via initials and signature (respectively) on the consent form for participants. As a researcher, I did not have dual roles to disclose, I did not have parents, children, or youth as participants, nor was any personal health information be required of the adult participants in this study.

Data. Agreements for data use, collection coordination, and confidentiality are presented. Collection of data did not proceed until all required forms were consented to with appropriate signatures and acceptable means of confirmation (e-mail or hard copy). Details that could identify participants, such as the location of the study, were not shared. The personal information of participants was not be used for any purpose(s), outside of this research project. Data were handled and accessed by me (or designates bound by confidentiality) and shared with participants as needed. Data were kept secure by using

password protection on digital devices and backing up files to an external hard drive and/or cloud storage. Any working hard copies of data were locked in file drawers at a home office. To maintain confidentiality, codes were used in the place of names and stored separately from the data. Data will be kept for a period of at least 5 years, as required by the university; then, paper will be shredded and digitals will be deleted.

Checklist of Ethical Procedures

Simons (2012) reminded that researchers should be mindful of the fundamentals, including "do no harm" (p. 96), and *be fair always*. Commensurate to qualitative inquiry, Miles et al. (2014) identified ethical matters and implications for analysis that researchers should be reflect on throughout the research process. In preparing for the proposal phase of this study, evidence of reflection was confirmed to date, and/or identified for follow-up. See Appendix C for a checklist of the ethical procedures that I completed as the principal investigator for this qualitative inquiry are listed.

Summary

Chapter 3 was composed of methodology to study the central concept and phenomenon – educator competencies for transgender learners. With respect to research design and rationale, I justified how a single case, descriptive-exploratory design was a suitable approach among the traditional qualitative designs because it would best help me answer my central and related questions. In the role of the researcher section I considered responsibilities and relationships, as well as the biases, dynamics, and issues inherent in qualitative inquiry. I organized the methodology into four parts. In terms of participant logic and selection, I identified sample strategy and size as well as requirements for

selection and participation. Regarding instrumentation, I specified tools related to documents, surveys, and interviews were specified in accordance with the stated research questions. Furthermore, I outlined procedures for collection of data, and a plan for the analysis of data. To ensure the quality of this case study, I strategized issues of trustworthiness including credibility, transferability, dependability, and confirmability. Finally, to ensure the integrity of this case study I explained my preparation to deal with ethical issues. In Chapter 4, I present the results of this qualitative inquiry, based on a single case, descriptive-exploratory design.

Chapter 4: Results

The purpose of this study was to explore what KASs educators apply to serve transgender learners in secondary school. To accomplish this purpose, I utilized (1) the reflective journal entry to explore evidence of paradigms, (2) the TABS survey to explore evidence of perceptions, and (3) the interview guide to explore evidence of practices applied by each educator. The professional competencies investigated were guided by the following CRQ and RRQs:

CRQ: How do educators apply professional competencies (i.e., knowledge, attitudes, and skills) to serve transgender learners in secondary school?

RRQ1: What professional knowledge do educators draw from to serve transgender learners in secondary school?

RRQ2: What professional attitudes do educators draw upon to serve transgender learners in secondary school?

RRQ3: What professional skills do educators demonstrate to serve transgender learners in secondary school.

Chapter 4 is composed of seven sections. The setting includes personal and organizational conditions of the case site of inquiry. The demographics section contains characteristics of the participants who compose the case. In the data collection section, I provide information pertaining to participants, instrumentation, procedures, and circumstances related to the collection. The data analysis section includes the deductive process of moving from larger units of code to smaller units of code with quotations to support and discrepancies to be accounted. In the evidence of trustworthiness section, I

discuss efforts to ensure credibility, transferability, dependability and confirmability within the study. The results are reported by research questions and include a description of the implementation of strategies to ensure credibility, transferability, dependability, and confirmability. Finally, in the summary section, I present an overview of the collection and analysis process as well as strategies to ensure integrity.

Setting

The research site for this single case study was an Alberta Secondary School (ABSS, pseudonym) from a public school district located in Alberta, Canada. This secondary school is 1 of 50 (approximately) schools participating in the Alberta SOGI Educator Network. Annually, this school serves between 900–1,100 students in Grades 10–12. Of those students, educators estimated approximately two to five transgender students were enrolled at ABSS for the academic year. At the time of this study, participants were busy with concluding course requirements, participating in PRIDE festivities, supervising final exams, reporting final grades, and preparing for graduation ceremonies.

Demographics

The participants for this study included eight educators from ABSS in a public school district. To protect the identities of the participants, the following demographics and characteristics relevant to the study have been shared individually and collectively. The following information was collected from the Participant Profile returned by each participant and confirmed during the interview phase, as needed.

Participant 1 (PAR1) identified as male and preferred he/him/his pronouns. PAR1 completed graduate level education and served 11–20 years in education. In his experience, PAR1 recalled serving approximately five transgender learners (to date) at ABSS. The number of transgender learners served was confirmed by students who had disclosed their gender identity to the participant or an administrator who had shared the information with the participant.

Participant 2 (PAR2) identified as female and preferred she/her/hers pronouns. PAR2 completed graduate level education and served 31–40 years in education. In her experience, PAR2 recalled serving approximately five to 10 transgender learners (to date) at ABSS. The number of transgender learners served was confirmed by students who had disclosed their gender identity to the participant, parents who had shared the information with the participant, or an inference made by the participant.

Participant 3 (PAR3) identified as female and preferred she/her/hers pronouns. PAR3 completed undergraduate level education and 11–20 years in education. In her experience, PAR3 recalled serving approximately eight to 10 transgender learners (to date) at ABSS. The number of transgender learners served was confirmed by the students who had disclosed their gender identity to the participant or an administrator who had shared the information with the participant.

Participant 4 (PAR4) identified as female and preferred she/her/hers pronouns. PAR4 completed undergraduate level education and served 1–10 years in education. In her experience, PAR4 recalled serving approximately two transgender learners (to date)

at ABSS. The number of transgender learners served was confirmed by students who had disclosed their gender identity to the participant.

Participant 5 (PAR5) identified as female and preferred she/her/hers pronouns. PAR5 completed graduate level education and served 11–20 years in education. In her experience, PAR5 recalled serving approximately 10 transgender learners (to date) at ABSS. The number of transgender learners served was unconfirmed by the participant; due to unforeseen circumstances, PAR5 was unable to complete the data collection requirements.

Participant 6 (PAR6) identified as female and preferred she/her/hers pronouns. PAR6 completed graduate level education and served 11–20 years in education. In her experience, PAR6 recalled serving approximately five to eight transgender learners (to date) at ABSS. The number of transgender learners served was confirmed by students who had disclosed their gender identity to the participant.

Participant 7 (PAR7) identified as male and preferred he/him/his pronouns. PAR7 completed undergraduate level education and served 1–10 years in education. In his experience, PAR7 recalled serving approximately five transgender learners (to date) at ABSS. The number of transgender learners served was confirmed by students who had disclosed their gender identity to the participant, colleagues who had shared the information with the participant, or an inference made by the participant.

Participant 8 (PAR8) identified as male and preferred he/him/his pronouns. PAR8 completed undergraduate level education and served 41–50 years in education. In his experience, PAR8 recalled serving approximately 2–4 transgender learners per year at

ABSS. The number of transgender learners served was confirmed by students who had disclosed their gender identity to the participant.

Collectively, participants served various part-time, full-time, or combined roles in/for ABSS, including those of administrator, coordinator, counsellor, and teacher as well as committee, faculty, and district leads. These educators served transgender learners in various academic streams and disciplines, such as English, social studies, math, sciences, physical education (PE), career and technology studies, fine arts, and special education. Additionally, I noted that:

- 8 of 8 participants engaged in extracurricular activities related to ABSS,
- 5 of 8 participants confirmed a religious/spiritual affiliation, and
- 3 of 8 participants identified as LGBTQ.

Data Collection

For this single case study, I collected data from multiple sources in sequence. The first source of data was collected via a reflective journal entry, the second source of data was collected via the TABS survey, and the third source of data was collected via an interview guide. In February of 2019, I received IRB (final) approval to conduct this study. In March of 2019, I e-mailed my letter of invitation to the principal of the (first) ABSS. By April of 2019, the principal forwarded the invitation e-mail (with the Letter of Consent attached) to all educators in ABSS for consideration. Once consent was obtained, I e-mailed participants the participant profile, which was completed and returned to me via e-mail prior to the sequenced administration of the following instruments. The entire data collection process was completed by 7 of 8 participants.

Two key issues were present during collection of data in terms of the recruitment of participants and the collection of data. As permitted in the approval letter of the research partner, I sent an invitation to participate in this study to ABSS in the spring, initially distributed by the principal of ABSS (first) and followed up by me (second) via a public domain e-mail address for each educator. When only three educators returned consent forms, a request for change in procedure form was submitted and approved by IRB that extended the invitation to principals at other secondary schools of the same research partner. When zero educators responded to that invitation, a second request for change in procedure was submitted/approved by IRB that extended the eligibility requirements to participate in the study. Subsequently, an additional five educators consented to participate from ABSS. The time taken to recruit the appropriate number educators then pushed the collection of data into the final month of the school year. When educators conveyed their business/asked for extensions, flexibilities were provided to complete/return data instruments when convenient for them, including over their summer holidays. Ultimately, consent forms were returned by eight participants, and data were collected from seven participants over a period of 5 months.

Reflective Journal Entry

Upon receipt of the completed and returned participant profile, I e-mailed participants the preamble instructions and template for the reflective journal entry. Each participant completed a list of five reflective prompts, which they returned to me via e-mail as a docx/pdf digital file, within 2 weeks on average. The instrument was then reviewed for completion and in preparation for the interview. The length of entries

returned ranged from 2–4 pages. The digital files were formatted and renamed appropriately for personal archive and upload into data analysis software (i.e., Dedoose, not NVivo as proposed), both secured and password protected.

TABS Survey

Upon receipt of the completed and returned reflective journal entry, I e-mailed participants the preamble instructions and template for the TABS survey. Each participant responded to three factors of item statements (n = 29), which they returned to me via docx/pdf digital file, within 1 week on average. The instrument was then reviewed for completion and in preparation for the interview. The length of surveys returned was two pages. The digital files were formatted and renamed appropriately for personal archive and upload into data analysis software (i.e., Dedoose), both secured and password protected.

Interview Guide

Upon receipt of the completed and returned TABS survey, I e-mailed participants the preamble instructions for the interview. Each participant booked an interview date/time via Calendly and attended the interview as scheduled, using the Zoom conference link generated through the Calendly booking. I reviewed the reflective journal entry and TABS survey in preparation for the interview, where participants were prompted for clarification/elaboration of responses as needed. Interviews were conducted virtually by PC/smartphone audio at minimum, and by visual at maximum, within 2 weeks on average. Interviews were audio recorded via Zoom conference on my PC and

Voice Recorder on my iPhone. The length of interviews conducted ranged from 45–91 minutes.

I renamed the Zoom audio (mp4) file appropriately for personal archive and upload into transcription software (i.e., Happy Scribe), both secured and password protected. Once the initial transcriptions were generated and downloaded into a Word file (docx), I formatted the transcripts according to interviewee and participant verbatim with end/spoken punctuation inserted where reasonably discernible. Within 2–3 weeks of each interview, final transcripts were returned to participants via e-mail to review for accuracy and authenticity. Most transcripts were returned via e-mail within 1 week with the participant acknowledgement of "I CONFIRM." The digital file was then formatted and renamed appropriately for personal archive and upload into data analysis software (i.e., Dedoose), both secured and password protected.

I collected data according to the plan presented in Chapter 3, as depicted in Figure 8; however, the time taken to collect the data varied according to the needs of the participants. Given recruitment efforts and time of year, flexibilities regarding completion and transition time of/between instruments were afforded to the participants who expressed a desire to continue their participation in this study. Additionally, a few unusual circumstances were encountered in data collection. Some participants took longer to complete each instrument, especially between the survey and interview. Other participants finished the data collection process in less than 1 week. Half of the participants were late/missed their scheduled interview but were but were able to participate later that day or at an alternate date/time.

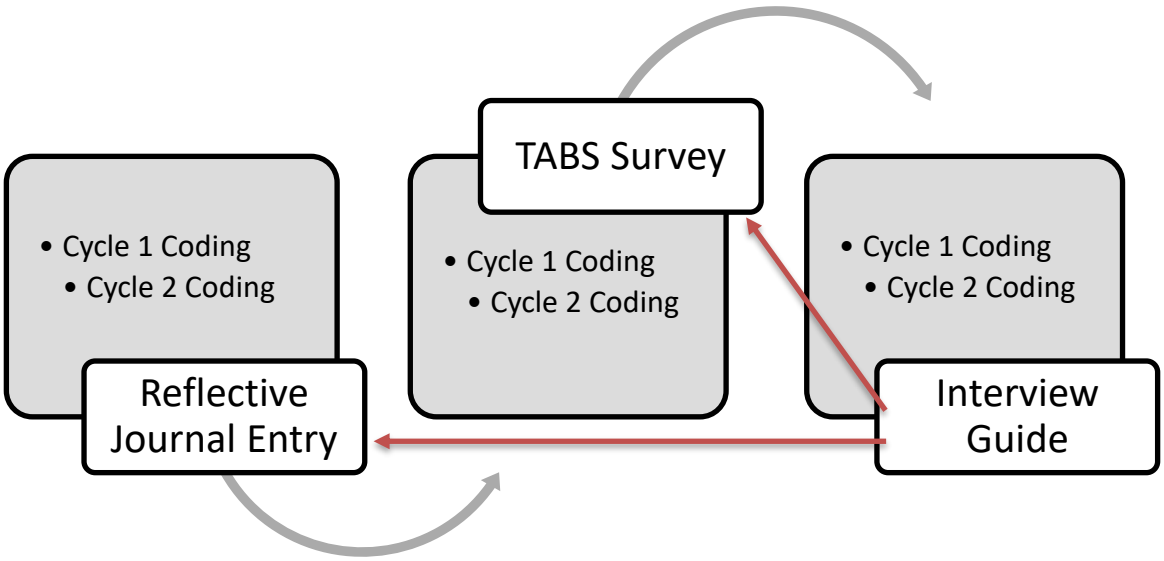

Figure 8. An alternating flow graphic was used to show the workflow process of collecting and coding of data sources and the relationship between the sources. The script for the interview guide enabled participants to revisit prior instruments for clarification or elaboration of responses, as needed/requested.

Data Analysis

A deductive coding process was used to analyze the data. Using the computer assisted data analysis software, Dedoose, the data were coded in two cycles. Summaries of final deductions arrived at by instrument are presented. Visuals of deductions in relation to the research questions are configured. Likewise, cases of discrepant data are discussed and evidence of trustworthiness are confirmed.

Cycle 1 Coding

For Cycle 1 data analysis, I organized and coded all the data collected from the reflective journal entry, TABS survey, and interview guide using the a priori coding method that Miles et al. (2014) recommended for qualitative research. As outlined in the

TQS document (GOA, 2018c), there were six groups of interrelated competencies that served as a priori codes for Cycle 1 analysis:

1. Fostering Effective Relationships
2. Engaging in Career-Long Learning
3. Demonstrating a Professional Body of Knowledge
4. Establishing Inclusive Learning Environments
5. Applying Foundational Knowledge about First Nations, Metis and Inuit
6. Adhering to Legal Frameworks and Policies

These six a priori groups (and their related definitions) were arranged as *parent codes (*and their related definitions*)* in Dedoose. The related definitions for each a priori group served as criteria from which I chunked the data for further deduction in Cycle 2 data analysis. Then, I created a summary of the parent codes identified for each data instrument, and across all three instruments. To be noted, any data collected across instruments that clarified or extended queries from the primary instrument were coded to the latter.

Reflective journal entry data. For the first phase of data collection in this study, seven participants completed a reflective journal entry that was (primarily) meant to activate their knowledge about transgender learners and ease them into the data collection process. The data collected from each journal prompt was coded according to the nature of parent codes to choose from. Among the journal prompts, 5 of 6 parent codes were identified. Table 6 shows the parent codes that were identified across prompts in the reflective journal entry.

Table 6

Parent Codes Identified Across Journal Prompts

Parent Codes		Journal Prompts				
		JP1	JP2	JP3	JP4	JP5
1	Fostering Effective Relationships	✔	✔	✔	✔	✔
2	Engaging in Career-Long Learning	✔	✔	✔	✔	✔
3	Demonstrating a Professional Body of Knowledge	✔	✔	✔	✔	✔
4	Establishing Inclusive Learning Environments	✔	✔		✔	✔
5	Applying Foundational Knowledge of FNMI	✔	✔			
6	Adhering to Legal Frameworks and Policies	✔	✔		✔	✔

In addition to the identified parent code(s), each journal prompt was given its own *journal code* in order to analyze the inherent nature (and number) of reflections given. In the first journal prompt participants were asked, "What do you know about transgender learners?" The nature of responses for JP1 were based on realities (n = 92), information (n = 36), dilemmas (n = 22), and misconceptions (n = 13). In the second journal prompt participants were asked, "How do you know about transgender learners?" The nature of responses for JP2 were based on professional experience (n = 86), personal experience (n = 75), and professional development (n = 5). In the third journal prompt participants were asked, "What do you want to know about transgender learners?" The nature of responses for JP3 included develop my understanding (n = 6), and access to supports (n = 3).

In the fourth journal prompt participants were asked, "How has your knowledge about transgender learners influenced your attitudes towards transgender learners?" The nature of responses for JP4 were based on thoughts (n = 42), positions (n = 29), feelings (n = 26), and beliefs (n = 14). In the fifth journal prompt participants were asked, "Is there anything else you would like to reflect on with regards to serving transgender

learners?" The nature of responses for JP5 were characterized as in due time (n = 10), and for the now (n = 7).

TABS survey data. For the second phase of data collection in this study, seven participants completed the TABS Survey, which was (primarily) meant to evaluate their attitudes towards transgender individuals on a 7-point scale of agreement and ease them through the data collection process. The data collected from each survey factor were coded according to the nature of parent codes to choose from. Among the survey factors, 4 of 6 parent codes were identified. Table 7 shows the parent codes that were identified across factors in the TABS survey.

Table 7

Parent Codes Identified Across Survey Factors

	Parent Codes	Survey Factors		
		SF1	SF2	SF3
1	Fostering Effective Relationships	✔		
2	Engaging in Career-Long Learning	✔	✔	✔
3	Demonstrating a Professional Body of Knowledge		✔	✔
4	Establishing Inclusive Learning Environments	✔	✔	✔
5	Applying Foundational Knowledge of FNMI			
6	Adhering to Legal Frameworks and Policies			

In addition to the identified parent code(s), each survey factor was given its own *survey code* in order to analyze the inherent nature (and number) of evaluations given. In the first survey factor participants were asked 14 item statements pertaining to Interpersonal Comfort, whereby the collective response to these statements averaged 6.6, or *Agree*. The nature of responses for SF1 were based on positions (n = 10), and feelings (n = 4). In the second survey factor participants were asked 10 item statements pertaining to Sex / Gender Beliefs, whereby the collective response to these statements averaged

6.6, or *Agree*. The nature of responses for SF2 were based on beliefs (*n* = 10). In the third survey factor participants were asked to respond to five item statements pertaining to Human Value, whereby the collective response to these statements averaged 6.9, or *Agree*. The nature of responses for SF3 were based on thoughts (*n* = 4), and positions (*n* = 1).

Interview guide data. For the final phase of data collection in this study, seven participants completed the interview guide which was (primarily) meant to articulate their skills for transgender learners and ease them through the data collection process. The data collected from each interview question was coded according to the nature of parent codes to choose from. Among the interview questions, 6 of 6 parent codes were identified. Table 8 shows the parent codes that were identified across questions in the interview guide.

Table 8

Parent Codes Identified by Interview Questions

Parent Codes		Interview Questions						
		IQ1	IQ2	IQ3	IQ4	IQ5	IQ6	IQ7
1	Fostering Effective Relationships	✔	✔	✔	✔	✔		✔
2	Engaging in Career-Long Learning	✔	✔	✔	✔	✔	✔	✔
3	Demonstrating a Professional Body of Knowledge	✔	✔	✔	✔	✔	✔	✔
4	Establishing Inclusive Learning Environments	✔	✔	✔	✔	✔	✔	✔
5	Applying Foundational Knowledge of FNMI			✔	✔	✔		
6	Adhering to Legal Frameworks and Policies	✔		✔	✔			✔

In addition to the identified parent code(s), each interview question was given its own *interview code* in order to analyze the inherent nature (and number) of descriptions given. In the first interview question participants were asked, “How has your knowledge of transgender learners influenced your skills in service of transgender learners?” The

nature of responses for IQ1 were based on realities required action (*n* = 19), student-centered service (*n* = 11), teacher scrutinized practice (*n* = 7), and research convinced action (*n* = 2). In the second interview question participants were asked, “How have your attitudes towards transgender learners influenced your skills in service of transgender learners?” The nature of responses for IQ2 were based on do for them (*n* = 65) and be for them (*n* = 20).

In the third interview question participants were asked, “What skills have you demonstrated in your school to serve transgender learners?” The nature of responses for IQ3 were based on school spaces (*n* = 29), school courses (*n* = 23), school culture (*n* = 20), school policies (*n* = 12), creating allies (*n* = 18), supporting the GSA (*n* = 17), communicating mindfully (*n* = 12), promoting student engagement (*n* = 6), and connecting with community (*n* = 5). In the fourth interview question participants were asked, “What skills have you demonstrated in your role to serve transgender learners?” The nature of responses for IQ4 were based on backing students (*n* = 63), creating conditions (*n* = 46), finding best fits (*n* = 40), sparking reflection (*n* = 26), and guiding colleagues (*n* = 18). In the fifth interview question participants were asked, “What skills have you demonstrated as part of a team to serve transgender learners?” The nature of responses for IQ5 were based on navigating with colleagues (*n* = 28), attending collaboration meetings (*n* = 14), being part of a greater good (*n* = 14), working with families (*n* = 11), involving outside professionals (*n* = 8), and involving students (*n* = 8).

In the sixth interview question participants were asked: “What skills do you want to improve upon to best support transgender learners?” The nature of responses for IQ6

were based on knowledge (*n* = 6), reflection (*n* = 6), collegiality (*n* = 5), and interactions (*n* =3). In the seventh interview question participants were asked, "Is there anything else you would like to discuss with regards to serving transgender learners?" The nature of responses for IQ7 were based on questions (*n* = 14), concerns (*n* = 13), and celebrations (*n* = 10).

For Cycle 1 coding, data was analyzed from three instruments. The data collected from the reflective journal entry was composed of actual and potential knowledge, as well as current attitudes. The data collected from the TABS survey was composed of categorical and potential attitudes. The data collected from the interview guide was composed of actual and potential skills, as well as related considerations. Table 9 shows the parent codes that were identified across all three data instruments.

Table 9

Parent Codes Identified Across Data Instruments

	Parent Codes	Reflective Journal Entry	TABS Survey	Interview Guide
1	Fostering Effective Relationships	✔	✔	✔
2	Engaging in Career-Long Learning	✔	✔	✔
3	Demonstrating a Professional Body of Knowledge	✔	✔	✔
4	Establishing Inclusive Learning Environments	✔	✔	✔
5	Applying Foundational Knowledge of FNMI	✔		✔
6	Adhering to Legal Frameworks and Policies	✔		✔

Cycle 2 Coding

For Cycle 2 data analysis, I continued to use a deductive process to code the data as it was collected. For each parent code, I 'drilled down' the data using the pattern coding method that Miles et al. (2014) recommended for qualitative research. The emergent patterns included categories/themes, causes/explanations, relationships among

people, and theoretical constructs (Miles et al., 2014). Within their respective parent codes, the emergent patterns were arranged as *child codes* – thus, forming a *code tree*. Then, I created a summary of the code trees that emerged for each data instrument, and across all three instruments. Table 10 shows the code trees that emerged from the analysis of data from all 3 instruments, with parent (a priori) codes listed in numerical order and child (pattern) codes listed in alphabetical order.

Table 10

Summary of Code Trees by Data Instrument

Parent Codes		Child Codes	Reflective Journal Entry	TABS Survey	Interview Guide
1	Fostering	Attributes	✔		✔
	Effective Relationships	Interactions	✔	✔	✔
		Podiums	✔		✔
		Stakeholders	✔	✔	✔
2	Engaging	Collaborated	✔		✔
	in Career-Long Learning	Explored	✔		✔
		Facilitated	✔		✔
		Reflected	✔	✔	✔
3	Demonstrating	Aligned	✔	✔	✔
	a Professional Body of Knowledge	Communicated	✔		✔
		Defined	✔	✔	✔
		Educated	✔		✔
		Experienced	✔	✔	✔
		Expressed	✔		✔
		Misinterpreted	✔		✔
		Rationalized	✔		✔
		Socialized	✔		✔
		Subjected	✔	✔	✔
4	Establishing	Addressed needs	✔		✔
	Inclusive Learning Environments	Celebrated diversity	✔	✔	✔
		Engaged resources	✔		✔
		Ensured safety	✔	✔	✔
		Implemented practices	✔		✔
		Offered activities	✔		✔
		Welcomed everyone	✔	✔	✔
5	Applying	Recognized two-spirit	✔		✔
	Foundational Knowledge of FNMI				
6	Adhering	Committed to rights	✔		✔
	to Legal Frameworks and Policies	Concerned for rights	✔		✔

Attributes. From the parent code fostering effective relationships, the first child code was attributes and found in the following PAR examples. From the reflective journal entry PAR6 stated, “The knowledge that I have developed has helped me to develop empathy and understanding for this incredibly vulnerable population.” From the TABS survey, the were no item statements coded to attributes. However, from the interview guide PAR4 described what she did when a bag for her transgender learner was mislabeled on locker cleanup day; “I covered up their first name with more tape and put the proper name, because I could imagine [sic] what a gut punch that would be, to be working so hard to [assert their] identity.” PAR8 shared that she tries to connect with students every day, and “make[s] absolutely sure to check-in with any students who are facing extra intersectionalities, including transgender students.” PAR2 recalled her efforts to simply refit the girls’ bathroom with a gender inclusive sign; “The kids know that this is where the trust for me came in . . . they know that I was the one that managed to make this happen.”

Interactions. From the parent code fostering effective relationships, the second child code was interactions and found in the following PAR examples. From the reflective journal entry, PAR4 noted that she helps transgender learners with conversations they may not want to have; for example, quietly correcting an event organizer who used the wrong pronoun for her transgender learner. PAR3 shared, “I use gender neutral language in most situations when speaking with students, parents and other staff. I have found that most people do not notice, however, for people for whom this is important it makes a huge difference.” PAR8 mentioned that he honors the

transgender learner's first impression before seeking background information from the cumulative file; "The more one ultimately knows about the complexity of each individual allows for the possibility of greater and deeper relationship building and greater connectedness to advance the individuals' learning." From the TABS survey, the collective response to item statements coded to interactions averaged 6.5, or *Agree*. From the interview guide PAR6 asserted, "Well [ABSS] has a very strong [sic] contingent of safe contacts and leads in [the] building who are incredibly passionate about supporting kids [who are transitioning or questioning]." PAR2 acknowledged her reputation for transgender supports, in that "they know they can come to me." PAR4 recalled taking a risk during a parent-teacher conference where the parent was still using the youth's birth name/pronoun and he was getting visibly upset; "So, I just started referring to [him by his] first name to [sic] honor his identity."

Podiums. From the parent code fostering effective relationships, the third child code was podiums and found in the following PAR examples. From the reflective journal entry PAR1 acknowledged, "As a gay person, I am empathetic to societal issues around the community, but I am more concerned for the health and safety of transgendered people." From the TABS survey, the were no item statements coded to podiums. However, from the interview guide PAR7 asserted that in his lessons, "If anything ever comes up, any kind of slurs . . . I'm very quick to publicly squash it." PAR4 commented that in her quest to be "a super amazing ally" she makes sure transgender learners are heard and supported, advocated for and protected for as needed, and have safe spaces to be themselves. PAR6 acknowledged, "Part of my role too, is to be that sort of liaison

between the schools and that really deep-seeded passion for wanting to see change, and then having to report to our senior administration and our trustees."

Stakeholders. From the parent code fostering effective relationships, the fourth child code was stakeholders and found in the following PAR examples. From the reflective journal entry, PAR1 recalled helping many transgender learners "battle peers, society, and sadly enough, their families." PAR 6 acknowledged,

> Most of the information and knowledge that I have acquired has been through my collaboration with a number of community partners, educators, and organizations who have come together to discuss, share, develop and educate through the development of policy, inclusive environments and resource development highlighting terminology and language surrounding all genders.

PAR7 mentioned that he consults with the teacher who runs the school GSA because, "she is a wealth of information" for him in helping his transgender learners. From the TABS survey, the collective response to item statements coded to stakeholders averaged 6.7, or *Agree*. From the interview guide PAR8 described how when working with transgender learners, he listens to them, presents perspectives, focuses on the positive, laughs on occasion, and gives them tools for self-evaluation. PAR1 figured when a parent comes to you sharing discomfort and asking for help, "you got to have answers." PAR6 admitted, "I love actually working with the adults because that's where the hard work is."

Collaborated. From the parent code engaging in career-long learning, the first child code was collaborated and found in the following PAR examples. From the reflective journal entry, PAR3 shared that she has met many transgender adults and

parents of transgender children “through PFLAG meetings, professional teacher GSAs, professional development workshops, etc.” From the TABS survey, the were no item statements coded to ‘collaborated’. However, from the interview guide PAR2 noted her efforts bring in a parent from a local community group to speak to ABSS educators about the experiences raising a transgender youth. PAR6 listed SOGI schools and their leads in and out of district, as well as liaisons from the ARC Foundation, the ATA, and a local university who meet on a scheduled basis to advance their efforts. PAR1 recalled a year-end SOGI meeting where school representatives had conversations with LGBTQ learners about their effort to support them, and the learners replied, “You need to stop talking about us as transgender kids and start treating us as kids.”

Explored. From the parent code engaging in career-long learning, the second child code was explored and found in the following PAR examples. From the reflective journal entry, PAR1 attended a conference for health service providers of transgender learners. PAR3 “spent a significant amount of time reading”, albeit ATA material intended to support teachers who facilitate GSAs, books about youth in the LGBTQ2+ community, and primary research about the current understandings about LGBTQ2+ youth. PAR8 initially learned about transgender learners though media including tv documentaries, news magazine articles and newspaper articles, followed by district and ATA conventions, ABSS discussions, and the learners he taught. From the TABS survey, the were no item statements coded to explored. However, from the interview guide PAR3 shared approached the local university to gather information/resources about current research and effective practices; “I need to have more access to people like yourself who

are doing this work." PAR2 recommended a book about the trials and tribulations of a mother (and transgender daughter) who navigated the school system.

Facilitated. From the parent code engaging in career-long learning, the third child code was facilitated and found in the following PAR examples. From the reflective journal entry, PAR4 shared that she was invited by a student to give a presentation at a local community group about transgender issues in Japan. From the TABS survey, the were no item statements coded to facilitation. However, from the interview guide PAR6 conducted annual professional development workshops in the district for SOGI leads, covering a range of topics, modelling learning activities, and engaging in role play to enhance understanding. PAR2 shared that she is one of the SOGI leads who tends to "sit back and pull the strings behind the scenes" to ensure that the changes that need to be made, get done. PAR1 emphasized the importance of educating staff through the eyes of their students, and touching base with educators via e-mail or face to face to share information and provide support; education and relationships are key. PAR8 described his involvement with SOGI related events and activities as casual, informal and as needed; "I'll come to your meeting. I'll help you with this. I'll help you with that."

Reflected. From the parent code engaging in career-long learning, the fourth child code was reflected and found in the following PAR examples. From the reflective journal entry PAR6 stated, "I hold no bias, however, I acknowledge that I am naïve and somewhat unsure sometimes about the appropriate use of language and terminology, as it is ever changing." PAR4 admitted, "I was slightly uncomfortable at first. Even though I knew intellectually that a transgendered student is like any other student, it took

meaningful interaction for that to sink in." PAR8 mentioned that he and members of his department aimed to "do no harm, . . . and that would be true of all kids, not just transgender." From the TABS survey, the were no item statements coded to reflected. However, from the interview guide PAR3 acknowledged the cognitive dissonance needed to push forward in her learning about transgender. PAR7 admitted, "I don't know what I don't know, so . . . " staying current with knowledge and skills to help future transgender learners is a must. PAR4 realized her need to know (what) and curiosity (about), "for whatever reason, should not trump their right to not be asked" unnecessary questions. PAR2 recognized the need/want for segregated and integrated PE classes, and the conundrum that went with it.

Aligned. From the parent code demonstrating a professional body of knowledge, the first child code was aligned and found in the following PAR examples. From the reflective journal entry, PAR8 noted that transitioning involves making physical changes to their bodies to fit the alternate gender, "either partially through hormonal therapy or completely through reassignment surgery." PAR7 recently learned about the "the actual process [of] kids undergoing hormonal treatments as well as psychological treatments." PAR4 described in detail, the how hormones worked for/against male and female characteristics, the aspects of top/bottom surgery, different types of feminization and masculinization procedures, and reproductive considerations for those who chose complete surgical alignment. PAR2 wrote,

> I know that transgender individuals generally feel that they have been born into the wrong body. Being transgender is about gender identity and not about sexual

> attraction. Some of our transgender students are desperately wishing for surgery to align their body with the gender they identify with.

From the TABS survey, the collective response to item statements coded to aligned averaged 6.4, or *Agree*. From the interview guide PAR6 described the banding of top and bottom features that do not align with a person's identity and expression. PAR1 shared that some of his transgender students are really struggling, crying every day in his office, "I just want to have the medication. I want to have the bottom surgery. I want to move on."

Communicated. From the parent code demonstrating a professional body of knowledge, the second child code was communicated and found in the following PAR examples. From the reflective journal entry PAR4 wrote, "A person who is transgendered is the gender they identify as. These are the pronouns you should use when addressing them. It is unnecessarily antagonistic to insist on calling them by the incorrect pronoun on purpose." From the TABS survey, there were no item statements coded to communicated. However, from the interview guide PAR7 recalled saying, "Here you are girls," when passing out sheets to a group that included a transgender student who used they pronouns; he felt bad right away, caught the student after class after class and apologized, "<NAME>, sorry, I kind of screwed up there." PAR2 refused to box herself in with transgender terms;

> I know it's problematic for you because I don't know the names, I don't care to know the names, I just know that this person is Max, or Sue, or whomever.

> They’re just a human being. And I’m sad that society feels like we have to box people in.

PAR3 shared, “You have to read the room, you have to respond to the room, and sometimes you have to ask the room what's going to be the best terminology to use [and] in the learner field, transgender***ed*** is not acceptable.”

Defined. From the parent code demonstrating a professional body of knowledge, the third child code was defined and found in the following PAR examples. From the reflective journal entry PAR3 wrote, “When a person has a gender identity or gender expression that does not align with their assigned gender at birth, that person may choose to identify themselves as a transgender person.” PAR8 stated, “Transgender refers to people who identify differently from their birth gender or assigned gender. From the TABS survey, the collective response to item statements coded to defined averaged 6.7, or *Agree*. From the interview guide PAR1 asserted, “Biological gender and identified gender are very, very different things. The cisgender person doesn't get to make that decision for [transgender people]. PAR6 recalled the term “two-spirited*”* within the FNMI population as a fluidity between male characteristics and female characteristics that shapes a person’s identity.

Educated. From the parent code demonstrating a professional body of knowledge, the fourth child code was educated and found in the following PAR examples. From the reflective journal entry PAR2 wrote “Transgender learners carry a huge burden compared with many other students. Invariably the burden affects learning.” PAR4 mentioned that she wove information about transgendered issues where they fit

best in her lessons. From the TABS survey, the were no item statements coded to educated. However, from the interview guide PAR8 shared that teachers have access to information on students through cumulative files via student services; Albeit, “if it's not kept confidential from teachers through their counselors, from parents.” PAR4 recalled a transgender student who missed several classes due to recurring health concerns, and eventually had to drop the course:

> I don't know a lot of the details there since she or her family didn't really share with me, and of course it's not my place to pry. Like she was so far behind she had really good academic capacity but with whatever was happening in her private life, it was too much.

PAR6 encouraged educators in professional development sessions to examine their classroom management practices and look for ways to de-gender or make more inclusive, such as, “Everybody with a birthday between January and June, you go on this side of the room. Everybody with a birthday between July and December, you go on this side of the room.” PAR4 used the Kahoot app to give all students, including transgender student, an anonymous space to engage in sensitive learning topics related to gender and sexuality.

Experienced. From the parent code demonstrating a professional body of knowledge, the fifth child code was experienced and found in the following PAR examples. From the reflective journal entry, PAR6 recognized the “incredibly complex” experience that is unique to every transgender person. PAR1 noted that transgendered people have higher rates of mental health issues, interpersonal conflict with family/friends, and drug use to cope. PAR4 wrote, “There is a high instance of

depression, anxiety, and self-harm in individuals who are transgendered because their body doesn't feel right." From the TABS survey, the collective response to item statements coded to experienced averaged 6.5, or *Agree*. From the interview guide PAR3 discussed a continuum of stress influenced by family/friends and life, whom for one student, would manifest itself during every single assessment in our course; the student would sit there and cry, with "massive crocodile tears streaming down his face," over 80% in an advanced placement course, and a fully supportive family. PAR3 recognized that in addition to the usual expectations and pressures of being a high school student, transgender students are "trying to figure out the social norms around the gender that you identify with." PAR1 referred to how intersectionality factors into their developing identities as well.

Expressed. From the parent code demonstrating a professional body of knowledge, the sixth child code was expressed and found in the following PAR examples. From the reflective journal entry PAR7 wrote, "I'm learning that more kids are 'daring' to come out." PAR1 noted that transgender students take 'blockers' to stop puberty from maturing, in order to "present more as the gender they identify [with]". JPAR8 commented that transgender people may appear or act like the gender they identify as, and they may dress accordingly or live completely as that gender. From the TABS survey, the were no item statements coded to expressed. However, from the interview guide PAR4 commented, "It's very obvious when someone is transgendered or not performing the gender that they are expected to . . . and for some people it invites confrontations that are not pleasant at best, and not safe at worst." PAR6 acknowledged

that youth are a space to question and experiment with living the way they actually feel, and that there are some people who think that these kids are just raising a fuss, want to be different, and want to give people headaches.

Misinterpreted. From the parent code demonstrating a professional body of knowledge, the seventh child code was misinterpreted and found in following PAR examples. From the reflective journal entry, PAR3 shared some misunderstandings about transgender learners including transgender women could be rapists and/or pedophiles using female only spaces for pursual; drag queens are transgender people; a transgender person that you must be gay. PAR6 expressed a desire to "develop more understanding and clarify some of [her] own misconceptions around transgender individuals." PAR4 figure that since transgender learners are a small population of society, they (and their issues) are easy to avoid, and the lack of meaningful interaction might foster negative beliefs about them. PAR8 stated, "Many transgender people are hugely misunderstood within their families/communities and will feel rejected, isolated, ashamed, etc.; conversely, they may cause others to feel afraid, and threaten(ed)." From the TABS survey, the were no item statements coded to misinterpreted. From the interview guide PAR1 noted not all transgender learners are homosexual, and that " . . . sexuality and gender two completely different things."

Rationalized. From the parent code demonstrating a professional body of knowledge, the eighth child code was rationalized and found in the following PAR examples. From the reflective journal entry, PAR1 wrote "transgendered people are born

into the wrong body, . . . their brains are wired as the opposite gender, . . . they identify as one gender, but their bodies do not match." PAR3 acknowledged,

> The science of why a person may psychologically not identify with their (seemingly) biological gender remains unclear. However, our understanding of gender is growing, and we now understand that gender is much more complicated than an XX or XY chromosomal pair or whether we have female or male genitals.

PAR4 mentioned, "Some children at a young age may strongly identify with a gender that is different than their assigned biological sex" and experiment with role play games and gender expression. From the TABS survey, the were no item statements coded to rationalized. However, from the interview guide PAR1 figured that the chemistry of their brain overrides the parts of their bodies, "and how a child is raised I think, has a big part of that as well." PAR2 identified her own conundrums about chromosome analysis, intersex assignments, and parent say in development.

Socialized. From the parent code demonstrating a professional body of knowledge, the ninth child code was socialized and found in the following PAR examples. From the reflective journal entry, PAR7 witnessed in his classroom that "Kids in the high school setting seem to be quite accepting of transgender kids." PAR1 acknowledged that most of his transgender students "have the support of their friends and family, yet "their struggles are very present; the trauma that these students experience is unfathomable when compared to their peers." From the TABS survey, the were no item statements coded to socialized. However, from the interview guide PAR6 noted the social anxiety and family discord that transgender students are often faced with. PAR4

mentioned the social avoidance and safety concerns endured by her transgender students, and having their expressed identity judged by peers/parents; she continued,

> the fundamental disrespect that they will have to endure in their lifetime about their identity and their gender and the conversations that they will have to have over and over again; [sic] it's not fair, and I know that they're going to have to face a lot more crap than anyone else is going to have to and that really upsets me.

PAR3 counseled a transgender boy from tears to smiles about the guilt from lying to the online gaming community that he was a girl; she reassured him, “You are a boy, and you have not hit male puberty yet.”

Subjected. From the parent code demonstrating a professional body of knowledge, the tenth child code was subjected and found in the following PAR examples. From the reflective journal entry PAR4 wrote about risks for students just coming out, including dehumanization, bullying, violence, discrimination, and difficulties with everyday tasks – “something as simple as going to the bathroom.” PAR1 noted that transgendered people have higher rates of homelessness and unemployment, often being forced to work in the sex trade. From the TABS survey, the collective response to item statements coded to subjected averaged 6.9, or *Agree*. From the interview guide PAR2 recognized that the mistreatment of transgender students is not necessarily overt, and that “it's subtle little things that you may or may not see and yet, this person is feeling.” PAR6 shared while she has not had to deal with any formal cases of bullying and such, it is likely that transgender students are experiencing difficulties, “but again, we're trying to create a culture of acceptance and empathy and you know loving each other for who you

are." PAR3 witnessed some passive-aggressive or ignorant mistreatment of transgender learners by politicians stopped by her classroom and insisted on using the inappropriate pronouns for her transgender students. PAR3 has also heard of transphobic language being used but walks the hallway in her ally bubble; "it's like a little snow plough, and the kids see me coming and clean up their language."

Addressed needs. From the parent code establishing inclusive learning environments, the first child code was addressed needs and found in the following PAR examples. From the reflective journal entry, PAR6 stated that as a result of her position in the district, her knowledge about transgender learners has grown substantially, as well as her access to supports and training which help all educators meet the needs of transgender learners. PAR4 recognized that in time (with knowledge and experience) she will "be better able to respond appropriately to the needs of students who are transgendered, but other than that I think it's just a matter of being able to respond effectively and appropriately to any student in general." From the TABS survey, the were no item statements coded to addressed needs. However, from the interview guide PAR3 described her position and efforts;

> I have quite a bit more patience for students who do not identify as cis-gender. I recognize that they are experiencing an extra layer of stress beyond the average student in the classroom. I recognize that this extra stress may move them down Maslow's hierarchy of needs which can make learning more difficult and that they may need some extra time to reach their full potential. As with all students, I see each person as an individual and attempt to respond to them and their needs as

> individually as possible. No two students are identical; each journey and reaction to that journey are going to be different. I must determine if a student requires patience, love, encouragement to press forward, etc. Understanding the academic side of the transgender experience allows me to watch for certain signals and develop a variety of responses to support transgender students but mostly, I use my professional judgment. Most importantly, I try to find ways to engage these students and allow them to have a voice that shapes our journey together. Some are very open to the conversation and quickly become active participants in the support that I give them. Some are more reserved and only share small hints of what they want and do not want from me. Like all young people, you have to go with the flow and find your rhythm with each individual.

PAR1 noted, "If there's no learning disability and they're seeing psychologists, something else is going on and these kids need someone to talk to, so I'll develop [referrals] for the inclusive team from our district."

Celebrated diversity. From establishing inclusive learning environments, the second child was celebrated diversity and found in the following PAR examples. From the reflective journal entry, PAR1 stated that as a member of the district's SOGI committee, they are mindful of the needs, concerns and successes of transgendered students. From the TABS survey, the collective response to item statements coded to celebrated diversity averaged 6.9, or *Agree*. From the interview guide PAR1 also recounted a conference experience where the message from FNMI presenters regarding TS people was, "we need to celebrate you. You're different, you're wonderful, you're

beautiful", and that's what he tries to do for his students. PAR8 described the week-long celebration during pride month (June) that involved various events (dances, barbecue, family activities, etc.) that brought people together from the district/SS in celebration of the LGBTQ community. PAR4 recognized that including herself, other teachers have 'love and diversity' stickers on their clipboards, and students involved in the GSA routinely stop by classrooms and hand out candy to educate and celebrate diversity. PAR6 mentioned the opportunities (real-time, filmed, or written narratives) for transgender students to talk about and celebrate their experiences in safe ways through community groups/organizations who support SS.

Engaged resources. From the parent code establishing inclusive learning environments, the third child code was engaged resources and found in the following PAR examples. From the reflective journal entry, (PAR3 and) PAR2 noted the district's access to SOGI educator resources and a local community group "which provides youth with time connect with other youth, fun activities, advocacy, and resources for families and the community." From the TABS survey, the were no item statements coded to engaged resources. However, from the interview guide PAR1 engaged in monthly counsellor meetings to triage student needs through a pyramid of intervention that would indicate which professionals and resources to further reach out to. PAR2 commented that transgender students have access to licensed psychologists who visit the school on a weekly basis to help students who are struggling (addictions, mental health, etc.), and offer parents some tools or community paths for navigation. PAR4 and PAR1 mentioned that through the SOGI committee, we've been able to introduce some new literature into

the English and social studies classes where all students will have an opportunity to learn about LGBTQ2 history and issues.

Ensured safety. From the parent code establishing inclusive learning environments, the fourth child code was ensured safety and found in the following PAR examples. From the reflective journal entry, PAR4 acknowledged the need in society (and schools) for consciously created spaces that are inclusive and safe, such as the change room and gender inclusive bathroom in her school. PAR2 acknowledged the GSA as a safe space and felt "the term gay straight alliance completely misses the boat for transgender youth." From the TABS survey, the collective response to item statements coded to ensuring safety averaged 6.9, or *Agree*. From the interview guide PAR2 noted, "A lot of the teachers will have the rainbow flag, [and/or] the little sticker on their door." PAR7 preferred using subtle gestures and symbols that say, "Hey, everybody's welcome." PAR2 described the GSA club, whereby,

> students meet every Wednesday if they want. It's an open group and it's quite fluid. Kids come and go all the time. They do all kinds of activities in school . . . [and] somehow it has gotten out that if the students need help from administrator they come to me, or they come to [the GSA leader].

PAR8 commented on the GSA that, "Teachers are very welcome to be involved and I think kids are sometimes surprised when teachers come to their meetings . . . ."

Implemented practices. From the parent code establishing inclusive learning environments, the fifth child code was implemented practices and found in following PAR examples. From the reflective journal entry, PAR2 advocated for a gender inclusive

bathroom and PE changeroom, as well as customized student records with privacy filters for preferred names/pronouns. PAR3 recalled "[using] gender neutral language in most situations when speaking with students, parents and other staff . . . [and while] most people don't notice, however, for people for whom this is important it makes a huge difference." From the TABS survey, the were no item statements coded to implemented practices. However, from the interview guide PAR1 remarked, "Everyone understands. The language around our school has changed." PAR2 dealt with bullies of transgender students with the teacher and through her office and she worked closely with the GSA teacher liaison to empower students for causes and remove barriers to action. PAR3 handed out an introduction worksheet to students on the first day of school that asks, "Is there anything else that you think I should know?" by blending possible response statements that any student may wish to share. PAR8 shared that he walks around to different classes to check-in with students about their learning, feelings, needs, and ideas for improvement.

Offered activities. From the parent code establishing inclusive learning environments, the sixth child code was offered activities and found in the following PAR examples. From the reflective journal entry or the TABS survey, the were no item statements coded to offered activities. However, from the interview guide PAR2 acknowledged the pathways that transgender learners could access to earn PE credits towards graduation including distance learning, summer school, and term school; to the latter, transgender learners may register for the coed/gender PE class of their choosing. PAR3 recalled a FTM learner who chose to register in the female PE class because he did

not feel comfortable being in the male class. PAR7 recalled allowing transgender learner to opt out of a swimming lesson, and opt in to an additional soccer lesson running at the same time during a summer school PE class. PAR1 figured intramurals was an optimal space for transgender learners to participate in recreational physical activity "because then they don't have to identify as male or female, they identify as a soccer player or a rugby player, or a volleyball player."

Welcomed everyone. From the parent code establishing inclusive learning environments the seventh child code was welcomed everyone and found in the following PAR examples. From the reflective journal entry PAR3 stated, "I have always loved all of my students in my classroom regardless of who they are and how they express themselves." PAR1 commented, "I want to ensure they have access to all the positivity and possibilities that every other person has." From the TABS survey, the collective response to item statements coded to welcomed everyone averaged 6.7, or *Agree*. From the interview guide PAR1 shared, "When parents come shopping for a school, they'll get a feeling as soon as they walk in the building. We have, we have [pride and safe space/safe zone] signs up all over the school. PAR2 recounted a front foyer bulletin board about the GSA club and trans-positive language posters put up around the building; "there are posters all over that imply everyone is welcome here." PAR8 mentioned there were various social activities at the beginning of the year to welcome all kids, and that ABSS had "quite a focused GSA."

Recognized two-spirit. From the parent code applying foundational knowledge of FNMI, the sole child code was recognized two-spirit and found in the following PAR

examples. From the reflective journal entry, PAR1 referenced TS by the number ‘2’ added to the LGBTQ acronym. PAR8 figured TS to be “neither male nor female, you’re something that is both or neither.” PAR3 commented that not all FNMI people subscribe to the colonial coined in the 1990s; younger TSs seem to prefer the term because they do not have to demarcate their gender/sexuality. From the TABS survey, the were no item statements coded to recognized TS. However, from the interview guide PAR8 acknowledged the opportunity to discuss TS via the school district’s efforts to address truth and reconciliation for the Indigenous culture. PAR1 mentioned that new literature related to LGBTQ2+ was introduced into English and social studies classes via the school district’s focus on literacy and the SOGI committee.

Committed to rights. From the parent code adhering to legal frameworks and policies, the first child code was committed to rights and found following PAR examples. From the reflective journal entry PAR1 reiterated that as a member of the LGBTQ community, “Our rights are not different, they're just human rights; more rights for us doesn't mean less rights for you.” PAR3 honored,

> A transgender person may choose to change their name (legally or socially) and/or the pronouns they use. They may choose to begin dressing and/or behaving in a manner that would align with the societal expectations for a person of the psychologically aligned gender. Someone who is transgender may choose to share their new name and/or pronouns with only certain people or they may choose to begin using these new aspects of themselves with all people. Transgender people may choose to always have a gender expression that aligns with their identified

> gender or they may choose to occasionally express their identified gender. These choices are often based on who this person is around (are these people/this community safe and accepting, or not), and their own comfort level with who they are and where they are on their journey.

PAR2 reminded, "It is not the role of the school to inform parents that their child may be transgender, but rather to support the student as best as possible along the journey." From the TABS survey, the were no item statements coded to committed to rights. However, from the interview guide PAR6 acknowledged that most of the transgender learners served (who are transitioning) have supportive parents; otherwise, we would not be able to work with those kids. PAR6 asserted, "Now I have a lot of trust in our educators [sic] around that; we have very strong policy in our school district around ensuring that the confidentiality and privacy around SOGI is protected [sic], in the best interests of the students."

Concerned for rights. From the parent code adhering to legal frameworks and policies, the second child code was concerned for rights in following PAR examples. From the reflective journal entry PAR1 stated, "It terrifies me that the political powers may strip them of their rights and lives. We CANNOT let this happen." From the TABS survey, the were no item statements coded to concerned for rights. However, from the interview guide a few participants expressed concerns. PAR8 stated his opposition to the ethics of the current provincial government; what once was a progressive movement for the protection of LGBTQ students, "is now regressing… I'm worried." PAR6 was concerned that in the past few years, transgender learners "had much more protection in

terms of, you know not being outed in [their] schools and being a part of GSAs, and that could change. I do worry about suicide . . . based on that for sure." PAR1 mentioned several students approached him in tears, asking about what the future of their current rights might look like.

Discrepant cases could surface to challenge the theoretical proposition of a single case study. In Cycle 1 analysis I categorized the data and found no evidence of discrepant cases. Of note, instances of contradictory responses provided by participants were addressed during the interview phase by asking the participant to clarify or elaborate, and then compared across participant responses. Using the TQS competency indicators (GOA, 2018c, pp. 4–7) as a guide, appropriate a priori codes were applied to the data within context. In Cycle 2 analysis I acknowledged the patterns that emerged from the data and found no evidence of discrepant cases. Given the TQS competency statements (GOA, 2018c, pp. 4–7) as a capture, emergent patterns appeared to compliment the capture with additional/clarifying indicators commensurate to the service of transgender learners. Thus, all cases appeared to be concurrent with the purpose of this qualitative inquiry.

Evidence of Trustworthiness

To confirm the validity and reliable of the findings in this study, evidence of credibility, transferability, dependability and confirmability are presented. Strategies used to promote trustworthiness are presented by component. As well, the addition of reflexivity to promote trustworthiness are be shared.

Credibility

I followed the credibility strategies recommended by Miles et al. (2014) in this study. In lieu of the proposed participant check, I shared a summary of tree codes and triangulated conclusions with two expert practitioners to check for check for accuracy and coherency. In Chapter 5, I will reference the findings related to propositions from the literature that informed the research questions. Furthermore, any areas of uncertainty, unforeseen events, and/or adaptations and extensions disclosed in field notes will be included in the discussion of findings. Readers may be assured that these findings are truthful (see Korstjens & Moser, 2018) given the opportunity that every participant had to review interview their own interview transcript for accuracy of contributions (see Patton, 2015).

Transferability

I followed the transferability strategies recommended by Miles et al. (2014) in this study. A thick description of related and rival findings with participant examples was presented in a clear, coherent, and systematic manner. Where appropriate to protect participants, setting attributes and sample qualifiers were shared for relevance in comparative contexts or participants. In Chapter 5, I will critically assess the strengths and limitations of this study in relation to the scholarly gaps, context, and methodology, and make future inquiry recommendations. Readers may be assured that these findings may be transferred to other contexts or settings (see Korstjens & Moser, 2018) based on the information I shared to adequately confirm similarities (see Patton, 2015).

Dependability

I followed the dependability strategies recommended by Miles et al. (2014) in this study. The methodology was accurately aligned with problem, purpose, and research questions, and informed by literature propositions. Preparing the study, processing the data, and pondering the results in tandem with conceptual framework was referenced and reflected upon throughout the research process in both narrative and visual forms. Data were collected in proposed order using scripted protocols and analyzed by and across sources to confirm triangulation. Additionally, participants were given the opportunity to review interview transcripts for accurate capture of responses (Carlson, 2010). Readers may be assured that these findings are stable (see Korstjens & Moser, 2018) given the process endured and details documented (see Patton, 2015).

Confirmability

I followed the confirmability strategies recommended by Miles et al. (2014) in this study. Detailed field notes were recorded on instrument hardcopies, documented in a digital journal, and stored with organized data in a secured physical and digital location for the next 5 years. Narrative and visuals regarding aspects of the study were consistently and clearly presented. Reflective memos about myself as the researcher in relation to participants/data were recorded on instrument hardcopies, Dedoose project copy, and digital journal. Readers may be assured that these findings may be confirmed by other scholars (see Korstjens & Moser, 2018) based on the connections made between claims, results and understandings in succinct ways (see Patton, 2015).

Additionally, I followed the reflexivity strategies recommended by Janesick, (2011) in this study. I recorded my thoughts, concerns, or questions throughout the research process using a digital, researcher reflective journal. I recorded my interactions with participants during the data collection and follow-up process by making field notes on the instrument hardcopies returned. In lieu of the proposed researcher inquiry model, I described the events that occurred throughout the research process for the prospective audience. Given the strategies employed above to ensure trustworthiness, I did *everything* possible to conduct the research with integrity and diligence (see Carlson, 2010, p. 1103) and *everythink* possible to reflect on the findings with objectivity and mindfulness. Thus, readers can be assured that these findings were accompanied by critical self-reflection as recommended by Korstjens and Moser (2018, p. 120) given the ongoing attention paid to myself as the researcher, my participants and my prospective audience (see Patton, 2015).

Results

I analyzed the results of this study in relation to the CRQ and RRQs. To delineate the results of this case the analyses of RRQs are presented first. To consolidate the results of this case the analysis of the CRQ is summarized second. Data to support and/or counter each finding is also shared.

Delineated by Related Research Questions

Three RRQs contributed to the CRQ. To best answer each RRQ, I compiled data from all three data sources: the reflective journal entry, TABS survey, and interview guide. For each data source, results are confirmed by parent code, placed by source code, explained by child code, and evidenced by the number of coding applications (n =). Key

findings by data instrument are presented and triangulated across all three data sources to provide a comprehensive response.

Related research question 1. The first RRQ was: What professional knowledge do educators draw from to serve transgender learners in secondary school?

Analysis of data from the reflective journal entry revealed how knowledge of transgender learners was described and acquired. Knowledge of transgender learners was confirmed by Parent Code 3 and described across 10 child codes. Participants knew how transgender learners aligned (n = 94) in terms of needed transition and health care considerations. Participants knew how transgender learners communicated (n = 51) in terms of labels/terms, names/pronouns, and social media. Participants knew how transgender was defined (n = 99) in terms birth assigned and growth identified. Participants knew how transgender learners were educated (n = 102) in terms of conscious planning for a known population. Participants knew what transgender learners experienced (n = 163) in terms of coping skills, processing identity, and struggling mentally. Participants knew how transgender learners expressed (n = 36) in terms of behaving, dressing, passing, and phasing. Participants knew how transgender was misinterpreted (n = 25) in terms of misconceptions, misinformation, and misunderstandings. Participants knew how transgender was rationalized (n = 35) in terms of biology, neurology, and development. Participants knew how transgender learners socialized (n = 92) as individuals, with family/friends, and the interactions they encountered. Participants knew how transgender learners were subjected (n = 40) as a minority in terms of discrimination, and the victimization they endured.

Knowledge of transgender learners was also confirmed by Parent Code 5 and described in one child code. Participants recognized TS (*n* = 11) through the LGBTQ2 acronym, truth and reconciliation efforts, and by incorporating LGBTQ literature. Knowledge of transgender learners was placed in Journal Code 2 and described across three child codes. Participants acquired knowledge of transgender learners through personal experience (*n* = 15) with family, friends, parents, strangers, media, and community. Participants acquired knowledge of transgender learners through professional development (*n* = 59) via academics, conferences, and self-search efforts. Participants acquired knowledge of transgender learners through professional experience (*n* = 128) with GSAs groups, and district committees. From the reflective journal entry, the key finding was that educators drew knowledge from a broad set of paradigms largely based on their professional experience.

Analysis of data from the TABS survey revealed how prescribed attitudes towards transgender individuals related to described knowledge of transgender learners. Prescribed attitudes related to described knowledge were confirmed by Parent Code 3, placed in Survey Code 3 and described across four child codes. The collective response to attitude statements that aligned (*n* = 1) averaged 6.4, or *Agree.* The collective response to attitude statements that defined (*n* = 5) averaged 6.7, or *Agree.* The collective response to attitude statements that experienced (*n* = 4) averaged 6.5, or *Agree.* The collective response to attitude statements that subjected (*n* = 2) averaged 6.9, or *Agree.* The collective response to prescribed attitudes coded to Parent 3 averaged 6.6, or *Agree.* From

the TABS survey, the key finding was that educators drew knowledge from a shared level of agreement of prescribed paradigms.

Analysis of data from the interview guide revealed how described knowledge of transgender learners was confirmed. Knowledge of transgender learners was confirmed by Parent Code 3, placed in Interview Code 0 and described across two child codes. Participants confirmed the identity of transgender learners through educator deduction (n = 7) via inference on observation, or inquiry during interactions. Participants confirmed the identity of transgender learners through learner disclosure (n = 28) via self-identification to the participant, another teacher, or an administrator. From the interview guide, the key finding was that educators drew knowledge about transgender learners largely based on self-disclosure. When triangulated across all three data sources, educators drew from knowledge largely based on professional experience about what students had experienced (see Figure 9).

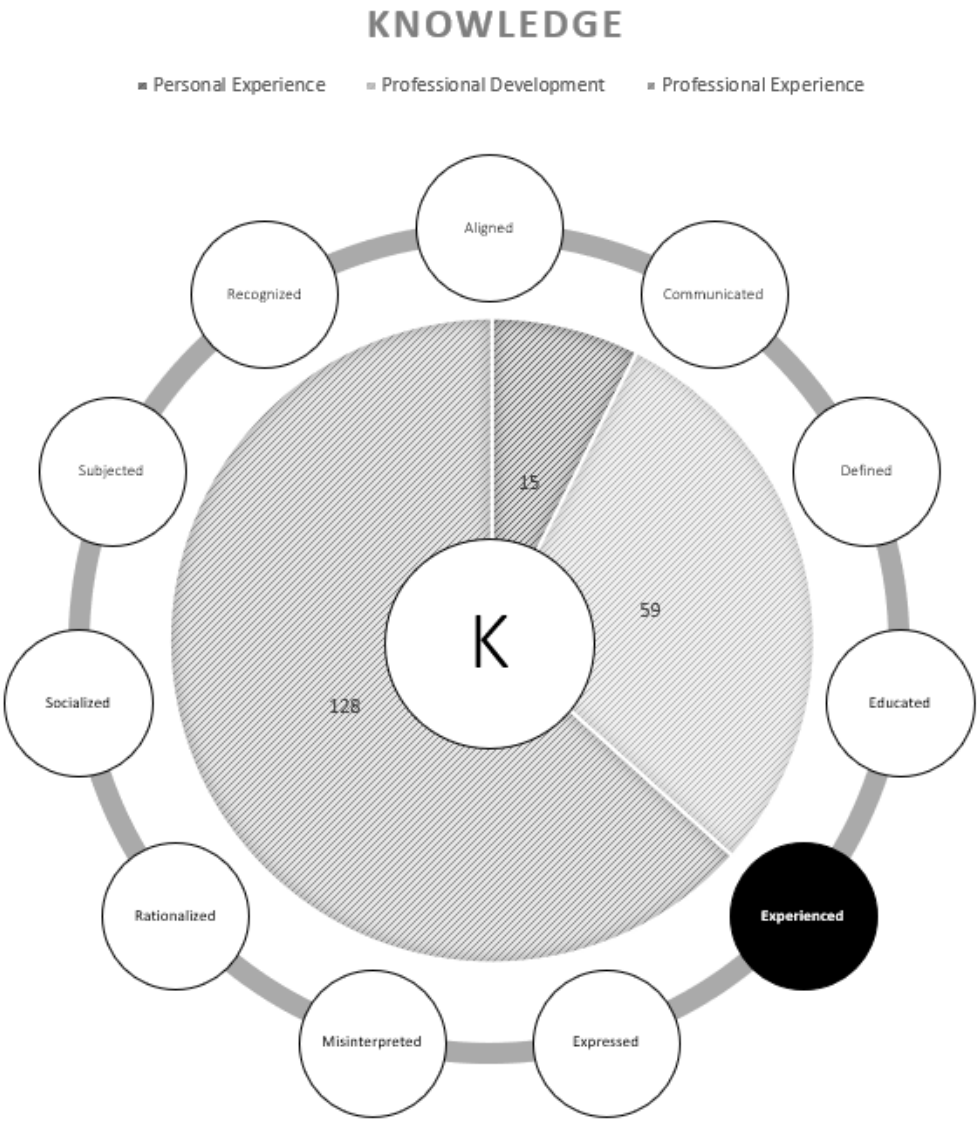

Figure 9. A pie-radial circle depicts the various child codes on the outer ring that contributed to the central idea of knowledge (K) across all data sources. Educators' knowledge of transgender learners was based on code (applications) of personal experience (n = 59), professional development (n = 15), and professional experience (n = 128) segments. Knowledge of transgender learners was largely based on professional experience and mainly informed by the experienced paradigm.

Related research question 2. The second RRQ was: What professional attitudes do educators draw upon to serve transgender learners in secondary school?

Analysis of data from the reflective journal entry revealed how described knowledge of transgender learners related described attitudes towards transgender individuals. Attitudes towards transgender individuals were confirmed by Parent Code 2, placed in Journal Code 4 and described across four child codes. Participants' attitudes were based on beliefs (n = 14) such as acceptance, autonomy, no longer fit, science mix-up, and unfair judgement. Participants' attitudes were based on feelings (n = 26) such as awareness, concern, empathy, and growing. Participants' attitudes were based on positions (n = 29) such as concern for inclusion, personal enlightenment, professional mindfulness, modelling forward, more understanding, and provide assurance. Participants' attitudes were based on thoughts (n = 42) such as build capacity, call to action, development of gender dysphoria, student journey, support in system, and support inclusion. From the reflective journal entry, the key finding was that educators drew attitudes from a set of described perspectives largely based on thoughts and positions.

Analysis of data from the TABS survey revealed how prescribed attitudes towards transgender individuals related to described attitudes towards transgender individuals. Prescribed attitudes were confirmed by Parent 2, placed in Survey Code 2 and described across four child codes. The collective response to attitude statements about beliefs (n = 10) averaged 6.6, or *Agree.* The collective response to attitude statements about feelings (n = 4) averaged 6.8, or *Agree.* The collective response to attitude statements about positions (n = 11) averaged 6.6, or *Agree.* The collective response to attitude statements

about thoughts (*n* = 4) averaged 6.9, or *Agree.* The collective response to prescribed attitudes coded to Parent 2 averaged 6.7, or *Agree.* From the TABS survey, the key finding was that educators drew attitudes from a set of prescribed perspectives largely based on positions and beliefs.

Analysis of data from the interview guide revealed how prescribed attitudes towards transgender individuals related to described attitudes towards transgender learners. Attitudes towards transgender learners were confirmed by Parent Code 2, placed in Interview Code 2 and described across four child codes. Participants attitudes were based on beliefs (*n* = 5) such as learners are learners, kids are kids, and people are people. Participants' attitudes were based on feelings (*n* = 22) such as apathy, empathy, frustration, positive, sadness, scared, sympathy, and vulnerable. Participants' attitudes were based on positions (*n* = 14) such as accept the person, in awe of authenticity, everyone has a story, and treat them equally. Participants' attitudes were based on thoughts (*n* = 18) such as be open, desire to understand, differentiation and individualization, empower with education, focus on the student, adults open to learning, unique population, and unnecessary difficulties. From the interview guide, the key finding was that educators drew attitudes from a set of described perspectives that was largely based on feelings and thoughts. When triangulated across all three data sources, educators drew upon attitudes largely based on thoughts, positions, and feelings including focus on the student, acceptance and empathy (see Figure 10).

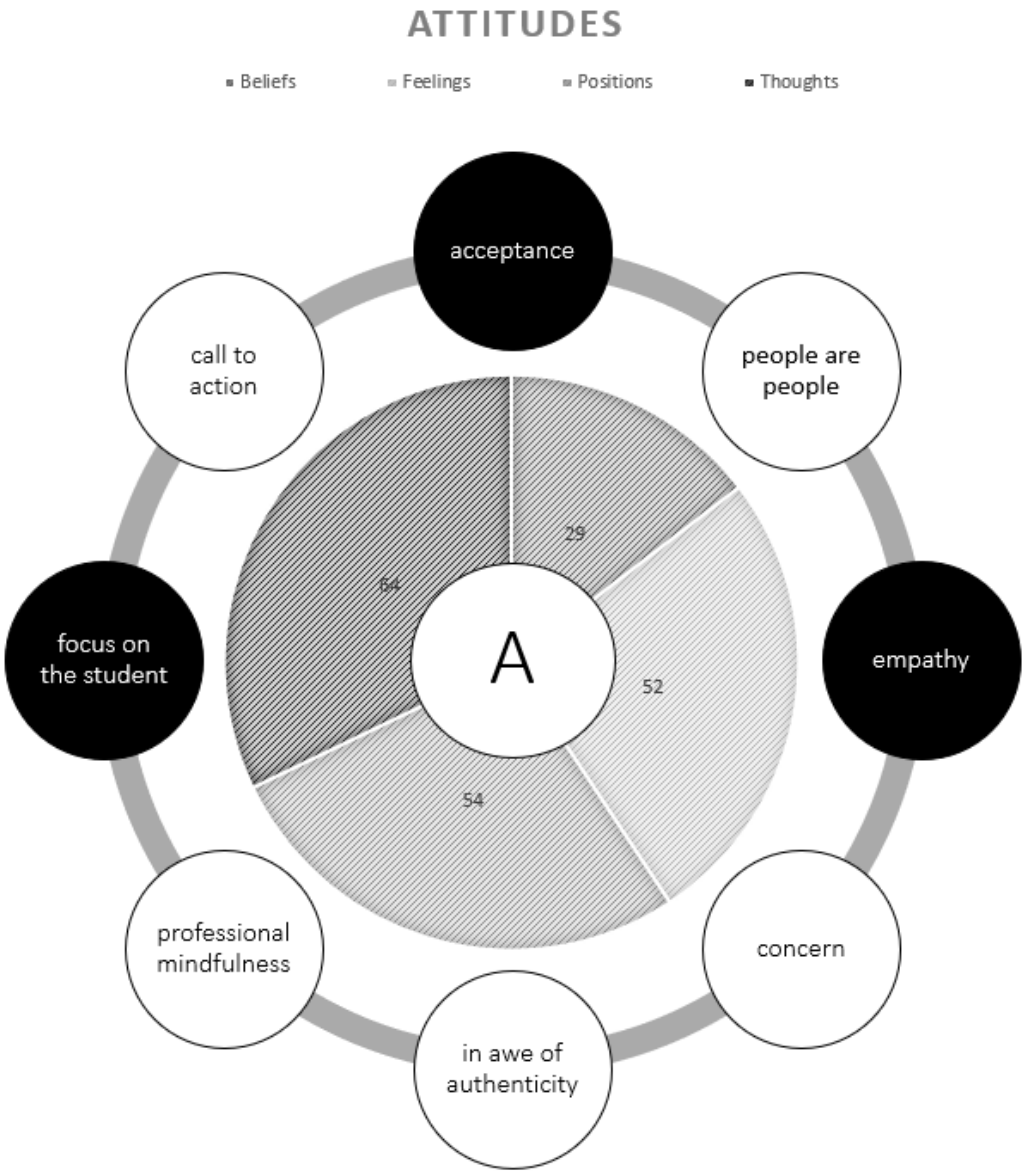

Figure 10. A pie-radial circle depicts the various child codes on the outer ring that contributed to the central idea of attitudes (A) across all data sources. Educators' attitudes towards transgender individuals were based on code (applications) pertaining to beliefs (n = 29), feelings (n = 52), positions (n = 54), and thoughts (n = 64) segments. Attitudes towards transgender learners were largely based on thoughts, feelings, and positions in terms of focus on the student, acceptance and empathy.

Related research question 3. The third RRQ was: What professional skills do educators demonstrate to serve transgender learners in secondary school?

Analysis of data from the reflective journal entry revealed how described knowledge of transgender learners related desired skills for transgender individuals. Skills desired for transgender learners were confirmed by Parent Codes 1, 2, 3, and 6, placed in Journal Code 5 and described across two child codes. Participants' skills were desired for the now (n = 7) in terms of advocates needed, compassion required, and politics threaten. Participants' skills were desired in due time (n = 10) in terms of evolving language and experience pending. From the reflective journal entry, the key finding was that educators desired skills broadly based on knowledge, attitudes and skills.

Analysis of data from the TABS survey revealed how described skills for transgender learners related to prescribed attitudes towards transgender individuals. Prescribed attitudes related to described skills were confirmed by Parent Code 1, placed in Survey Code 1 and described across two child codes. The collective response to attitude statements about stakeholders (n = 2) averaged 6.7, or *Agree.* The collective response to attitude statements about interactions (n = 5) averaged 6.5, or *Agree.* The collective response to prescribed attitudes coded to Parent 1 averaged 6.5, or *Agree.*

Prescribed attitudes related to described skills were confirmed by Parent Code 4, placed in Survey Code 4 and described across two child codes. The collective response to attitude statements that celebrated diversity (n = 1) averaged 6.9, or *Agree.* The collective response to attitude statements that ensured safety (n = 1) averaged 6.9, or *Agree.* The collective response to attitude statements that welcomed everyone (n = 8) averaged 6.7,

or *Agree.* The collective response to prescribed attitudes coded to Parent 4 averaged 6.7, or *Agree.* From the TABS survey, the key finding was that educators demonstrated skills from a shared level of agreement of prescribed practices.

Analysis of data from the interview guide revealed how described knowledge about transgender learners related described skills for transgender learners. Skills for transgender learners were confirmed by Parent Codes 1, 2, and 3, placed in Interview Code 1 and described across four child codes. Knowledge of realities required action (*n* = 19) in terms of monitoring learners at-risk, modelling learner mindfulness, enlisting allies for change, and reflecting on learner narratives. Knowledge of research required action (*n* = 2) in terms of experienced statistics. Knowledge of students centered service (*n* = 11) in terms of diversity warranting validation, and medicals warranting concession. Knowledge for teachers scrutinized practice (*n* = 7) in terms of confidence to converse, empathy sparked interest, and questioning a person's place to know.

Analysis of data from the interview guide revealed how described attitudes towards transgender learners related described skills for transgender learners. Skills for transgender learners were confirmed by Parent Codes 1, 2, and 3, placed in Interview Code 2 and described across two child codes. Attitudes influenced participants to be for learners (*n* = 20) such as be mindful of realities, be passionate about service, be prepared to help, and be willing to learn. Attitudes influenced participants to do for learners (*n* = 65) such as empathizing with parents, establishing we effort, focusing on the person, moving them along, and owning a person's mistakes.

Analysis of data from the interview guide revealed described skills in their school to serve transgender learners. Skills for transgender learners were confirmed by Parent Codes 1, 2, 3, 4 and 6, placed in Interview Code 3 and described across nine child codes. Participants communicated mindfully (*n* = 12) by having face-to-face conversations. Participants connected with community (*n* = 5) by representing the school and participating in PRIDE activities. Participants created allies (*n* = 18) by being an open LGBTQ administrator/educator, directing to supports, and wearing visuals. Participants promoted learner engagement (*n* = 6) by supporting student initiatives. Participants provided inclusive options (*n* = 23) in terms of extracurricular, curriculum, athletics and intramurals, and graduation. Participants nurtured inclusive culture (*n* = 20) by sharing knowledge, developing perspective, serving consistently, and welcoming all. Participants created inclusive policies (*n* = 12) by making things happen. Participants created safe spaces (*n* = 29) by offering a safe space and posting visuals. Participants supported the GSA (*n* = 17) by leading and participating in GSA activities.

Analysis of data from the interview guide revealed described skills in their roles to serve transgender learners. Skills for transgender learners were confirmed by Parent Codes 1, 2, 3, and 4, placed in Interview Code 4 and described across five child codes. Participants backed learners (*n* = 63) by navigating struggles, protecting spaces, empowering voices, providing choice, caring actively, and seeking supports. Participants created conditions (*n* = 43) by modelling ally position and pushing inclusion agenda. Participants identified best-fits by making curricular connections and making things

better. Participants guided colleagues (*n* = 18) by being a pilot and copilot. Participants sparked reflection (*n* = 26) by examining perspectives and provoking conversations.

Analysis of data from the interview guide revealed described skills in their teams for transgender learners. Skills for transgender learners were confirmed by Parent Codes 1, 2, 3, and 4, placed in Interview Code 5 and described across six child codes. Participants attended collaboration meetings (*n* = 14) to create varied resources, generate service ideas, and register new learners. Participants shared in greater good (*n* = 14) by engaging with community groups. Participants involved outside professionals (*n* = 8) by accessing academics, consulting with nurses, and debriefing with psychologists. Participants involved learners (*n* = 8) by consulting with LGBTQ students on initiatives. Participants navigated with colleagues (*n* = 28) including faculty leads, district leads, GSA lead, SOGI leads, educators, administrators, counsellors. Participants worked with families (*n* = 11), mainly parents.

Analysis of data from the interview guide revealed desired skills for transgender learners. Skills for transgender learners were confirmed by Parent Code 2, placed in Interview Code 6 and described across four child codes. Participants sought improved collegiality (*n* = 5) in terms of educating and engaging fellow educators. Participants sought improved interactions (*n* = 3) in terms of handling confrontation and interacting mindfully. Participants sought improved knowledge (*n* = 6) in terms of information/tools and scholarly evidence. Participants sought improved reflection (*n* = 6) in terms of a person's ability to relate and work through conundrums. From the interview guide, the key finding was that educators demonstrated skills across a broad set of practices that was

largely based on their roles within the school. When triangulated across all three data sources, educators demonstrated skills largely based on their individual roles and backing students (see Figure 11).

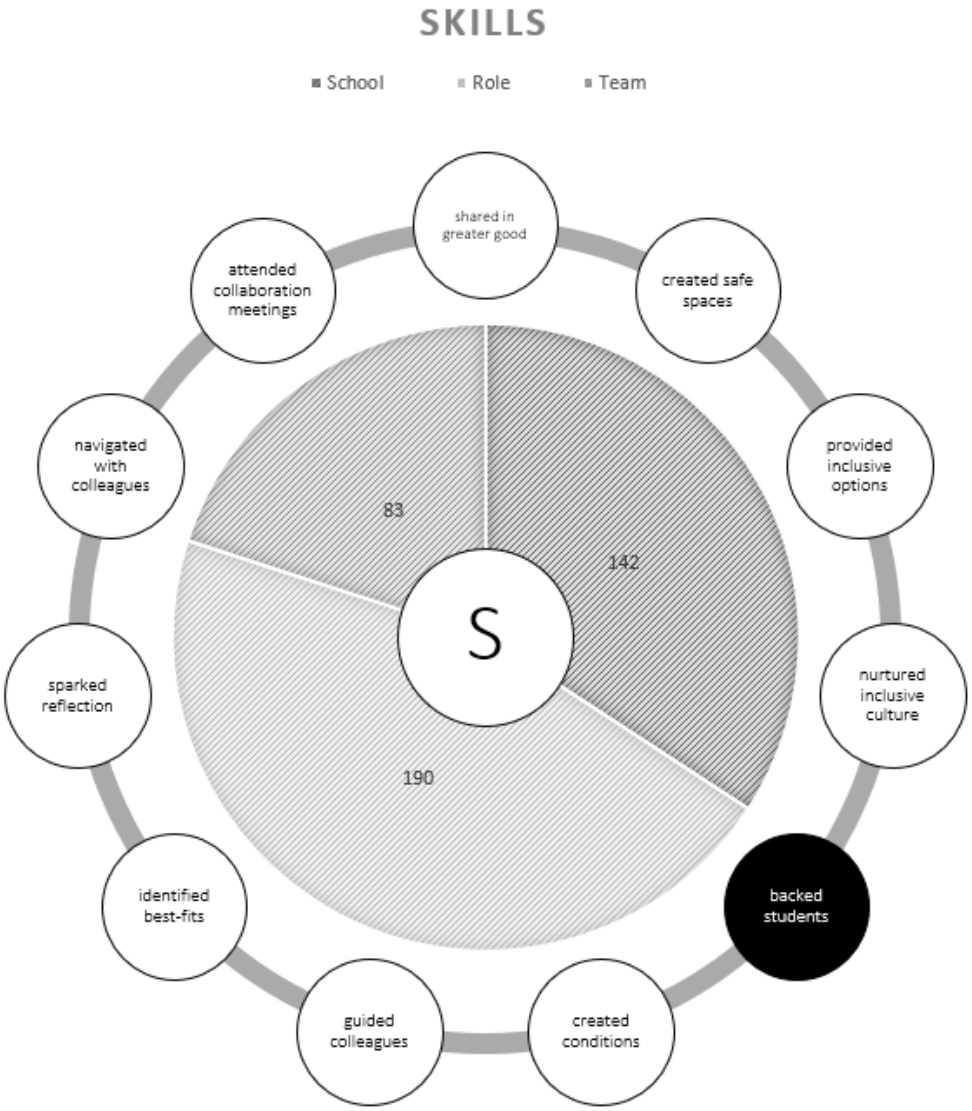

Figure 11. A pie-radial circle depicts the various child codes on the outer ring that contributed to the central idea of skills (S) across all data sources. Educators' skills for transgender learners were based on code (applications) of school (n = 142), role (n = 190), and team (n = 83) segments. Skills for transgender learners were largely based on participants' roles and grounded in practices that backed students.

Consolidated by Central Research Question

To answer this question, I will summarize key findings from the RRQs. Findings from all three questions will be triangulated to provide a comprehensive response.

The CRQ was: How do educators apply professional competencies (knowledge, attitudes, and skills) to serve transgender learners in secondary school?

In response to the first RRQ, participants collectively drew from knowledge largely based on professional experience about what students had experienced. In response to the second RRQ, participants collectively drew upon attitudes largely based on a shared level of agreement for their thoughts, positions, and feelings, and grounded in acceptance, empathy and focus on the student. In response to the third RRQ, participants collectively demonstrated skills largely based on their individual roles and grounded in backing students. When combined, these interrelated components were found across all six teaching competencies prescribed for the optimal learning of all students. The principal finding pertaining to competencies was that educators applied an interrelated and mutual standard of knowledge conventions, attitudinal compassions, and skillful collaborations in service of transgender learners.

However, *every* student is unique. Like their cisgender peers, every transgender learner requires his, her, or their own combination of service from educators to unlock their potential for success. While the process of serving any learner may be complex, the process for serving transgender learners does not have to be complicated by/for educators. In this case, participants applied a base of knowledge conventions, a face of

attitudinal compassions, and space of skillful collaborations “to support optimum learning” (GOA, 2018c) for transgender learners (see Figure 12).

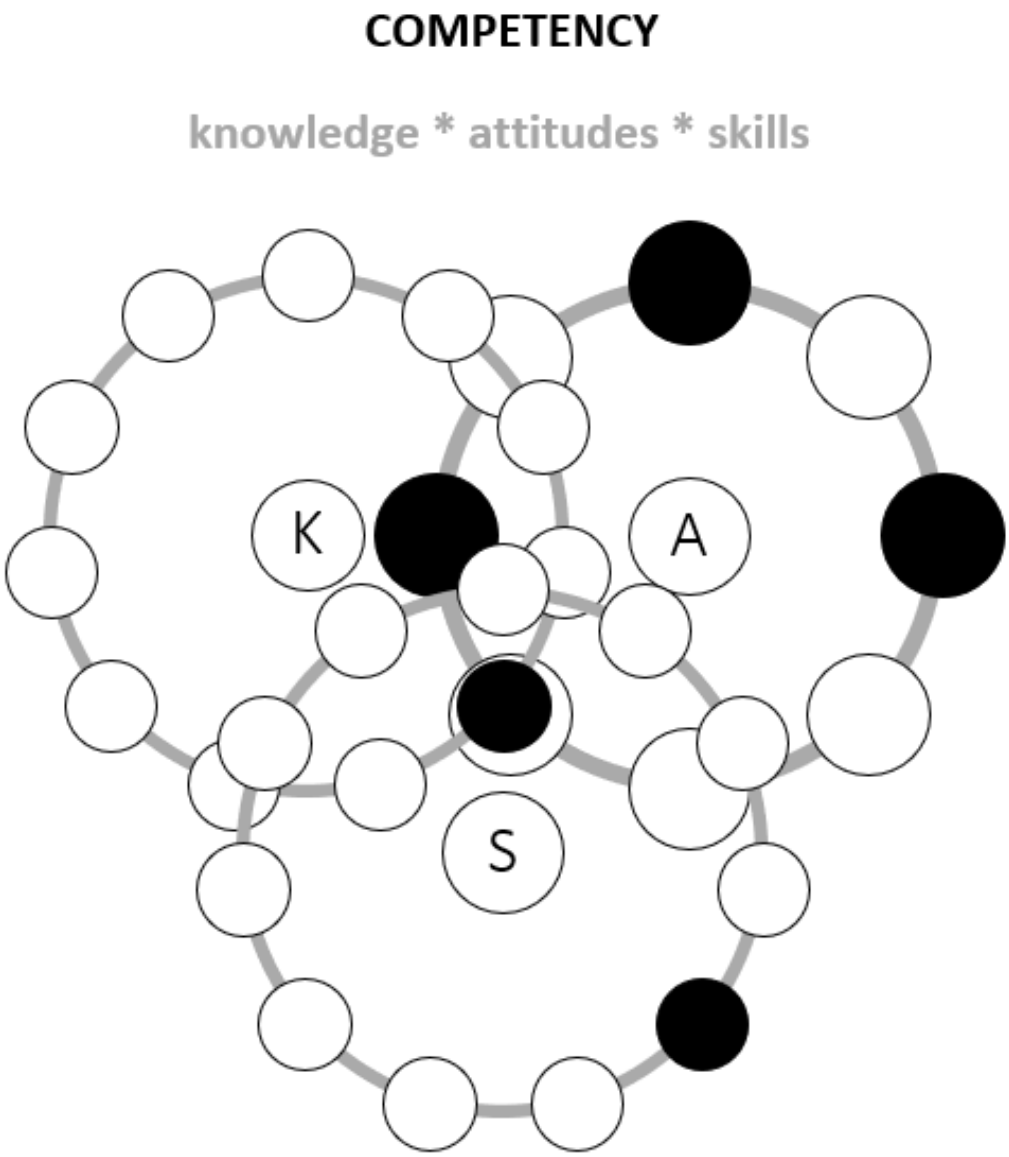

Figure 12. In the Venn diagram of radial graphs, participants applied a combination of knowledge (K), attitudes (A) and skills (S) to serve transgender learners that were largely based on conventions, compassions, and collaborations.

Summary

Chapter 4 included the analytic process I used to arrive at the results for the single case study that took place with seven educators from a public secondary school in Alberta, Canada. In Cycle 1 analysis, 6 of 6 a priori codes were identified across three data instruments. In Cycle 2 analysis, 28 patterns emerged pertaining to the service of transgender learners. I also discussed the evidence of trustworthiness to show transparency relating to the credibility, transferability, dependability, and confirmability of my study. I first delineated the results for this single case by the three RRQs and then consolidated the results by the single CRQ. Ultimately, the principal finding I reported for the study was that educators drew from a base of knowledge conventions, a face of attitudinal compassions, and a space of skillful collaborations. In Chapter 5, I discuss the results of this qualitative inquiry in relation to the literature review and conceptual framework, make recommendations for future inquiries, and provide a conclusion for this inquiry.

Chapter 5: Discussion, Recommendations, and Conclusion

The purpose of this study was to explore what KASs educators apply to serve transgender learners in secondary school. To accomplish that purpose, I selected a single case study design because it allowed for an in-depth exploration of educators' competencies through the collection and analysis of data from a reflective journal entry, TABS survey, and interview guide in order to explore how transgender learners were being served in a secondary school that was part of the Alberta SOGI Educator Network. I conducted this study because scholarly gaps existed in the education field regarding how educators applied competencies to serve transgender learners in secondary school. Moreover, little was known about the interrelated KASs that composed those competencies in service. More research was also needed about how educators applied professional competencies to serve transgender learners at the secondary level of education. I also conducted this single case study to gain a rich description and thorough understanding of the competencies applied by educators to serve transgender learners with optimum learning opportunities in secondary school. The key findings from this study were delineated and consolidated by the RRQs and the CRQ, respectively. In sum, participants applied a base of knowledge conventions, a face of attitudinal compassions, and space of skillful collaborations to support optimum learning (GOA, 2018c) in service of transgender learners.

Chapter 5 is composed of five sections. The interpretation of findings section includes discussions by RRQs and conceptual framework. In the limitations of the study section, I present the weaknesses related to issues of trustworthiness. The

recommendations section includes alternate posits for future inquiries. The implications section contains potential influences on education, educators, and other areas of service. Finally, I draw the study to a close in the conclusion section.

Interpretation of the Findings

Educator competencies for transgender learners are informed by themes that emerged from the literature review. Some of the findings from this qualitative inquiry confirm, disconfirm, and extend findings from the literature. In terms of KASs, educators described paradigms, perspectives, and practices that they apply to serve transgender learners in secondary school. Furthermore, the conventional, compassionate, and collaborative efforts applied by this group of PARs reflects the dimensions of the conceptual framework of servant leadership.

Related Research Question 1

The first RRQ was: What professional knowledge do educators draw from to serve transgender learners in secondary school? When triangulated, the key finding was that educators drew from knowledge largely based on professional experience about what students had experienced. In the review of literature about the knowledge of transgender learners, several disciplines pertaining to transgender learners were explored, including the humanities, social sciences, natural sciences, and applied sciences. Albeit worded differently, my data confirms the base of knowledge conventions derived from these disciplines (see Beek, Cohen-Kettenis, Bouman, et al., 2016; Edwards-Leeper et al., 2016; Ehrensaft, 2012, 2017; Goodrich et al., 2016; Kreukels & Guillamon, 2016; Lang, 2016; Liboro, 2015; McInroy & Craig, 2015; Nagoshi et al., 2014; Olson & Garofalo,

2014; Rossi & Lopez, 2017; Smith et al., 2014; Steever, 2014; Thompson et al., 2016; Turban, 2017; Walia et al., 2018; Wolowic et al., 2017). PARs described (a) how transgender learners aligned, communicated, defined, experienced, expressed, and socialized; (b) how transgender was defined, misinformed, rationalized, and recognized; and (c) how transgender learners were subjected and educated. However, my data also disconfirms Furnham and Sen's (2013) standout inquiry, in which the researchers phrased lay theories of GID in terms of causes and cures. PARs described the felt mismatch and needed alignment of body and mind, according to their transgender learners. My data extends the findings of Turban, Winer, Boulware, VanDeusen and Encandela's (2018) about the lack of precision use of transgender terminology over time. Some PARs used the singular, plural noun, and verb forms of transgender interchangeably and often inconsistently; other PARs were grounded in terms deemed acceptable by the trans-minority or impersonal compared to a person's preferred name.

The results of this study made advances in two gaps of knowledge identified across the literature. In terms of formal knowledge about transgender learners, PARs acquired knowledge of transgender learners through preservice education; research conferences; professional association workshops; and critical self-searches of online literature, print, and television. Regarding informal knowledge about transgender learners, PARs' personal experience (15%) and professional experience (63%) contributed most to their knowledge. Overall, the results of this study described paradigms, educators' knowledge of transgender learners was a shared base of conventions, and an individualized pace of acquisition.

Related Research Question 2

The second RRQ was: What professional attitudes do educators draw upon to serve transgender learners in secondary school? When triangulated, the key finding was that educators drew upon attitudes largely based on thoughts, positions, and feelings, including focus on the student, acceptance, and empathy. In the review of literature about attitudes towards transgender individuals, I found a few circumstances experienced by transgender youth, including comorbidities and adversities. Albeit analyzed differently, my data confirms the face of attitudinal compassion compelled by these circumstances (see Bechard et al., 2016; Bouman et al., 2017; Chen et al., 2016; Jones et al., 2015; Kaltiala-Heino et al., 2015; Taylor et al., 2015, 2016; Ullman, 2015, 2016; Wells et al., 2017). PARs (a) evaluated their prescribed beliefs, feelings, positions and thoughts to a unanimous and consistent level of agreement, and (b) described the same respective factors in terms of acceptance, empathy, mindfulness, and call to action. On the other hand, my data disconfirms the results of Kanamori, Pegors, Hall, and Guerra (2019), whose findings from the TABS survey contributed to a public significance statement "that more fundamentalist Christians are more likely to hold a lower view of the human value of transgender persons" (p. 42). PARs scored highest in the human value factor with 6.9 out of 7 (closest to *Strongly Agree*), and over half of the PARs confirmed a religious/spiritual affiliation – including Christianity. My data extends Riley et al.'s (2013) standout inquiry, in which the researchers recognized the needs of gender variant children by the acronym of HAPPINESS. PARs relayed that what transgender youths had confided in them about their needs to be heard and accepted; have positive peer relations

and access to health care professionals and current information; to not be bullied, blamed, or discriminated against; be free to express themselves on any given day; and feel safe and supported at school.

The findings of this study made advances in two gaps of attitudes identified across the literature. In terms of a mindfulness for circumstances endured by transgender youth, educators were mindful of the coping, processing, and struggling typically experienced by transgender youth as well as categorization, discrimination, and victimization they were typically subjected to in their daily lives. Regarding how educators described their attitudes towards transgender youth, educators (a) believed kids were kids, (b) felt empathetic, (c) accepted the person, and (d) focused on what was best for the learner. Overall, analysis of my results revealed perspectives; educators' attitudes towards transgender individuals were a shared face of compassion and individualized grace in perception.

Related Research Question 3

The third RRQ was: What professional skills do educators demonstrate to serve transgender learners in secondary school? When triangulated, the key finding was that educators demonstrated skills largely based on their individual roles and backing students. In a review of literature about skills for transgender learners, I found approaches for transgender learners, including school, role, team and allyship. Albeit categorized consequently, my data confirms the space of skillful collaboration engaged by these approaches (see Eckes, 2017; Graybill et al., 2015; Harper & Singh, 2013, 2014; Kahn, 2016; Kassen & Lapointe, 2013; Meyer et al., 2016; Navetta, 2016; Rudy, 2017;

Slesaransky-Poe et al., 2013). PARs described services across four competencies: (a) fostering effective relationships via attributes, interactions, podiums, and stakeholders; (b) engaging in career long learning through collaboration, exploration, facilitation and reflection; (c) establishing inclusive learning environments by addressing needs, celebrating diversity, engaging resources, ensuring safety and implementing practices; and (d) adhering to legal frameworks via commitment and concern for the rights of transgender learners. My data disconfirms Payne and Smith's (2014) standout inquiry in which educators' fear and anxiety limited their responses in affirming the presence of transgender children. PARs held fear in heart for the rights and safety of their transgender learners pending policy reversals and worry in mind that they might not be doing enough to support their learners, all of which sparked reflection and provoked group conversations to affirm the presence of transgender youth. My data extends Meyer and Leonardi's (2018) findings regarding "pedagogies of exposure and culture of conversation" (p. 449) when working with transgender learners of all ages. PARs described exposure education as personally knowing an acquaintance or family member who identified as transgender and culture conversation as a process of self-growth through critical reflection of their biases, assumptions, intentions, mistakes, and successes for honest interactions with the learner.

The results of this study made advances in two gaps of skills identified across the literature. In terms of individual service for transgender learners, educators backed students, created conditions, found best-fits, guided colleagues, and sparked reflection about the service of transgender learners. Regarding collaborative service for transgender

learners, educators navigated with colleagues, attended collaboration meetings, shared in the greater good, worked with families, involved outside professionals, and involved students. Overall, the findings of this study described practices; educators' skills for transgender learners were a shared space of collaboration and an individualized place of application.

Servant Leadership

I also analyzed and interpreted the findings of this qualitative inquiry in the context of the conceptual framework of servant leadership. As depicted in Figure 13, my data confirms the seven dimensions of servant leadership (see Liden et al., 2008, 2015) as shown by the various patterns that emerged from fostering effective relationships and establishing inclusive learning environments. My data disconfirms Tishelman et al.'s (2015) statement that "schools and religious institutions vary in level of comfort dealing with transgender children, and may not have the understanding or training to navigate the complexities of their transgender student" (p. 41). PARs shared a collective response (6.6 or *Agree*) for interpersonal comfort, even among a number of educators who confirmed religious/spiritual affiliations. My data continues the new definition of servant leadership put forth by Eva, Robin, Sendjaya, van Dierendonck and Liden's (2019):

> Servant leadership is an (1) other oriented approach to leadership (2) manifested through one-on-one prioritizing of follower individual needs and interests, (3) and outward reorienting of their own concern for self towards concern for others within the organization and the larger community. (p. 114)

Hence, the following key statements specific to the nuanced service of transgender learners confirm this new definition as well.

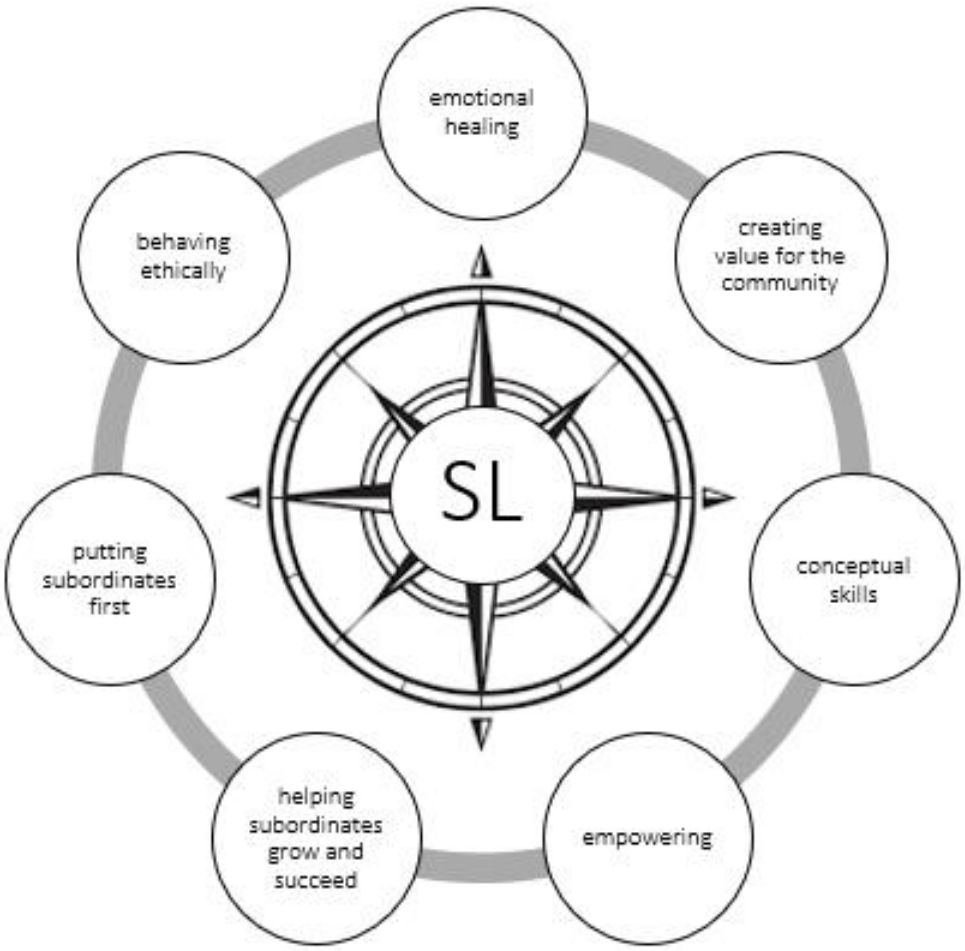

Figure 13. A compass-radial circle depicts the various dimensions on the outer ring that contributed to the central idea of servant leadership (SL) among participants. Servant educators were oriented across these servant leadership dimensions when fostering effective relationships and establishing inclusive learning environments for transgender learners.

Emotional healing is the first dimension of servant leadership (Liden et al., 2008, 2015). Participants made a genuine and concerted effort to get to know the holistic needs

of learners. This was evidenced by excerpts that contributed to patterns such as attributes and interactions. Participants were sensitive, compassionate, caring, and looked out for their learners' individual welfares. For example, PAR1 booked a fashion excursion on a school trip to New York because he knew that his transgender learner would enjoy that. Hence, the educator who makes a genuine and mindful effort to get to know the learner beyond a person's transness is a servant educator.

Creating value for the community is the second dimension of servant leadership (Liden et al., 2008, 2015). Participants involved themselves and their learners in positively contributing to the greater good of society at any level. This was evidenced by excerpts that contributed to patterns such as stakeholders and celebrated diversity. Participants were concerned about helping the LBGTQ community, mindful of supports needed, engaged with community groups, and encouraged learners to become involved as well. For example, PAR3 supported learners of the school GSA group in delivering fuzzy peaches (candy) to classrooms promoting acceptance and celebration for all student identities. Hence, the educator who makes an active and collaborative effort to support the learner in/for the community is a servant educator.

Conceptual skills are the third dimension of servant leadership (Liden et al., 2008, 2015). Participants demonstrated the knowledge and ability to address learners' individual concerns within the collective interests of the group. This was evidenced by excerpts that contributed to patterns such as interactions and stakeholders. Participants possessed organizational knowledge, were aware of values and goals, solved work problems, and addressed learners' concerns as part of objectives for the group. For

example, PAR6 validated and reframed the cognitive dissonance shared by an educator during a SOGI reflective activity by drawing a parallel to what transgender learners endure as a minority population. Hence, the educator who makes a collegial and relational effort to facilitate connections between educators and their learners is a servant educator.

Empowering is the fourth dimension of servant leadership (Liden et al., 2008, 2015). Participants provided learners with faith, guidance, and room to be responsible for their actions. This was evidenced by excerpts that contributed to patterns such as ensured safety and implemented practices. Participants were problem solvers who coached and entrusted others to be the same. For example, PAR2 purchased a gender neutral sign to solve the bathroom conundrum and gave learners the option to update their digital record to reflect their gender identity. Hence, the educator who makes a logistical and simple effort to allow learners to live as/by/for their authentic selves is a servant educator.

Helping subordinates grow and succeed is the fifth dimension of servant leadership (Liden et al., 2008, 2015). Participants assisted learners in pursuing their passions and realizing their worth. This was evidenced by excerpts that contributed to patterns such as interactions and addressed needs. Participants were concerned for the learners' individual and academic growth and provided support to help them achieve individual potential and societal preparedness. For example, PAR8 conducted personal and academic wellness checks with learners; he offered supports and encouraged feedback for multilevel improvements. Hence, the educator who makes a professional

and organizational effort to help and involve learners in experiencing optimal learning experiences is a servant educator.

Putting subordinates first is the sixth dimension of servant leadership (Liden et al., 2008, 2015). Participants unconditionally made the needs of learners the first priority. This was evidenced by excerpts that contributed to patterns such as interactions and implemented practices. Participants aligned words, actions, and intentions for the betterment of their learners. For example, PAR4 used the learner's preferred name during a parent-teacher interview when she saw the parent's inability to do the same was making the learner upset. Hence, the educator who makes a caring and thoughtful effort to honor the learner's identity is a servant educator.

Behaving ethically is the seventh dimension of servant leadership (Liden et al., 2008, 2015). Participants conducted themselves in a personal, honorable, and professional manner. This was evidenced by excerpts that contributed to patterns such as interactions and ensured safety. Participants were open, fair and honest with others, exercised moral judgement and just actions, and model guardians their learners could depend on. For example, PAR7 called out an individual in front of the entire class for making a derogatory comment towards a transgender learner. Hence, the educator who makes a conscious and assertive effort to stand up to those people who degraded the learner's identity is a servant educator.

Limitations of the Study

As in any study, there were some limitations to trustworthiness that arose in the execution of this study. Regarding this single case study, there were five limitations that

prevailed. The first limitation was with respect to credibility; I was the only one to analyze the collected data. This limited any consensus of codes that were derived or results presented. The second limitation was with respect to transferability; I chose a case site based on a unique qualifier – participation in the Alberta SOGI Educator Network. This limited the potential for comparison to other sites/participants. The third limitation was with respect to dependability; I was the principal investigator responsible for recruiting a broad group of participants and collecting data in a related and reasonable amount of time with only 7 of 8 participants (from 10–12 proposed) who contributed data over 5 months. This limited the potential for deeper and consistent data collection. The fourth limitation was with respect to confirmability; I was the principal investigator responsible for the proper alignment, sequence, and follow-through of design components. The potential for undocumented oversights existed. The fifth limitation was with respect to reflexivity; I was the principal investigator who had also served transgender youth in my own professional practice as an educator. The potential for researcher bias existed. Respectively, I took reasonable measures to reduce any likelihood of jeopardizing the integrity of this study such as keeping a reflective journal and recording cumulative field notes.

Recommendations

Recommendations for further research are based on study results and limitations of the study. The first recommendation is related to the finding that educators drew from knowledge largely based on professional experience and what transgender learners experienced. Therefore, more research needs to be done about professional development

for educators so that a deeper understanding of effective and desired options can be generated. The second recommendation is related to the finding that educators drew upon attitudes largely based on thoughts, positions, and feelings including focus on the student, acceptance and empathy. Therefore, more research needs to be done about metrics and means used to acquire data so that a deeper understanding about prescribed and described attitudes towards transgender learners can be generated. The third recommendation is related to the finding that educators demonstrated skills largely based on their individual roles and backing students. Therefore, more research needs to be done about their individual roles as part of a team of professionals so that a deeper understanding of the processes and practices involved in/outside of the school to serve transgender learners can be generated.

The last recommendation is related to the limitations of this study. This study was done with seven participants, composed of males and females with varying years of service, across numerous roles and disciplines at a public secondary school. Therefore, this study should be replicated in Alberta at a public secondary school to determine if results are similar. In addition, future investigators may wish to (a) extend documents collected to include published policy and posted visuals and add observations of school/district committee meetings, or focus groups of the sort; (b) use an inductive coding process; (c) recruit participants from multiples case sites; (d) recruit participants from specific roles; and/or (e) use a conceptual framework related to competencies and as a basis for development of RRQs.

Implications

This study will contribute to positive social change in several ways. First, this study contributes to positive social change at various levels of education. At the individual level, educators may reflect and be better equipped to refine practices to better serve transgender learners. At the organizational level, executives may reflect and be better informed to refine programs to serve transgender learners. At the professional level, executives may reflect and be better equipped to refine resources that support the service of transgender learners. At the government level, officials may reflect and be better informed to refine policies that guide the service of transgender learners.

Second, this study may contribute to positive social change in the graduate specializations of education. In the doctoral education field of Learning, Instruction and Innovation, this study also advances knowledge because it (a) addressed a group of at-risk minority learners, (b) described the competencies applied to serve these learners, and (c) examined the interrelated KAS components that contributed to serving transgender learners. It may also contribute to other specializations in education or health care including administration and leadership.

Third, this study may contribute to positive social change for professional competencies that serve transgender learners including building relationships, growing professionally, demonstrating knowledge, establishing inclusion, recognizing FNMI, and following policy. Finally, this study may contribute to positive social change for individuals involved in serving transgender learners. This study may provide educational

stakeholders with a broad understanding of how a group of varied educator roles contributed to the collective service of transgender learners.

Conclusion

The purpose of this study was to explore what KASs educators apply to serve transgender learners in secondary school. In this single case study, I explored how educators in a secondary school responded to the complex learning needs/experiences of transgender youth. Knowledge conventions were broad in bases yet differed in pace of individual acquisition. Attitudinal compassions were felt across faces yet differed in grace of individual perceptions. Skillful collaborations were shared among spaces yet differed in place of individual applications. Educators demonstrated seven dimensions of servant leadership unique to the LGBTQ minority of learners served. In lieu of the noted limitations pertaining to trustworthiness, recommendations for future inquiries could confirm, disconfirm or extend the results of this study. In contributing to positive social change, key findings from this single case study may inform the combination of paradigms, perceptions, and practices and the coordinates of professionals who serve transgender learners in secondary school.

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Appendix A: Glossary of Terms

Glossary of Terms

- **Affirmed Gender** – a person's gender self-identification, rather than the sex they were assigned at birth.
- **Agender -** genderless, gender-free, gender neutral, neutrois non-gender, ungender; terms describing those who identify as having no gender or being without any gender identity; some of them feel a connection to the concept of gender but feel they do not have one; others cannot even understand what gender is as they do not experience it within themselves.
- **Alignment** - gender alignment, living in alignment; the process by which someone brings the different dimensions of their gender into agreement so that they feel whole.
- **Ally** - gay positive, queer positive, straight supporter; a person, regardless of his or her sexual orientation, who supports and honours the human, civil and sexual rights of sexual and gender minorities, and who actively explores and understands his or her own biases.
- **Ambiguous Gender** - a gender that cannot easily be classified within the existing binary structures.
- **Androgyny** - androgyne, androgynous; a person's gender expression that is simultaneously masculine and feminine; a blend of other genders [gender blend].
- **Aromantic** - individuals who do not experience romantic attraction toward individuals of any gender(s).
- **Asexual** - having no interest in or no desire for sexual activity, either within or outside of a relationship; an individual who does not experience sexual attraction to any gender or sex.
- **Assignment of Gender** - the way that we assume others' genders based on their bodies; when a child is born, our culture slots it into one of two groups, male or female, avoiding all overlap; we "determine" the child's "correct" identity based on a quick visual assessment of the appearance of its sexual organs, and we do so by following a specific dichotomy; gender assignment mostly tends to work out for those involved; however, many trans people are not in alignment with their assigned gender.
- **Assigned Female at Birth (AFAB)** - the sex assignment typically given to a vulva bearing child
- **Assigned Male at Birth (AMAB)** - the sex assignment typically given to a penis-bearing child
- **Assigned Sex at Birth** - the designation made by medical professionals of a person's sex based on visual examination of a child's genitals at birth; if the genitals are ambiguous, further examinations and tests may be conducted; sex designation is often incorrectly conflated with a person's gender identity in our society.

- **Assumed Gender** - the gender identity we presume individuals have based on their sex assigned at birth; a person who has assigned male at birth is likely to have the assumed gender of a boy/man; person who was assigned female at birth is likely to have the assumed gender of a girl/woman.
- **Authentic Gender** - the gender an individual self-identifies as, the gender someone knows themselves to be based on how they feel inside.
- **Being Out** - a gay, lesbian, bisexual or transgender person who has come out about his/her orientation or gender identity and is open about this aspect of their life.
- **Bigender** - multigender; a person who has two separate genders.
- **Binding** - compressing a person's chest to create a more androgynous or masculine appearance.
- **Bioidentical Compounded Hormone Therapy (BCHT)** - use of hormones that are prepared, mixed, assembled, packaged, or labeled as a drug by a pharmacist and custom-made for a patient according to a physician's specifications; government drug agency approval is not possible for each compounded product made for an individual consumer.
- **Bioidentical Hormones** - hormones that are structurally identical to those found in the human body; the hormones used in bioidentical hormone therapy (BHT) are generally derived from plant sources and are structurally similar to endogenous human hormones, but they need to be commercially processed to become bioidentical.
- **Biphobia** - irrational fear and dislike of bisexual people; bisexuals may be stigmatized by heterosexual people as well as by lesbians, gay men and transgender people.
- **Biromantic** - individuals who experience romantic attraction toward both males and females.
- **Bisexual** - someone who is attracted physically and emotionally to people of both the same and opposite sexes, and/or of both genders.
- **Black Market Hormones** - hormones purchased without a prescription.
- **Body** - as a dimension of gender; a person's experience of their body as well as how society genders bodies and interacts with us based on our body and our perceived sex.
- **Body Dysphoria** - the emotional discomfort that a person experiences due to internalized conflicts arising from the incongruity between a person's natal (birth) sex and their sense of gender identity; a personal sense or feeling of maleness or femaleness.
- **Butch** - can be lesbian or queer masculine gender identity, gender expression or gender role; has different meanings for different people; generally associated with queer identified individuals whose gender expression is perceived as masculine; traditionally associated with masculine gender roles; others may use it as a gender identity.
- **Breast Augmentation** - a gender-affirming, feminizing, top surgery that enlarges a person's breasts.

- **Canadian Professional Association for Transgender Health (CPATH)** - a professional organization devoted to transgender health, whose mission as an international multidisciplinary professional association is to promote evidence-based care, education, research, advocacy, public policy and respect in transgender health.
- **Chest Surgery** - a gender-affirming, masculinizing, top surgery that removes breast tissue and sculpts remaining tissue into a shape that is typically considered to be more masculine.
- **Cisgender** - a nontransgender/transsexual person whose gender identity, gender expression and natal (birth) sex align with conventional expectations of male or female.
- **Cisgender Privilege** – the unearned advantages of individuals who identify as cisgender.
- **Cisgenderism** - assuming every person to be cisgender, therefore marginalizing those who identify as transgender in some form; believing cisgender people to be superior, and holding people to traditional expectations based on gender, or punishing or excluding those who do not conform to traditional gender expectations.
- **Clitoral Release** - a gender-affirming, masculinizing, lower surgery to cut ligaments around the clitoris, releasing it from the pubis, giving the shaft more length, thus creating a penis.
- **Closet** - hiding a person's sexual orientation from others in the workplace, at school, at home and with friends.
- **Coercively Assigned Female at Birth (CAFAB)** - people declared to be female at birth and raised within a female gender role that does not match their gender identity.
- **Coercively Assigned Male at Birth (CAMAB)** - people declared to be male at birth and raised with a male gender role that does not match their gender identity.
- **Coherence** – a state of feeling unified and whole; one can feel a sense of inner coherence related to their gender identity when the various dimensions of their gender come together and the person feels uncomfortable.
- **Coming Out** - the process through which a person recognizes their sexual preferences and differences and integrates this knowledge into their personal and social lives; the act of disclosing these things to others; often refers to "coming out of the closet".
- **Congruence -** people whose gender identity aligns with their assigned sex at birth.
- **Congruence Measures** – actions that lead to a sense of alignment with the dimensions of a person's gender (body, identity and expression).
- **Conversion Therapy** - therapy or other actions designed to alter a person's gender or sexual orientation; also known as *reparative therapy*.

- **Cross-Dresser** - historically often referred to as transvestites, cross-dressers are men or women who enjoy dressing as the opposite sex; most cross-dressers do not identify as transsexuals, nor do they wish to use hormones or have sex reassignment surgery; cross-dressing also occurs in the gay and lesbian culture, where gay men dress and perform as drag queens and lesbians dress and perform as drag kings to deliberately exaggerate or parody gender stereotypes.
- **Demiboy** - identifies partially as a boy/man/masculine, but not entirely.
- **Demifluid** - part of a person's identity remains stable while the other part or parts are fluid.
- **Demiflux -** the stable part of a person's identity feels gender neutral, or non-binary.
- **Demigender** - identifies partially with one (or more) gender(s); can be a subset of bigender or multigender but does not have to be.
- **Demigirl** - identifies partially as a girl/woman/feminine, but not entirely.
- **Discrimination** - negative behavior or actions toward a person or group of people based on prejudicial attitudes and beliefs about the person's or group's characteristics, such as sexual orientation, gender identity or gender expression.
- **Disorders of Sex Development (DSD)** - congenital conditions in which the development of chromosomal, gonadal, or anatomic sex is atypical; some people strongly object to the "disorder" label, view these conditions as a matter of diversity, and prefer the terms intersex and intersexuality; replaced the outdated terms 'hermaphrodite', considered offensive by many.
- **Drag King** - performance artists who dress and act in a masculine manner and personify male gender stereotypes as part of their routine; might identify as trans*, but not necessarily.
- **Drag Queen** - performance artists who dress and act in a feminine manner and personify female gender stereotypes as part of their routine; might identify as trans*, but not necessarily.
- **Endocrinologist** - a doctor specially trained in the study of hormones and their actions and disorders in the body.
- **Facial Feminization Surgery** - surgeries that feminize the face, including: Adam's apple reduction, nose feminization, facial bone reduction, face lift, eyelid rejuvenation, and hair reconstruction.
- **Female and Male** - labels that refer to two anatomical sex categories within western culture; intersex is the third category.
- **Female Identified Transgender (FIT)** - describes adolescents with a female gender identity that is inconsistent with their male birth sex; this term is more inclusive, as it encompasses all transgender youth with an internal sense of femaleness who may or may not have disclosed their identities or changed their gender expressions.

- **Female to Male (FTM/F2M)** - affirmed male/transboy; to describe individuals assigned female at birth who are changing or who have changed their body and/or gender role from birth-assigned female to a more masculine body or role.
- **Feminine** - describes socially and culturally constructed aspects of gender (e.g. roles, behavior, expression, identity) typically associated with girls and women.
- **Feminizing Hormone Therapy** - the use of medications (e.g. estrogen, anti-androgens, progestins) to develop physical characteristics that are in line with a person's gender identity or gender expression, including breast development, more fat on the hips, thighs, and buttocks, and softer skin.
- **Feminizing Surgeries** - gender-affirming surgical procedures that create physical characteristics reflective of a person's gender identity and/or gender expression, including breast augmentation, vaginoplasty, facial feminization surgery, voice surgery, thyroid cartilage reduction, buttock augmentation/lipofilling, and hair reconstruction.
- **Femme** - used to describe a lesbian, trans, queer feminine gender expression, gender identify or gender role; one can be a genderqueer femme or a gender fluid femme.
- **Gaff** - a garment that flattens the lower part of your body, concealing the penis* and the testes*.
- **Gay** - someone who is physically and emotionally attracted to people of the same sex; can include both males and females but is commonly used to identify a masculine person who is attracted to other masculine people.
- **Gay Bashing** - physical violence by homophobic people against people thought to be lesbian, gay, bisexual, transgender, two-spirited or queer.
- **Gay Families** - a family where one or both of the parents is/are lesbian, gay, bisexual or transgender.
- **Gay Lesbian Bisexual and Transgender (GLBT) –** acronyms often used because they are more inclusive of the diversity of the queer community than the older term gay community; also known as *LGBT*.
- **Gay Straight Alliance (GSA)** - student-led organizations found in some junior and senior high schools; intended to provide a safe and supportive environment for LGBT2Q+ and questioning youth and their allies; also known as *QSA*.
- **Gender** - a range of behaviors that express femininity or masculinity according to cultural norms, which are traditionally thought to be related to sex; these behaviors are not genetically based.
- **Genderism** - the assumption that all people must conform to society's gender norms, and specifically, the binary construct of only two genders, corresponding to the two sexes (female and male); this belief in the binary construct as the most normal and natural and a preferred gender identity does not include or allow for people to be intersex, transgender, transsexual, or genderqueer.

- **Gender Affirmative Practice** - medical, mental health, legal or other professional practice/practitioner who supports and accepts a person's self articulated gender identity and gender expression.
- **Gender Affirming Surgery** - physical procedures that help a person feel more aligned in their gender; may include genital reassignment surgery, breast surgery, facial surgery, and a variety of other surgical procedures.
- **Gender Binary** - a system that constructs gender according to two discrete and opposite categories- male and female; binary gender identities include man/boy, and girl/woman; both cisgender and transgender people can have a gender identity that is binary whereby someone may identity as a trans-woman, while another person may identify as a cisgender woman.
- **Gender Congruence** - state reached when a person has accepted their gender identity and feels satisfied with how they physically and socially express their gender.
- **Gender Creative** - refers to people, often children, who identify and express their gender in ways that differ from societal and cultural expectations.
- **Gender Diversity** - a term used to describe and call attention to the naturally occurring variety and differences related to gender that exist in our world.
- **Gender Dysphoria** - the emotional discomfort an individual experiences due to internalized conflicts arising from the incongruity between a person's natal (birth) sex and their sense of gender identity (a personal sense or feeling of maleness or femaleness), the associated gender roles, and and/or primary and secondary sex characteristics.
- **Gender Expansive** - an umbrella term used for individuals who broaden their own culture's commonly held definitions of gender, including expectations for its expression, identities, roles, and/or other perceived gender norms; includes those with transgender and non-binary gender identities, as well as those whose gender in some way is seen to be stretching society's notions of gender.
- **Gender Expression** - the manner in which individuals express their gender identity to others; often based on the binary model of gender, which is either stereotypically male or female; some individuals choose to express themselves in terms of a multiple model of gender, mixing both male and female expressions since they do not see themselves as being either stereotypically male or female, but possibly some combination of both or neither genders; some individuals may receive aggressive reactions or violent responses from members of society who feel a woman is acting too masculine or a man is acting too feminine; the majority of homophobic and transphobic bullying is often based

upon the enforcement of rigid sex-role stereotypes rather than a person's actual sexual orientation or gender identity.

- **Gender Fluid** - refers to a gender which varies over time; one who, at any time, may identify as male, female, neutrois, or any other nonbinary identity, or some combination of identities; gender identity can also vary at random or vary in response to different circumstances; children do not abide by the binary norms of gender prescribed by the culture but instead flow along the spectrum from male to female, but not necessarily with a cross-gender identification or identity; also known as *agender fluid*.
- **Gender Flux** - usually indicates a movement between specific genders (rather than fluidity); often, but not always, one of the genders is non-binary or agender, or possibly one gender identity is fixed and the other part or parts are in flux; can describe the experience of gender fluid people as in, "I experience the most gender flux when I move from school to work."
- **Gender Identity** - a person's internal sense or feeling of being male or female, which may or may not be the same as a person's biological sex; their intrinsic sense of being male (a boy or a man), female (a girl or woman), or an alternative gender (e.g., boygirl, girlboy, transgender, genderqueer, eunuch).
- **Gender Identity Consolidation** - the creation of a healthy and coherent sense of a person's gender.
- **Gender Inclusive Pronouns** - pronouns used to avoid gender binary-based words (e.g. she/her, he/him) or making assumptions about people's gender; for example, ze/hir or they/them.
- **Gender Independent** - a somewhat spacious phrase; encompasses a range of possible expressions and experiences; can be used to describe young people who are comfortable with their natal sex, yet who challenge us to expand the boundaries of gender's well-worn categories.
- **Gender Justice** - the notion that individuals of all genders are deserving of equal protections and rights.
- **Gender Marker** - a term some people use for sex marker on identification/documents.
- **Gender Minority** - an umbrella term used to describe individuals whose gender identity is anything other than cisgender.
- **Gender Nonconforming** - gender that does not comply with societal, cultural, communal, and/or familial expectations of gender.
- **Gender Normative** - gender roles and/or gender expression that match social and cultural expectations.
- **Gender Oreos** - are layered in their gender, perhaps presenting as one gender on the outside, but feeling like another on the inside; these are the children who illustrate most poignantly the true gender self and false gender self in dialectical tension with each.

- **Gender Policing** - the act of regulating or placing constraints on a person's gender expression or identification; telling someone who identifies as a girl that she cannot have short hair because short hair is for "boys" is an example of gender policing.
- **Gender Priuses** - think of themselves as hybrid; half boy, half girl, or some combination thereof (e.g., "I'm 60% girl, 40% boy").
- **Gender Pronouns** - a word or phrase that may be substituted for a noun that indicates the gender of the object; she/her/hers are common feminine pronouns, while he/him/his are common masculine pronouns; they/them, xe/xir, and ze/hir are some common gender-neutral pronouns.
- **Gender Queer** - ambigender and nonbinary; a catchall category for gender identities that are not exclusively masculine or feminine; a label for individuals whose gender identity is fluid and falls outside the dominant male/female gender binary; many youth prefer the fluidity of the term gender queer and reject the labels of transgender or transsexual as too limiting; defy all categories of culturally defined gender altogether and prefer to identify as gender-free, gender-neutral, or outside gender at all; individuals often reject this binary completely and may choose not to undergo hormone therapy, surgery or designate male or female pronouns for themselves; some trans-identified or gender queer individuals may choose to use gender-neutral pronouns such as hir or ze.
- **Gender Reassignment Surgery (GRS)** - sometimes used instead of "sex affirmation surgery"; gender affirmation surgery (preferred term)
- **Gender Roles** - the set of behaviors a person chooses or is expected to express as a man or a woman; these are the behaviors that Western society most often calls "masculine" or "feminine"; gender roles can change with time and may be different from one culture to another; for example, many Indigenous communities have rich histories of multiple gender traditions; these roles are not static and evolve over time.
- **Gender Self-Identification** – a person's ability to determine and assert their gender identity.
- **Gender Smoothies** - like gender fluid youth and gender queer youth, they metaphorically take everything about gender, throw it in the blender, and press the "on" button, creating a fusion of gender that is a mix of male, female, and other.
- **Gender Socialization** - the process by which a society or culture communicates and reinforces its gender expectations, norms, and roles.
- **Gender Stability** - an understanding of a person's gender that remains consistent over time.
- **Gender Stereotypes** - generalizations of characteristics, differences, and attributes of a certain group based on gender; most often these are negatively perceived generalizations, but positive gender stereotypes as well.

- **Gender Transition** - the process of changing outwardly from one gender to another; includes all of the steps a transgender or non-binary person might take in order to present themself consistent with their gender identity; can occur in any or all of the following ways: social transition through changes of social identifiers such as clothing, hairstyle, name and/or pronouns; medical transition through the use of medicines such as hormone "blockers" or cross hormones to promote gender-based body changes; surgical transition in which a person's body is modified through the addition or removal of gender-related physical traits; and legal transition through changing identification document such as a person's birth certificate, driver's license, and passport.
- **Gender Tauruses** - are similar to Gender Priuses, except they assert they are one gender on top, another on the bottom; a creative solution to a mismatch between genitalia and the mind's messages to the child about his or her authentic gender.
- **Gender Variant -** gender diverse; an umbrella term to refer to individuals whose gender expressions differ from what is considered normative for their assigned sex in a given culture, and for transgender, trans-identified, and transsexual identities.
- **Hair Restoration Surgery** - surgical technique that moves individual hair follicles from a part of the body called the donor site to a different part of the body called the recipient site.
- **Harassment** - a form of discrimination that refers to single or ongoing communication or expression engaging in a course of vexatious comment or conduct that is known or ought reasonably to be known as unwelcome.
- **Hermaphrodite** - an outdated term that was historically used to label people who have a reproductive or sexual anatomy that does not closely resemble typical male or female reproductive or sexual anatomy, which may be related to genitalia, secondary sex characteristics, and/or chromosomal make-up; replaced by the more respectful term, 'disorders of sex development' or 'DSD'.
- **Heterosexism** - the assumption that everyone is heterosexual and that this sexual orientation is superior.
- **Heterosexual** - someone who is physically and emotionally attracted to people of the opposite sex; also known as *straight*.
- **Heterosexual Privilege** - benefits derived automatically by being (or being perceived as) heterosexual that are denied to gay men, lesbians, bisexual men and women, queer people, and all other non-heterosexual sexual orientations.
- **Heteronormative** - the belief that people fall into distinct and complementary genders (man and woman) with natural roles in life; it asserts that heterosexuality is the only sexual orientation and

norm, marginalizing everything outside of the ideals of heterosexuality, monogamy and gender conformity; when other sexualities are acknowledged in this world view, they are seen as inferior or intrinsically wrong.

- **Homophobia** - fear and/or hatred of homosexuality in others, often exhibited by prejudice, discrimination, intimidation, bullying or acts of violence; a behavior that constitutes discrimination or harassment based on sexual-orientation, including derogatory comments, "outing" or threats of outing, or LGBTQ bashing (see Gay bashing).
- **Homosexual**—someone who is physically and emotionally attracted to people of the same sex.; historically associated with a medical model of homosexuality and can have a negative connotation, most people prefer other terms, such as lesbian, gay and bisexual.
- **Hormone Readiness Assessment** - evaluation conducted by a health care professional to determine if a patient is ready to begin hormone therapy.
- **Hormone suppressants/puberty suppressants/hormone blockers/GnRH analogs** – these medical interventions are used to pause natal puberty and the development of secondary sex characteristics.
- **Hormone therapy** – sometimes referred to as cross-sex hormone therapy, hormone therapy (estrogens in male-bodied people and androgens in female-bodied people) is a congruence measure used to induce and maintain the physical and psychological secondary sex characteristics that best match the person's gender identity.
- **Hysterectomy** - a surgical procedure to remove all or part of the uterus, and sometimes the ovaries and/or fallopian tubes; a gender-affirming, masculinizing lower surgery.
- **Identity integration** - the process by which a young person comes to know, understand, and accept parts of their identity.
- **Inclusive Language** - language that avoids the use of certain expressions or words that might be considered to exclude (mankind vs human kind) and/or make assumptions about particular groups of people (husband/wife vs spouse).
- **Intergender** - those who experience their gender identity to be a combination or blend of genders, or an identity that is between genders.
- **Internalized homophobia** - a person's experience of shame, guilt or self-hatred in reaction to his or her own feelings of emotional and/or sexual attraction for a person of the same sex or gender as a result of homophobia and heterosexism.
- **Interpersonal or External Homophobia** - overt expressions of internal biases, such as social avoidance, verbal abuse, derogatory humor and physical violence.

- **Institutional Homophobia or Heterosexism** - refers to the many ways that governments, businesses, religious institutions, educational institutions and other organizations set policies and allocate resources that discriminate against people based on sexual orientation.
- **Internalized Stigma/Stigmatization** - internal shame or self-hatred related to a culturally stigmatized aspect of a person's self.
- **Internalized Transphobia** - internalized stigma about being trans*/transgender.
- **Intersex** - a general umbrella term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that does not seem to fit the typical definitions of female or male; also used to describe a person born with such anatomy; historically, the medical community labeled intersex persons as hermaphrodites and often surgically assigned them a sex in early infancy; contemporary perspectives have sought to question and challenge the arbitrary practice of sex assignment surgery as a form of compulsory identity and/or genital mutilation; recently, some individuals have moved to eliminate the term "intersex" from medical usage, replacing it with "disorders of sex development" (DSD) in an effort to avoid conflating anatomy with gender identity; others have suggested that "intersex" be changed to "variations of sex development" as a way to avoid pathologizing this condition; these decisions and suggestions are controversial and are not accepted by all intersex people or medical professionals.
- **Lesbian** - a woman who is attracted physically and emotionally to other women.
- **Lesbian, Gay, Bisexual, Transgender & Queer (LGBTQ)** - commonly used acronyms that are shorthand for lesbian, gay, bisexual, transgender, transsexual, two-spirit, queer, and questioning identities; sexual and gender minorities is often used as an umbrella category to refer to these identities; also *GLBTQ.*
- **Lifestyle Choice** - an outdated and offensive term used to imply that trans* people make a choice in the way that they live their lives or behave in ways that are according to the attitudes, tastes, and values associated with the gender identity.
- **Lipofilling** - the surgical transfer of fat removed by liposuction to other areas of the body.
- **Liposuction** - a surgical technique for removing excess fat from under the skin by suction.
- **Lo-Ho** - a slang term used by some trans* people who take low doses of hormones.
- **Lower Surgery** - umbrella term for gender-affirming surgeries done below the waist, including masculinizing (e.g. hysterectomy, clitoral release, metoidioplasty, and phalloplasty) and feminizing (e.g. orchiectomy and vaginoplasty) surgeries; also known as *bottom surgery*.
- **Masculine -** describes socially and culturally constructed aspects of gender (e.g. roles, behavior, expression, identity) typically associated with boys and men.

- **Masculinizing Hormone Therapy** - the use of testosterone to develop physical characteristics that are in line with a person's gender identity or gender expression, including more facial hair, more body hair, increased muscle mass, and deepened voice.
- **Masculinizing Surgeries** - gender-affirming surgical procedures that create physical characteristics reflective of a person's gender identity and/or gender expression, including chest surgery, hysterectomy, clitoral release, metoidioplasty, phalloplasty, pectoral implants, liposuction, and lipofilling.
- **Male Identified Transgender (MIT)** - to describe adolescents with a male gender identity that is inconsistent with their female birth sex; it encompasses all transgender youth with an internal sense of femaleness who may or may not have disclosed their identities or changed their gender expressions.
- **Male to Female (MTF/M2F)** - affirmed female/transgirl; to describe individuals assigned male at birth who are changing or who have changed their body and/or gender role from birth-assigned male to a more feminine body or role.
- **Masculine of Center** - some people call themselves masculine of center as a way of describing where they see themselves in the masculine and feminine continuum; recognizes the cultural breadth and depth of identity for lesbian/queer womyn and gender-nonconforming/trans people who tilt toward the masculine side of the gender spectrum.
- **Medical Transition** - to undergo medical steps one deems necessary to transition to a person's preferred sex, for example hormones therapy and/or gender affirming surgery.
- **Metoidioplasty** - a gender-affirming, masculinizing, lower surgery to create a penis and scrotum, done by cutting ligaments around the clitoris to add length to the shaft, grafting skin around the shaft to create added.
- **Minority Stress** - the stress and distress attributable to a person's minority status.
- **Misgender** - the act of incorrectly labeling a person's gender.
- **Natal Sex** - the sex a person is assigned at birth, which is often equated to a person's biological sex.
- **Natal Puberty** - the changes a person's body goes through absent any medical interventions.
- **Natural Hormones** - derived from natural sources such as plants or animals, which may or may not be bioidentical.
- **No-Ho** - a slang term used by some trans* people who do not take hormones.
- **Non-flesh penis** - a penis made from synthetic materials; also known as a *packer* or *prosthetic penis*.
- **Nonbinary Gender** - an umbrella term for gender identities and expressions that are not exclusively male or female; people who identify their gender as non-binary can feel that they are both male and

female, neither male nor female, or something else, all together, non-binary identities are recognized in many non-Western cultures around the world; although it is an imperfect umbrella term, it may be used to communicate the experience of people whose genders cannot be defined purely in terms of the binary system of exclusively female or male; also known as *enby*.

- **Oophorectomy** - a surgery to remove the ovaries; a gender-affirming, masculinizing lower surgery.
- **Orchiectomy** - a surgery to remove the testicles; a gender-affirming, feminizing, lower surgery.
- **Outing -** the public disclosure of another person's sexual orientation without that person's permission or knowledge; this can be very disrespectful and is potentially dangerous to the outed person.
- **Packing** - a term some people use to describe wearing padding or a non-flesh penis in the front of the lower garment or underwear.
- **Padding** - use of undergarments to create the appearance of larger breasts, hips, and/or buttocks; includes breast forms.
- **Pangender** - individuals who consider themselves to be other than male or female, a combination of the two, or a third gender; also known as *gender queer*.
- **Pansexual** - sexual, emotional and/or romantic attraction toward people of any sex or gender identity or expression.
- **Partial Natal Puberty** - starts without medical intervention and then is interrupted by the use of hormone suppressants and/or cross hormones.
- **Personal Gender** - each dimension of gender is informed by the unique intersection of identities, experience, and personal characteristics that each of us contains; we are all more than our body, identity, and expression; we are also our race, ethnicity, class, faith community, sense of geographic place, family history, community's gender roles, expectations, etc; our gender is personal because while we share some of these aspects of self with others, the way that all of these identities, influences, and characteristics come together is unique to each of us.
- **Physical Congruence** - an effort to align a person's gender identity and physical appearance, by way of a gender expression shift, or medical intervention such as surgery or hormones.
- **Phalloplasty** - a gender-affirming, masculinizing, lower surgery to create a penis and scrotal sac (phase 1), then testicular implants and implants to obtain rigidity/erection (phases 2 and 3).
- **Pink Triangle** - pink (for gay men) and black (for lesbian women) triangle symbols were used by Nazis to identify gay and lesbian prisoners; now reclaimed as symbols of gay and lesbian pride.
- **Polysexuality** - sexual, emotional and/or romantic attraction toward multiple genders, but not necessarily all genders; a person who experiences sexual and/or romantic attraction to multiple

genders and sexes; sometimes viewed as an umbrella term for both bisexual and pansexual, as both fit the definition.

- **Preferred Pronouns -** refers to the gender pronoun(s) an individual feels most comfortable using; pronouns may be selected based on gender identity and/or gender expression; can/may change based on the environment or situation; can/may use a singled preferred pronoun (such as he/him), or multiple pronouns (such as he/him or they/them).
- **Prejudice** - an unjustified or incorrect attitude toward an individual or group of people based solely on their membership in a social group, such as the LGBTQ community.
- **Presenting** - when individuals "dress," "act" and "present" themselves to others in ways that are true to who they are and that align with their internal sense of gender identity.
- **Privilege** - refers to the social, economic and political advantages and power held by people from dominant groups on the basis of attributes such as gender, race, sexual orientation, and social class.
- **Pronoun Usage** - it is important to be courteous to others about their pronoun choice to avoid misgendering them; gender-neutral pronouns include they/them, ey/em, ze/zim, zir, hir, xe/xim; feminine pronouns are she/her; masculine pronouns are he/him.
- **Protogay** - children play at the margins of gender in the beginning stages of their gay development; they may remain gender fluid throughout their lives, or as they establish a gay identity may realize that earlier theories, like loving a boy means having to become a girl, are untrue and that boys can love boys and girls can love girls; in early childhood, they do not say that they are a boy (girl), but that they want to be a boy (girl).
- **Prototransgender** - youth first come out as gay or lesbian but then later discover that they are transgender; this is more common in female-to male transgender than in male-to-female transgender youth and young adults.
- **Puberty Blockers** - a group of medications for youth that temporarily suppress or inhibit puberty by suppressing the production of sex hormones and preventing development of secondary sexual characteristics.
- **Queer** - historically, a negative term for homosexuality, but more recently reclaimed by the sexual minority movement to refer to itself.
- **Queer Straight Alliance (QSA)** - student-led organizations intended to provide a safe and supportive environment for lesbian, gay, bisexual, trans*, Two-Spirit, and queer/questioning youth and their allies; see also GSA.
- **Questioning** - a person who is unsure of his or her sexual orientation, gender or sexual identity.

- **Read As** - when someone is correctly assumed to be the gender that they identify as; this term has replaced the outdated term "to pass", which implied that a person is failing when they are not being read as the gender that they identify as.
- **Real Life Experience (RLE)** - a former requirement for medical transition, during which one was required to live full-time in their self-determined gender role; since removed from current WPATH Standards of Care (Version 7).
- **Reclaimed Language** - taking terms or symbols that have been used in a derogatory fashion and using them in a positive way to name a person's self or their experience; queer is an example of a term that has been reclaimed by the SGM community.
- **Reparative or Conversion Therapy** –, this term refers to a range of pseudoscientific treatments that aim to change a person's sexual orientation from homo- to heterosexual; also known as *conversion therapy*.
- **Resilience** - a person's ability to withstand and recover from the insults, setbacks, and difficulties experienced in day-to-day living; the ability to adapt to changing circumstances and to continue going on in the face of adversity.
- **Romantic Orientation** – a person's pattern of romantic attraction based on a person's gender(s) regardless of a person's sexual orientation.
- **Salpingectomy** - a surgery to remove the Fallopian tubes; a gender-affirming, masculinizing lower surgery.
- **Self-Identified Men** - term used to be inclusive of trans* men or trans* individuals of history who self-identity as men (e.g. this restroom is for self-identified men).
- **Self-Identified Women** - term used to be inclusive of trans* women or trans* individuals of history who self-identity as women (e.g. this restroom is for self-identified women).
- **Sex** - a biological distinction referring to whether a person is genitally (not necessarily genetically) female, male or intersex; for most people, gender identity and expression are consistent with their sex assigned at birth; for transsexual, transgender, and gender-nonconforming individuals, gender identity or expression differ from their sex assigned at birth.
- **Sex Affirming Surgery (SAS)** - it is the surgical procedure (or procedures) by which a transgender person's physical appearance and the function of their existing sexual characteristics are altered to resemble that of their identified gender; also known as *sex reassignment surgery (SRS), gender reassignment surgery (GRS), sex change operation (SCO), sex reconstruction surgery (SRS), genital reconstruction surgery (GRS)*, and *gender confirmation surgery (GCS)*.

- **Sex Reassignment Surgery (SRS)** - can be an important part of medically necessary treatment to alleviate gender dysphoria; also known as gender reassignment surgery (GRS), or sex change operation (SCO), sex reconstruction surgery (SRS), genital reconstruction surgery (GRS), gender confirmation surgery (GCS), and sex affirmation surgery (SAS).
- **Sexual Minority** - an umbrella category for lesbian, gay, and bisexual identities.
- **Sexual Behavior (SB)** - a person's sexual actions; SB is not necessarily congruent with sexual orientation and (or) sexual identity.
- **Sexual Identity (SI)** - a person's identification to self (and others) of a person's sexual orientation; SI is not necessarily congruent with sexual attraction and (or) sexual behavior.
- **Sexual Orientation (SO)** – a person's affection and sexual attraction to other individuals; feelings of attraction, behavior, intimacy or identification that direct people towards intimacy with others; like gender, SO can be expressed along a continuum.
- **Social Congruence** – a person's effort to align their gender identity and social identifiers such as name, pronoun, and gender/sex marker on identity documents.
- **Stealth** - the practice of living a person's life entirely as their self-determined gender without disclosing past experiences.
- **Stigma** - stigmatized identity; disapproval or lack of respect for a person or group of people based on behaviors or characteristics society does not approve of.
- **Stud** - someone assigned female at birth who identifies as masculine physically, mentally, and/or emotionally.
- **Surgical Readiness Assessment** – an evaluation conducted by a health care professional to determine if a patient is ready to be referred for gender-affirming surgery.
- **The Gender Spectrum** - rather than a binary, gender is viewed as a spectrum of multiple, intersecting dimensions.
- **Third Gender** - refers to the existence of more than two genders; Nepali, Thai, and some First Nation cultures are examples of just a few (of many) that acknowledge a third gender; increasingly, there are a number of countries that include a 'their' gender option for use on birth certificates and other government documents.
- **Top Surgery** - an umbrella term used for some gender-affirming above-the-waist surgeries including masculinizing chest surgeries and feminizing breast augmentation surgeries.
- **Transfeminine** - someone who was assigned male at birth but identifies as more feminine than masculine; often a subset of a genderqueer identity; some people will describe themselves as

feminine of center as way of describing where they see themselves in the masculine and feminine continuum.

- **Transmasculine** - someone who was assigned female at birth but identifies as more masculine than feminine; often a subset of a genderqueer identity.
- **Transgender** - trans-identified, transsexual, or trans; a term encompassing many gender identities of those who do not identify or exclusively identify with their sex assigned at birth; it is not indicative of gender expression, sexual orientation, hormonal makeup, physical anatomy or how one is perceived in daily life; an expansive and inclusive term to represent a wide range of gender identities and expressions.
- **Transition** - the process of changing from a person's natal (birth) sex to that of the opposite sex; typically, the process starts with hormone therapy, and often, though not always, followed by gender confirmation surgery; a period of time when individuals change from the gender role associated with their sex assigned at birth to a different gender role including learning how to live socially in another gender role, and finding a gender role and expression that are most comfortable for them; may or may not include feminization or masculinization of the body through hormones or other medical procedures; the nature and duration of transition are variable and individualized.
- **Transphobia** - fear, discrimination or hatred against transgender people specifically, or gender nonconforming people more generally.
- **Internalized transphobia** - discomfort with a person's own transgender feelings or identity as a result of internalizing society's normative gender expectations.
- **Transsexual** – an adjective (often applied by the medical profession) to describe individuals who seek to change or who have changed their primary and/or secondary sex characteristics through femininizing or masculinizing medical interventions (hormones and/or surgery), typically accompanied by a permanent change in gender role; all transsexual people are transgender, but not all transgender people are transsexual.
- **Transman** - a person who is transitioning or has transitioned from female to male (FTM); also known as *Transboy*.
- **Transwoman -** a person who is transitioning or has transitioned from male to female (MTF); also known as *Transgirl*.
- **Trans-misogyny** - transphobia directed at trans* women and transfeminine people that reinforces male power and privilege, including harassment, violence and discrimination.

- **Transvestite** - an outdated term that was historically used to label people who cross dressed as having a mental illness; replaced by the more inclusive and respectful term, 'cross dresser', which is not considered a mental illness.
- **Tranny** - sometimes used by non-transsexual people as a derogatory expression when referring to a transsexual individual; also used as a "reclaimed" word by transsexual individuals when talking amongst themselves.
- **Tucking** - a method of positioning the penis and testicles so as to conceal them.
- **Two-Spirit** - some Aboriginal people identify themselves as two-spirit rather than as lesbian, gay, bisexual or transgender; historically, in many Aboriginal cultures, two-spirit individuals were respected leaders and medicine people; before colonization, two-spirit individuals were often accorded special status based on their unique abilities to understand both male and female perspectives.
- **Vagina*** - with an asterisk, is used to acknowledge the many different words that are used for this body part: front hole, etc.
- **Vaginoplasty** - a gender-affirming, feminizing, lower surgery to create a vagina and vulva (including mons, labia, clitoris, and urethral opening) and inverting the penis*, scrotal sac and testes.
- **Vocal Feminization Surgery** - feminizing surgery to elevate the pitch of the voice.
- **Visually Gender Nonconforming** - an individual whose appearance does not comply with what is expected of their gender, generally because it is inconsistent with their sex assigned at birth.
- **Ze/Hir** - gender-inclusive pronouns used to avoid gender binary-based words (he/she, him/her), or making assumptions about people's gender.

Prepared in confirmation and/or consolidation of the following references:

ATA, 2014; 2016; Brill & Kenney, 2016; Ehrensaft, 2012; Ignatavicius, 2013; Maheau, Hillyard, & Jenkins, 2012; Pyne, 2014; Riggs, Ansara, & Treharne, 2015; PHSA, 2018; Veltman & Chaimowitz, 2014; and Wells et al., 2012.

Appendix B: Preferred Language

Chart of Gender Inclusive Language

Instead of.....	Try:
Boys and girls Ladies and gentlemen Guys	Folks Friends Students Class People
Boyfriend/Girlfriend Husband/Wife	Crush Partner Significant Other Date Sweetheart Datemate
Do you have a boyfriend/girlfriend? Are you married?	Are you seeing someone? Do you have a partner? Are you involved with someone?
Mother/Father Mom/Dad	Parents Guardians Responsible adults Caretakers Family members

(ATA, 2014)

Chart of Gender Inclusive Pronouns

Pronoun Reference Sheet

She	Her	Her	Hers	Herself
He	Him	His	His	Himself
They	Them	Their	Theirs	Themselves
Ze	Zir	Zir	Zirs	Zirself
Xe	Xem	Xyr	Xyrself	Xemself
Ze	Hir	Hir	Hirs	Hirself
Per	Per	Per	Pers	Perself

WWW.SU.UALBERTA.CA/SERVICES/THELANDING/LEARN/PRONOUNS

(ATA, 2014)

Appendix C: Ethics Checklist

Ethical Matters, Issues for and Evidence of Reflection

	Ethical Matters	Issues for Reflection	Evidence of Reflection	✔
1	Worthiness of the Project	value congruence	Letter of Invitation	✔
		positive social change	IRB Proposal Application	✔
2	Competence	researcher expertise	POS Completion – 4.0 GPA	✔
		access to scholars/specialists	Dissertation Committee/CPATH Members	✔
3	Informed Consent	full disclosure	IRB Letter of Cooperation/Consent	✔
		voluntary consent	IRB Letter of Cooperation/Consent	✔
4	Benefits, Costs, Reciprocity	participant investment	ATA News/Resources, journal articles	✔
		participant gain	Listed in Acknowledgements	✔
5	Harm and Risk	perceived/likelihood of risks	NIH Training: PHRP Certificate	✔
		likelihood of risk	IRB Letter of Consent	✔
6	Honesty and Trust	authenticity	Building rapport with participants	✔
		agreement(s)	IRB Letter of Consent, data guides/logs	✔
7	Privacy, Confidentiality,	personal vs. professional	use of pseudonyms	✔
	and Anonymity	data collection/storage	researcher (only) access/protected files	✔
8	Intervention and Advocacy	Involved who/happened when	researcher Code of Conduct	✔
		improper/harmful behavior	consult with Dissertation Committee/IRB	✔
9	Research Integrity and Quality	carefully, thoughtfully	CH2 Literature Review	✔
		set standards/practices	CH3 Methodology (Trustworthiness)	✔
10	Ownership of Data,	ownership of notes/analyses	researcher Code of Conduct	✔
	and Conclusions	permission to distribute	IRB Letter of Consent	✔
11	Use and Misuse of Results	accurate response capture	participant check	✔
		accurate analysis reporting	inter-coder, external audit	✔

Appendix D: Author Permission for Figure 1

Permission to Publish the Transgender Umbrella Graphic

From: hunter rook <XXXX@XXX.XXX>
Sent: Thursday, November 21, 2019 4:04:35 PM
To: Genevieve Godin < XXXX@XXX.XXX >
Subject: Re: Copyright Permission for Dissertation Publishing

I CONFIRM

On Thu, Nov 21, 2019 at 2:59 PM Genevieve Godin < XXXX@XXX.XXX > wrote:

Good Day, Hunter 😊

Recently I reached out to you for permission to use the following item(s) in my dissertation.

- Transgender Umbrella (Reiff Hill & Mays, 2013)

Your prompt reply and permission to use was appreciated.

I'm happy to report that my study, ***Exploring the Competencies of Educators who Serve Transgender Learners in Secondary School***, is currently under review by university designates for publication requirements.

At this time I would like confirm that I have your permission to proceed with publishing my dissertation for academic purposes, inclusive of the item(s) noted above (Figure: reference/permission cited) and this email thread (Appendix: contact information redacted).

The favor of your reply to this email by November 23, 2019 with "I CONFIRM" would suffice, and be greatly appreciated.

If you have any questions, please feel free to contact me at the number below.

I look forward to hearing from you, and sharing my research with you and your associates.

Gratefully,

Genevieve Godin
PhD Education (Candidate)
Learning, Instruction, and Innovation
C) XXX.XXX.XXXX

Reiff Hill, M. & Mays, J. (2013). *The gender book*. Houston, TX: Marshall House Press.

Appendix E: Author Permission for Figure 2

Permission to Publish the Gender Unicorn Graphic

From: Landyn Pan < XXXX@XXX.XXX >
Sent: Friday, November 22, 2019 11:49:29 AM
To: Genevieve Godin < XXXX@XXX.XXX >
Subject: Re: Copyright Permission for Dissertation Publishing

I confirm!

On Fri, Nov 22, 2019 at 11:49 AM Genevieve Godin < XXXX@XXX.XXX > wrote:

Good Day, Landyn 😊

Recently I reached out to you for permission to use the following item(s) in my dissertation.

- Gender Unicorn (Pan & Moore, n.d.)

Your prompt reply and permission to use was appreciated.

I'm happy to report that my study, ***Exploring the Competencies of Educators who Serve Transgender Learners in Secondary School***, is currently under review by university designates for publication requirements.

At this time I would like confirm that I have your permission to proceed with publishing my dissertation for academic purposes, inclusive of the item(s) noted above (Figure: reference/permission cited) and this email thread (Appendix: contact information redacted).

The favor of your reply to this email by November 23, 2019 with "I CONFIRM" would suffice, and be greatly appreciated.

If you have any questions, please feel free to contact me at the number below.

I look forward to hearing from you, and sharing my research with you and your associates.

Gratefully,

Genevieve Godin
PhD Education (Candidate)
Learning, Instruction, and Innovation
C) XXX.XXX.XXXX

Pan, L. & Moore, A. (n.d.). The gender unicorn. Retrieved January 21, 2018, from http://transstudent.org/gender/

Appendix F: Author Permission for Figure 3

Permission to Publish the Progress Pride Flag

From: quasar.Digital Support < XXXX@XXX.XXX >
Sent: Thursday, November 21, 2019 11:55:12 AM
To: Genevieve Godin < XXXX@XXX.XXX >
Subject: Re: Copyright Permission for Dissertation Publishing

I confirm

On Thu, Nov 21, 2019, 10:33 Genevieve Godin < XXXX@XXX.XXX > wrote:

Good Day, Daniel 😊

Recently I reached out to you for permission to use the following item(s) in my research proposal.

- Progress Pride Flag

Your prompt reply and permission to use was appreciated.

I'm happy to report that my study, ***Exploring the Competencies of Educators who Serve Transgender Learners in Secondary School***, is currently under review by university designates for publication requirements.

At this time I would like confirm that I have your permission to proceed with publishing my dissertation for academic purposes, inclusive of the item(s) noted above (Figure: reference/permission cited) and this email thread (Appendix: contact information redacted).

The favor of your reply to this email by November 23, 2019 with "I CONFIRM" would suffice, and be greatly appreciated.

If you have any questions, please feel free to contact me at the number below.

I look forward to hearing from you, and sharing my research with you and your associates.

Gratefully,

Genevieve Godin
PhD Education (Candidate)
Learning, Instruction, and Innovation
C) XXX.XXX.XXXX

Quasar, D. (2018). Progress initiative: "Progress" pride flag. Retrieved from https://quasar.digital/shop/progress-initiative/?v=3e8d115eb4b3

Appendix G: Author Permission for Figure 4

Permission to Publish the Gender Diversity Flag

From: Amelia Marie Newbert < XXXX@XXX.XXX >
Sent: Sunday, November 24, 2019 9:56:56 AM
To: Genevieve Godin < XXXX@XXX.XXX >
Subject: Re: Copyright Permission for Dissertation

I CONFIRM.

On Thu, Nov 21, 2019, at 3:16 PM, Genevieve Godin < XXXX@XXX.XXX > wrote:

Good Day, Amelia

Recently I reached out to you for permission to use the following item(s) in my dissertation.

- Gender Diversity Flag (Newbert, 2019)

Your prompt reply and permission to use was appreciated.

I'm happy to report that my study, ***Exploring the Competencies of Educators who Serve Transgender Learners in Secondary School***, is currently under review by university designates for publication requirements.

At this time I would like confirm that I have your permission to proceed with publishing my dissertation for academic purposes, inclusive of the item(s) noted above (Figure: reference/permission cited) and this email thread (Appendix: contact information redacted).

The favor of your reply to this email by November 23, 2019 with "I CONFIRM" would suffice, and be greatly appreciated.
If you have any questions, please feel free to contact me at the number below.

I look forward to hearing from you, and sharing my research with you and your associates.

Gratefully,

Genevieve Godin
PhD Education (Candidate)
Learning, Instruction, and Innovation
C) XXX.XXX.XXXX

Newbert, A. (2019, August 20). Skipping stones launches 'gender diversity flag'. Retrieved from https://www.skippingstone.ca/news

Appendix H: Author Permission for Figure 5

Permission to Publish the Dimensions of Gender Graphic

From: Joel Baum < XXXX@XXX.XXX >
Sent: November 22, 2019 12:34 PM
To: Genevieve Godin < XXXX@XXX.XXX >
Subject: RE: Copyright Permission for Dissertation Publishing

I confirm

On Thu, Nov 21, 2019 at 10:54 PM Genevieve Godin <XXXX@XXX.XXX > wrote:

Good Day, Joel 😊

In the Summer of 2018 I reached out to you for permission to use the following item(s) in my research proposal.

- Dimensions of Gender (Baum, 2017) as compiled from original document (attached PDF, supplied by yourself).

Your prompt reply and permission to use was appreciated.

I'm happy to report that my study, ***Exploring the Competencies of Educators who Serve Transgender Learners in Secondary School***, is currently under review by university designates for publication requirements.

At this time I would like confirm that I have your permission to proceed with publishing my dissertation for academic purposes, inclusive of the item(s) noted above (Figure: reference/permission cited) and this email thread (Appendix: contact information redacted).

The favor of your reply to this email by November 16, 2019 with "I CONFIRM" would suffice, and be greatly appreciated.

If you have any questions, please feel free to contact me at the number below.

I look forward to hearing from you, and sharing my research with you and your associates.

Gratefully,

Genevieve Godin
PhD Education (Candidate)
Learning, Instruction, and Innovation
C) XXX.XXX.XXXX

Baum, J. (2017, October). Dimensions of gender. Paper or poster session [digital] presented at the meeting of Gender Spectrum, San Francisco, CA.

Appendix I: Author Permission for Figure 6

Permission to Publish the Gender Spectrum Graphic

From: Sandra Bit < XXXX@XXX.XXX >
Sent: Tuesday, November 12, 2019 10:43:49 AM
To: Genevieve Godin < XXXX@XXX.XXX >
Subject: RE: Copyright Permission for Dissertation Publishing

I CONFIRM.

On Sat, Nov 9, 2019 at 4:15 PM Genevieve Godin < XXXX@XXX.XXX > wrote:

Good Day, Sandra 😊

In the Spring of 2018 I reached out to you for permission to use the following item(s) in my research proposal.

- Gender Spectrum (The ATA, 2017, p. 21)
- Gender Inclusive Language (The ATA, 2014, p. 22)
- Pronoun Reference Sheet (The ATA, 2017, p. 23)

Your prompt reply and permission to use was appreciated.

I'm happy to report that my study, ***Exploring the Competencies of Educators who Serve Transgender Learners in Secondary School***, is currently under review by university designates for publication requirements.

At this time I would like confirm that I have your permission to proceed with publishing my dissertation for academic purposes, inclusive of the item(s) noted above (Figure: reference/permission cited) and this email thread (Appendix: contact information redacted).

The favor of your reply to this email by November 16, 2019 with "I CONFIRM" would suffice, and be greatly appreciated.
If you have any questions, please feel free to contact me at the number below.

I look forward to hearing from you, and sharing my research with you and your associates.

Gratefully,

Genevieve Godin
PhD Education (Candidate)
Learning, Instruction, and Innovation
C) XXX.XXX.XXXX

The Alberta Teachers' Association (The ATA). (2017). PRISM: Toolkit for safe and caring discussions about sexual and gender minorities - for secondary schools, (Revised ed.). Edmonton, AB: Alberta Teachers' Association.

Appendix J: Author Permission for Figure 7

Permission to Publish the Straight for Equality Ally Spectrum Graphic

From: Jean-Marie Navetta < XXXX@XXX.XXX >
Sent: Thursday, November 21, 2019 1:19:01 PM
To: Genevieve Godin < XXXX@XXX.XXX >
Subject: Re: Copyright Permission for Dissertation Publishing

I confirm! :)

On Sat, Nov 9, 2019 at 3:07 PM Genevieve Godin < XXXX@XXX.XXX > wrote:

Good Day, Jean-Marie 😊

In the Summer of 2018 I reached out to you (via XXXXXXXX, XXXXXXXXXXXXXXXXX, PFLAG) for permission to use the following item(s) in my research proposal.

- The Straight for Equality Ally Spectrum (Navetta, 2016, p. 23)

Unfortunately, your requested reply and permission to use has yet to be received.

I'm happy to report that my study, ***Exploring the Competencies of Educators who Serve Transgender Learners in Secondary School***, is currently under review by university designates for publication requirements.

At this time I would like confirm that I have your permission to proceed with publishing my dissertation for academic purposes, inclusive of the item(s) noted above (Figure: reference/permission cited) and this email thread (Appendix: contact information redacted).

The favor of your reply to this email by November 16, 2019 with "I CONFIRM" would suffice, and be greatly appreciated.

If you have any questions, please feel free to contact me at the number below.

I look forward to hearing from you, and sharing my research with you and your associates.

Gratefully,

Genevieve Godin

PhD Education (Candidate)
Learning, Instruction, and Innovation
C) XXX.XXX.XXXX

Navetta, J.-M. (2016). Guide to being a trans ally. Washington, D.C.: PFLAG National.

Appendix K: Author Permission for Instrument

Permission to Use the TABS Survey

Sent: November 11, 2019 3:31 PM
To: Genevieve Godin < XXXX@XXX.XXX >
Cc: Cornelius-White, Jeffrey H < XXXX@XXX.XXX >
Subject: Re: Copyright Permission for Dissertation Publishing

I confirm.

On Sat, Nov 9, 2019 at 5:48 PM Genevieve Godin < XXXX@XXX.XXX > wrote:

Good Day, Yasuko 😊

In the Spring of 2018 I reached out to you (via your co-author, Jeffrey Cornelius-White) for permission to use the following item(s) in my proposal.

- Transgender Attitudes and Beliefs Scale [TABS Survey] (Kanamori et al., 2017)

Your prompt reply and permission to use was appreciated.

I'm happy to report that my study, ***Exploring the Competencies of Educators who Serve Transgender Learners in Secondary School***, is currently under review by university designates for publication requirements.

At this time I would like confirm that I have your permission to proceed with publishing my dissertation for academic purposes, inclusive of the item(s) noted above (Instrument: reference/permission cited) and this email thread (Appendix: contact information redacted).

The favor of your reply to this email by November 16, 2019 with "I CONFIRM" would suffice, and be greatly appreciated.
If you have any questions, please feel free to contact me at the number below.

I look forward to hearing from you, and sharing my research with you and your associates.

Gratefully,

Genevieve Godin
PhD Education (Candidate)
Learning, Instruction, and Innovation
C) XXX.XXX.XXXX

Kanamori, Y., Cornelius-White, J. D., Pegors, T. K., Daniel, T., & Hulgus, J. (2017). Development and validation of the transgender attitudes and beliefs scale. Archives of Sexual Behavior, 46(5), 1503-1515. doi:10.1007/s10508-016-0840-1

Appendix L: Author Permission for Charts

Permission to Publish the Chart of Gender Inclusive Language

Permission to Publish the Chart of Gender Inclusive Pronouns

From: Sandra Bit < XXXX@XXX.XXX >
Sent: Tuesday, November 12, 2019 10:43:49 AM
To: Genevieve Godin < XXXX@XXX.XXX >
Subject: RE: Copyright Permission for Dissertation Publishing

I CONFIRM.

On Sat, Nov 9, 2019 at 4:15 PM Genevieve Godin < XXXX@XXX.XXX > wrote:

Good Day, Sandra 😊

In the Spring of 2018 I reached out to you for permission to use the following item(s) in my research proposal.

- Gender Spectrum (The ATA, 2017, p. 21)
- Gender Inclusive Language (The ATA, 2014, p. 22)
- Pronoun Reference Sheet (The ATA, 2017, p. 23)

Your prompt reply and permission to use was appreciated.

I'm happy to report that my study, ***Exploring the Competencies of Educators who Serve Transgender Learners in Secondary School***, is currently under review by university designates for publication requirements.

At this time I would like confirm that I have your permission to proceed with publishing my dissertation for academic purposes, inclusive of the item(s) noted above (Figure: reference/permission cited) and this email thread (Appendix: contact information redacted).

The favor of your reply to this email by November 16, 2019 with "I CONFIRM" would suffice, and be greatly appreciated.
If you have any questions, please feel free to contact me at the number below.

I look forward to hearing from you, and sharing my research with you and your associates.

Gratefully,

Genevieve Godin
PhD Education (Candidate)
Learning, Instruction, and Innovation
C) XXX.XXX.XXXX

The Alberta Teachers' Association (The ATA). (2017). PRISM: Toolkit for safe and caring discussions about sexual and gender minorities - for secondary schools, (Revised ed.). Edmonton, AB: Alberta Teachers' Association.