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A Flawed System of Accessibility: A Mixed-Methods Study of the Shortcomings of Disability Accommodations for Female Undergraduate Students with Autism Spectrum Disorder, Level One

Alyssa Gaylard

As women continue to receive diagnoses for Autism Spectrum Disorder (ASD), L1 (L1), later in life, there continues to exist a pervasive misunderstanding of how the condition affects women, specifically. This study aims to identify the extent to which women are disadvantaged under the current system of disability accommodations on university campuses through the understanding of how many female students lack access to accommodations and which accommodations would best supplement their academic plan. Through a mixed-methods approach with an exploratory-sequential design and participatory framework, interviews involving three groups of participants categorized as a medical professional, a secondary school learning strategist, and eight female students with ASD, L1, who currently attend a private, American, undergraduate school, took place. From the data gathered, it was concluded that most female students with ASD, L1, felt underserved by their university campuses in regard to disability accommodations.

Keywords: Autism Spectrum Disorder, disability accommodations, Autistic Masking, university disability services, women with Asperger's Syndrome

Introduction

Throughout the 20th century, sociological and medical research has become far more inclusive of those with developmental disabilities moving towards diverging from the exclusionary and antagonistic discourse often associated with past studies. Nevertheless, vulnerable demographics, particularly women with Autism Spectrum Disorder, Level One (L1), otherwise recognized as high-functioning autism, continue to be overlooked in the development of practical diagnostic improvements and even general discourse surrounding the experiences of those with Autism Spectrum Disorder (ASD) as a whole. (American Psychiatric Association, 2013). As a result of a persistent one-dimensional diagnostic process and, by exten-

sion, ineffective disability accommodation guidelines based on that process, it is necessary that the unique experiences of women with ASD, L1, are explored and understood in order to formulate a female-specific diagnostic evaluation. Current accommodation guidelines for these students fall short in three key respects: i) time, ii) environment, and iii) support. In each of these areas, female students with Autism Spectrum Disorder, Level One continued to be neglected and under-supported through academic accommodations (i.e. extended testing times, private testing locations, and tutors) which are rarely provided, or which only marginally benefit the student. With the absence of existing studies that specifically investigate the long-term impacts of this system on women, this gap must be filled by examining the question: to what extent do ineffective disability accommodation guidelines in

private, American, undergraduate universities delegitimize the experiences of female students with Autism Spectrum Disorder, Level One?

Literature Review

Establishing Historical Relevance

According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-IV), *Asperger Syndrome* is now classified as Autism Spectrum Disorder, Level One. Despite its semantic changes, the diagnostic process for Autism Spectrum Disorder (ASD) is particularly stagnant (American Psychiatric Association, 2013). Austrian pediatrician, Hans Asperger (1906-1980) – from whom the term Asperger Syndrome derives its etymology – delineated the process by which autistic children would be diagnosed during his exploration into the disorder in a series of experiments spanning almost a decade from 1943-1952 (Hippler & Klicpera, 2003, p.291). The diagnostic process, as defined by Asperger – who notably used the term “autistic psychopathy” (AS) in his 1944 publication to define autistic behaviours – still serves as the fundamental basis for the Autistic Diagnostic Observation Schedule (ADOS) and the Autism Diagnostic Interview-Revised (ADI-R). Both ADOS and ADI-R serve as the primary resource for establishing conclusive diagnoses for ASD by focusing on three behavioural domains: i) quality of social interaction, ii) communication and language, and iii) repetitive, restricted, and stereotyped interests and behaviours; an additional emphasis is placed on supplemental factors deemed “relevant for treatment planning, such as self-injury and over-activity” (Western Psychological Services, 2003). While the acknowledgment of both ADOS and ADI-R are pertinent to the exploration of the stagnancy of ASD diagnostic approaches, the format of ADOS serves greater importance in evaluating this quality as a result of i) its functional similarities with the original testing conducted by Asperger and ii) the increased dependency of its scoring system (in contrast to the quantitative data collected by the

observational approach taken by ADI-R) (Ehmke). In Hippler and Klicpera’s study – which compares the original approach to AS diagnosis as prescribed by Hans Asperger and current ISD-10¹ directed approaches to diagnosing ASD – the results demonstrated that “68% of the children would be diagnosed with AS according to ICD-10 criteria” (p.298). Ultimately, through the data analyzed, the comparative study concludes that the current diagnostic criteria exhibits archaic qualities reminiscent of those inherent in the initial experiments by Asperger; notably identified is the discrepancy in male-focused criteria over gender-neutral or female-focused criteria (p.294). Though the past century has seen significant advancements within the field of psychology, women with autism continue to be left behind by means of a diagnostic process which is structurally incompatible with their behaviours.

Identifying Different Behaviour Patterns

Autistic camouflaging is the discrepancy between extrinsic behaviour in social-interpersonal contexts and intrinsic mental/emotional status (Lai et al., 2018, p.5). The notion that camouflaging is far more prevalent with autistic women is explored in a study led by Dr. Meng-Chuan Lai from the Toronto Hospital for Sick Children – in association with the University of Toronto – and Dr. Michael V. Lombardo from the Laboratory for Autism and Neurodevelopmental Disorders (LAND) at the Italian Institute of Technology (IIT) (2018). While pre-existing clinical studies would suggest a 4-5:1 male: female ratio of autism prevalence, it is far more likely that such a ratio is around 3:1 (p.6). It is hypothesized and ultimately proved within the paper that such a discrepancy exists more prominently in women on the spectrum², thus, leading to heightened rates of misdiagnosis and underdiagnosis for ASD in comparison to their male counterparts (2018, p.26). Psychological specialist, Francine Russo, then expands on this premise by connecting the increased prevalence of autistic camouflaging in women to the unique pressures that women are faced with in society surrounding such ideas as fitting in, being

1 The 10th revision of the International Statistical Classification of Diseases and Related Health Problems, a medical classification list by the World Health Organization with comparable criteria and reputability to DSM-IV.

2 A term used to describe the autism spectrum in relation to Autism Spectrum Disorder (ASD).

polite, and romantic interaction (Russo, 2018, p.2). As a direct result of these pressures, young girls with autism tend to exhibit more “societally palatable”, or by extension, more insignificant, characteristics and behaviours associated with their autism in three key respects: i) special interest³, ii) repetitive behaviours, and iii) public perception (Lester & Paulus, 2012, p.265-269). In contrast to the stereotype of a young autistic male (often with a special interest focused on a particular niche such as U.S. presidents or licence plate numbers), autistic girls tend to manifest their special interest in socially acceptable topics such as animals, dolls, or celebrities (p.4). Stimming⁴ actions like hand twitching, noise making, and foot-tapping also tend to be less dramatic or almost impossible to identify in women and girls with ASD (p.5). Thus, in an attempt to behave “normally” by mimicking the behaviours and actions of neurotypicals⁵ as a result of the societal pressure for women to uphold to a certain standard, it is concluded that women not only exhibit camouflaging to a greater extent than men, but also suffer more as a result of the emotional and psychological trauma of consistently masking their true identity and behaviours around others (p. 7). Consequently, this analysis questions how camouflaging affects the intellectual and physical abilities of women on the spectrum and whether they ultimately require more extensive assistance to combat these pressures.

Experiences of Disabled Students

With the enrollment rate of young adults with ASD to four-year universities sitting at a low 17% and the rate of successfully obtaining a degree from any post-secondary institution for people with ASD being 39% (in contrast to the 52% of neurotypicals), it is apparent the unique challenges faced by autistic people when seeking any kind of post-secondary education (Borrell, 2018, p.3). It is critical to recognize that the non-disclosure of disability on behalf of the student is a significant factor in post-secondary degree comple-

tion rates (Jarman & Thompson-Ebanks, 2018, p.3-4). Unlike in K-12 public schools, where the institution is obligated by law to provide accommodation to any student with a disability, the regulations surrounding universities operate mutually exclusive from the dogma of the K-12 school practices (p.286). Colleges and Universities do not have the legal obligation to provide disability accommodation services to their students outside of the realm of academic adjustments (and, if offered, unique student housing for those with physical disabilities) unless that student provides full disclosure to the necessities of their disability directly to their post-secondary institution (U.S. Department of Education, 2011)(Harris, 2019, p.941-943). In a 2018 study conducted in association with the University of Wyoming, it was discovered that students with nonapparent⁶ disabilities felt more at risk for humiliation, misunderstanding, and stigmatization based on their disability if disclosed to the appropriate post-secondary accommodation services platform/group (p.13). Notably, 60% of student participants who did not formally disclose their disability to their university reported their reason to be directly correlated with the perception that faculty, staff, and students may lack knowledge, sensitivity, and understanding for their nonapparent disability (p. 12). Ultimately, it is concluded that the experiences of the students in this study are generally congruent with the experiences of an average student with similar nonapparent disabilities at most American post-secondary institutions. Furthermore, it is critical to note that

Gap Analysis

Research suggests that the current diagnostic criteria for ASD, Level One (L1), is not only vastly outdated, but also nearly analogous to the original diagnostic criteria for the disorder’s original title, Autistic Psychopathy (Hippler & Klicpera, 2003, p.299-300). Though there is a case to be made for the reformation of ASD diagnostic criteria, as a whole, the most perti-

3 One particular topic, place, thing, etc. that an individual with ASD has a complete obsession within terms of both admiration and knowledgeability on the interest.

4 Self-stimulatory behaviour (otherwise known as “stimming”) is the repetition of physical movements, sounds, words, or moving objects often used as a calming mechanism for people with ASD.

5 A term used to describe the autism spectrum in relation to Autism Spectrum Disorder (ASD).

6 An individual who displays none of the characteristics or patterns associated with ASD.

ment modifications are those that are concerned with accommodating the unique experiences of females on the autism spectrum, particularly those who exhibit characteristics relating to ASD, L1. The importance of exploring the female experience with ASD stems, not only from the absence of research focused *uniquely* on this demographic, but also from the archaic diagnostic practices that are not reflective of the behaviours of women with the disorder (Sisti & Johnson, 2015, p.84-85). The type and manner of expression of inherently “autistic” characteristics such as the lack of maintenance of eye contact, an obscure special interest, or dramatic self-stimulatory behaviour, are far more camouflaged and thus are less observable in women with ASD, L1 (Russo, 2018, p.2)(Hull et al., 2017). In a 2016 study, this gender-based discrepancy is demonstrated to be amplified through increased rates of anxiety and depression associated with the mental exhaustion of camouflaging such characteristics (Bargiela, 2016, p.3285). In this study, 93% of participants reported an anxiety score above the recommended clinical cut-off. In addition, the mean score of all participants for the General Health Questionnaire was below the clinical threshold – an indicator of mental disorder (p. 3285).

Though research exists on the broad exploration of challenges faced by students with invisible disabilities such as Attention Deficit Hyperactivity Disorder (ADHD) in most post-secondary institutions, the research falls short on specificity, namely the impact of the challenges of private university life with the behaviours and characteristics of female students with ASD, L1. Furthermore, it is critical to note that, as a consequence of the limited exploration on this topic, anecdotal evidence from students serves as the current indicator of any flaws within the accommodation offering process as no official statement of behalf of an American university has been made to address this particular issue. This paper intends to fill the gap that exists not only from the broad perspective of introducing more female-focused studies into discussions surrounding Autism Spectrum Disorder, but also through the introduction of data that analyzes the unique college experiences of young women on the spectrum. As a result, a comprehensive solution will be created in order to solve the issue of under-recognition and unsubstantial accommodation in private American universities for female students with ASD.

Overview of Methodology & Design

The design which fits most appropriately within the confines of this research project is mixed methods. $\neg\neg$ As dictated by American academic, John W. Creswell, mixed methods research is unique in that it combines both quantitative and qualitative data to formulate some analytical conclusion within one single investigation (Creswell, 2013). Additionally, the mixed methods approach is pertinent to health-related research as it allows for a more holistic perspective on a given problem, thus making it suitable for application in this study. Within mixed methods exists three basic designs and four advanced frameworks. This research project will utilize the principles of an exploratory sequential design with a participatory framework. The exploratory sequential design is used with research that first collects and analyzes qualitative data to then inform the subsequent quantitative data collection (Venkatesh et al., 2013, p.22). In a participatory framework, the primary focus involves the voices of a targeted population in order to guide the research effectively in a particularly insightful way, typically related to social justice. Critically, the participatory framework utilizes qualitative data collection to register the target demographic’s perspectives and quantitative data to support the argument of the research (Klingner & Boardman, 2011, p.213). In the context of this research, data collected from the three unique demographics will be evaluated and compared in order to solidify the claims made in the initial hypothesis.

Data Collection

The process of data collection required a heightened level of detail and specificity considering the unique sensitivities that are associated with social interaction for individuals on the autism spectrum. Within the context of this research paper, there are three categories of interviewees i) expert medical opinion in the form of psychiatric medical professionals, ii) professional teaching opinion in the form of a learning strategist from a college preparatory high school, and iii) women with ASD, L1, who are currently attending an undergraduate institution in the United States. Critically, each demographic was asked different questions

during their interviews (see appendix for a full list of interview questions). Category I and II interviewees will be involved in a semi-structured interview commenting on the experiences of the people they work with (ASD patients/students). The Category I interview is critical in establishing the fundamental understanding of the data acquired from the other demographics. A key question for this demographic is: how have recent studies regarding the disparities between the ways in which autistic men and women behave impacted the diagnostic process from a clinical perspective? For Category II interviews, while similar to the former, differ in that no medical perspective can be offered. Rather, Category II interviewees will comment only on the perceived experiences of students on the spectrum. A key question for this demographic is: What factors do you consider when suggesting accommodation options for post-secondary school to students with ASD? Finally, the most complex demographic in the interviewing process is Category III interviewees. Contrary to the semi-structured format of Category I and II interviews, Category III did require a hybrid format between semi and completely structured interview. While still allowing for qualitative data to be acquired, every question in this interview will remain in a consistent order with consistent instructions. Since people on the autism spectrum often require little to no distractions and explicit details to remain focused and engaged, maintaining a quiet space (and potentially one without harsh lighting for those interviews conducted over skype video chat) will be a necessity for ensuring the stability of the interview process. A key question for this demographic is: have you sought out academic accommodations at your university because you have ASD? Why or why not? For Category I, the participant was selected for their expertise diagnosing women with ASD. Participants in categories II and III are obtained either i) directly through a university's student disability services or ii) through the recommendation of a learning strategist at a college preparatory school in the Greater Toronto Area who works with high school students with disabilities.

Ethical Notes

Since the data collected in this research paper involves members of a vulnerable group (women on the

autism spectrum), the interviews must be conducted with caution, deliberate planning, and a consistent setting. The risk of the participant experiencing an anxiety/panic attack, or any other similar reaction will be in constant consideration when asking questions or interacting with the participants at all. This research project has been approved by the Appleby College Internal Ethics Review Board.

Findings

The data was gathered from eight female students currently attending an elite, private, American undergraduate institution. All participants identified themselves as having Autism Spectrum Disorder, L1. With the exception of one participant, who noted that her disability was self-diagnosed, all student interviewees have received a medical diagnosis Autism Spectrum Disorder (ASD), Level One (L1). 63% of student participants reported that they made an active attempt to seek out disability accommodations at their university. Only four of those five participants received any tangible disability support from their institution. Additional interviews were conducted with a psychiatrist and a secondary school learning strategist. Findings focused on the responses of the Category III interviews are divided into subgroups of Accommodation Affirmative (currently has access to accommodations) and Accommodation Negative (does not currently have access to accommodations).

Figure 1



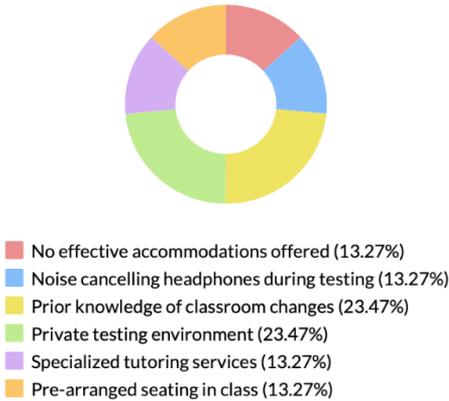
Accommodation Affirmative

Among students with access to formal disability accommodations provided to them by their institution's disability services office, the most common forms of accommodation were: i) private testing environments and ii) premature awareness of classroom and sched-

uling related changes. Notably, one of the participants who had previously requested disability accommodations had not been provided with any effective applications based on their request.

Figure 2

Existing Accommodations Offered

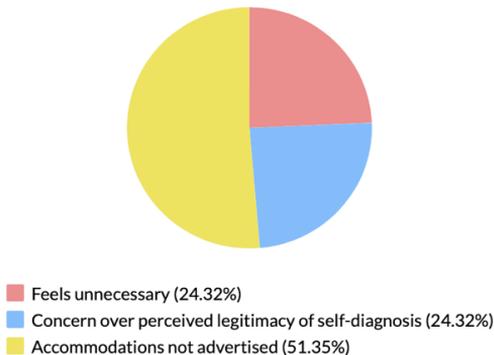


Accommodation Negative

Among students without access to formal disability accommodations, the primary reason for lacking this access is the absence of awareness at their academic institution.

Figure 3

Reason for not Accessing Accomodations



Among Accommodation Negative participants, access to academic supports has a perceived holistic benefit towards the student's academic and emotional wellbeing. Comparatively, a stronger perceived positive outcome was associated with academic benefits, specifically.

Figure 4

Extent of Perceived Emotional Benefit if Provided Accomodations

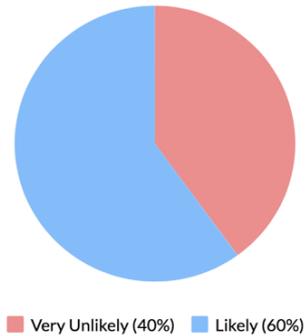
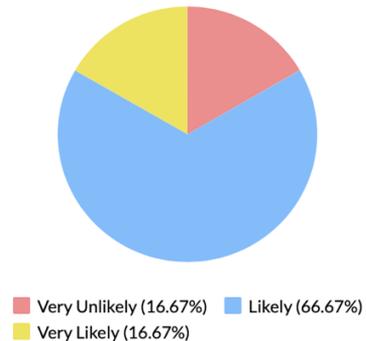


Figure 5

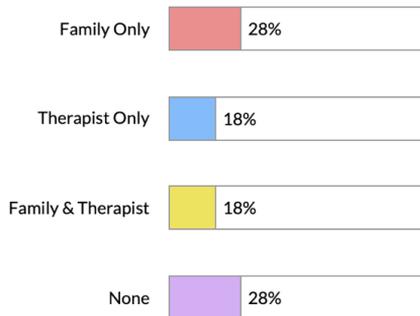
Extent of Perceived Academic Benefit if Provided Accomodations



Participants in the Accommodation Negative Category were also asked whether they have received any influence on seeking out accommodations and, if so, what the source of that influence was. Most participants saw influence from family or no influence at all.

Figure 6

Source of Influence to Pursue Disability Accommodations

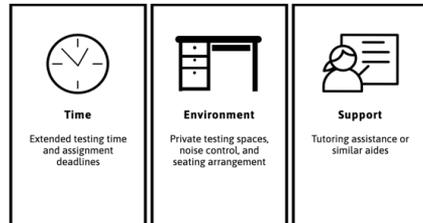


Accommodation Neutral

Regardless of whether participants responded affirmative or negative to accessing any form of academic supports, all interviewees were asked what additional supports they feel as though they would benefit from. Notably, one Accommodation Affirmative participant and one Accommodation Negative participant reported no interest in any new or additional academic supports. Additionally, one Accommodation Affirmative participant noted additional accommodative supports that would be more effective than the student's current plan. New or additional accommodation interests were broken down by theme: time, environment, and support.

Figure 7

Most Desired Accommodations not Currently Offered:



Overwhelmingly, participants believed that their university is not inclusive to autistic people. Correspondingly, all participants reported the presence of at least some autism-related stigma at their academic institution. Notably, $\frac{3}{4}$ of all female students interviewed stated that their university was not at all inclusive towards autistic students.

Discussion & Analysis

The purpose of this study was to examine the impact of ineffective disability accommodation guidelines at private, American, undergraduate institutions on the delegitimization of the experiences of female students with Autism Spectrum Disorder (ASD), Level One (L1). It is established in the Literature Review that a disconnect exists between disability accommodations accessed in secondary school and undergraduate school by virtue of the accessibility system in post-secondary institutions – which does not formally mandate the tangible application of disability accommodation guidelines provided by medical professionals.

Though additional data was collected in the form of the Category I & II semi-structured interviews with a licenced psychiatrist and a secondary school learning strategist, the bulk of the data analysis will focus on the data collected from the eight female undergraduate students with ASD, L1.

Understanding the Disincentive for Disability Accommodations in Post-Secondary School

The data suggested that, although influence exists from external sources to seek out accommodations in post-secondary school, female students with ASD,

L1, continue to study without intervention from on-campus disability services.

Lack of Awareness

Approximately 50% of the participants reported that their lack of access to disability accommodations was the product of the absence of awareness that these services were: i) available at their institution and ii) specifically available for women with ASD, L1. Recognize, an inherent barrier exists for women with invisible disabilities, especially ASD, L1, because none of the current legislature regarding supports for disabled students and workers prescribes that institutions must provide accessibility supports, but rather that they may provide those supports when prompted.

Nature of Access

Both, the interview with the secondary school learning strategist and the psychiatrist, indicated that there exists a consistent trend of female students with ASD, L1 who had access to disability accommodations in high school who do not continue their accessibility plan into undergraduate school. Though this shift could be attributed to the student's development of the academic and social skills necessary to succeed in university without any formal accommodations, the psychiatrist in the Category I interview stated that "fewer woman on the spectrum seek accommodations in university because they must take it upon themselves to deliberately acquire them". Since people with ASD often struggle with conventional social interactions, the absence of any mandate to ensure that accommodations are offered directly to the student makes the process by which students access academic supports a particularly difficult one.

Stigma & Exclusivity

Though not directly correlated with the diagnostic process, the presence of stigma towards students with autism, in addition to the strong feelings of exclusivity that autistic students have in regard to their university campus serves as a strong deterrent towards seeking out academic accommodations. It was noted in the Category II interview that "autistic students may fear feelings of otherness that stem from the stigma sur-

rounding autism in general, seeing that as enough of a disincentive to rule out accommodations which may be noticeable to their peers". From this, it can be concluded that the presence of stigma is a significant factor in the decision to seek academic supports for female students with autism.

Improving the Application of Disability Accommodations

Notably, the 75% of student participants indicated their desire for new or improved disability accommodations at their university. On average, participants from the Accommodation Negative group reported that supports related to their disability would likely serve to both emotionally and academically benefit them. Despite the anomaly of one participant who indicated that they did not see any benefit of disability supports in their academic plan, all other interviewees regarded such accommodations as being considerably helpful to achieving academic success in undergraduate school. Desired accommodations were divided into three themes: environment, time, and support.

Extended Timelines

The primary theme of interest for female students with ASD, L1 was time. More specifically, accommodations in this Category included extended testing time and extended submission dates for written assignments. It was stated in the Category I interview that "it isn't uncommon for women with high-functioning autism to exhibit behaviours associated with Obsessive Compulsive Personality Disorder. This can include the unrelenting desire for perfectionism rather than a need to subdue any negative thoughts such as those associated with Obsessive Compulsive Disorder". For people with ASD, L1, particularly women, this characteristic for perfectionism may extend into prolonged working periods which often require extending due dates or time frames in order to satisfy the needs of the student. Although,

the interview with the psychiatrist (Category I) also stated that "since perfectionism is a trait commonly associated with neurotypical women, female students [with autism] seeking extended time as an accommodation will likely see lower rates of success in acquir-

ing support due to already being perceived as perfectionist in nature”.

Classroom Environment

Similarly, female students with ASD also regarded environment as a significant factor in improving the status of their present or potential accommodations. Overwhelmingly, this Category saw the greatest support for private testing environments in which distractions would seldom exist. Following that, the mention of noise regulation through headphone usage in addition to preferred in-class seating also saw considerable support from participants. More specifically, the desire for headphone usage during testing either within the classroom or in a private testing was particularly valued by participants. The accommodations under the theme of environment are categorized by two key behaviours associated with ASD: i) desire for order and organization and ii) hyper-sensitivity relating to the environment of the student.

The desire for pre-arranged or preferred seating is correlated with the same desire for order mentioned under the previous subheading. Conversely though, the desire for private testing environments and noise controlling devices in the classroom stems from the presence of hyper-sensitivity and over-stimulation of an autistic student's senses. According to the Category I interview, the vast majority of patients with ASD, male and female, exhibit similar ranges of sensitivity towards sounds, light and texture. With regard to sound, headphones can serve as a supporting mechanism for autistic students who require improved noise-control.

Conversely, lighting can be more difficult to accommodate considering that only so much of the lighting arrangement can be altered within a particular class. Though only mitigatory, the placement of a student in a private testing environment can aid in the control of harsh lighting. Both the Category I and II interviews suggested that female students may not be presented with accommodations within the environment Category as often as their male counterparts as a result of the masked behaviour that women with ASD often manifest. This suggestion was confirmed through the Category III interviews in which one Accommodation Affirmative participant reported the desire for a private testing environment as a part of

her accessibility plan but was only offered the ability to wear headphones during in-class testing.

While it is no fault of their own, there exists an innate issue regarding the legitimization of disability when women with ASD mask their autistic behaviours. Thus, the suggestion can be made that disability accommodation guidelines must be more explicit when outlining to academic institutions how the student expresses the characteristics of their disability, particularly when the expression of those characteristics is not always congruent with the true severity of the student's disability.

Formal Support Systems

Though time-based and environmental changes represented the accommodations with the strongest interest among female university students with ASD, L1, there still exists a third Category of supports that demonstrated considerable support amongst participants. The desire for academic tutors with specific knowledge and understanding of the characteristics and struggles of students with ASD, L1, particularly in relation to the experience-based nuances of women with autism was particularly strong.

The Category I interview clarified that many female students with disabilities ranging from ADHD to ASD often acquire access to private tutors independently – that is to say, without the support of student disability services. The issue then presents itself twofold as female students with ASD are not currently provided sufficient access to tutors directly through disability services on their university campus, but also do not have access to tutors who specialize in working with students with autism. It is established in the Category II interview that tutors without any substantial experience working with autistic students, especially autistic female students, often get frustrated by the behaviours and organizational demands of their tutees resulting in a poorer dynamic between the pair and often a reduced level in quality of learning.

The solution then emerges in the form of learning strategists with a particular focus on and background in working with autistic students. Ultimately, it is individuals in specialized roles such as those mentioned above that can best serve as the immediate proxy between students and professors in instances of conflict surrounding academic plans and inconsistencies in the

application of the student's accessibility plan within the classroom.

Limitations

Though the findings of this study resulted in the establishment of precedent for improving the current system by which female students with Autism Spectrum Disorder (ASD), Level One (L1), access disability accommodations in undergraduate school and the identification of the accommodations that these students feel are paramount in achieving academic success, there still exist a few limitations in regard to the holistic outcome of the study. Though there exists diversity in the origin of the student participants based on current academic institution, the pool of interviewees was still limited. While the number of participants in the Category III interviews was small, the lower population lends itself to the small population of female students who both i) self-identify as having autism and ii) are comfortable enough with their identity to willingly provide feedback to their unique experience as a woman with ASD.

In addition, the absence of feedback related to the differences between disability accommodation plans in secondary school and undergraduate school directly from the student participants contributed to a gap in the study's findings – one that could only be partially filled by the insight of the Category I and II interviews. By virtue of the structured nature of the Category III interview, another issue presented itself when one of the student participants reported an attempt at accessing disability accommodations on their campus but being denied any effective supports. The format of the Category III interview did not consider this as a possible response from an interviewee and thus, only a limited exploration into the experience of that student could be conducted.

Suggestions for Further Research

While the findings and analysis presented by this study set an important precedent for the changes that need to be made to the current system of disability accommodation accessibility in American universities, future research could do more to explore the

mechanisms by which these changes could take form, especially with the understanding that not all academic institutions may be equipped, both structurally and financially, to handle a large-scale reconstruction of their accommodation services. Nevertheless, the suggestions made by this paper advocate for a considerable overhaul of the current status of disability services on university campuses, specifically in relation to how those services are communicated and then later applied to female students with disabilities such as ASD, L1. Thus, there holds great promise and congruency in future research with the intention of exploring: i) why existing legislature does not mandate universities to provide disabled students with the necessary accommodations that they likely had access to in secondary school, ii) how disability accommodation guidelines developed by psychiatrists and other medical professionals can be more explicit in the accommodations that they suggest and the methods by which those accommodations should be materialized, and iii) how disability services on university campuses can provide greater awareness for their resources with a specific focus on targeting groups of students whose disabilities are often unrepresented or misrepresented in the status quo – in this case, women with ASD, L1.

Conclusion

Female students with Autism Spectrum Disorder (ASD), Level One, who are currently studying at private, American, undergraduate institutions are not accessing disability accommodations despite the overwhelming desire for such related supports and the perception that those supports would drastically improve their academic performance and even emotional wellbeing. Much of this lapse in accessibility can be attributed to a system of disability services that is out-of-touch with the needs of a diverse demographic of autistic students, particularly autistic female students. It was discovered that, even for female students with ASD who have access to disability accommodations at their institution, those supports are not effective enough in supplementing their academic plan. As a result, the conclusion is drawn that a massive restoration of the system by which students with invisible disabilities, specifically female students with ASD,

access disability accommodations in post-secondary school must occur. Thus, through heightening the level of transparency between psychiatrists, universities, and students, a more aware environment for disability accommodation guidelines to be discussed and applied is created, ultimately providing more students with access to the most effective disability supports that their school can offer.

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Appendix A – Category I Interview Questions

1. How much of your clinic's patient demographic is occupied by youth with Autism Spectrum Disorder, L1?
2. From that portion, how many patients [with ASD, L1] are female?
3. Do you find that most of the female patients seeking a diagnosis for ASD, L1 are comparably older than their male counterparts?
4. Do you use the same diagnostic criteria when evaluating both female and male patients?
5. Do female patients that have been medically diagnosed with ASD, L1 opt-out of the pursuit of external academic accommodations (in comparison to male patients)?
6. Do you think that the existing diagnostic criteria for ASD, L1 lacks the nuances associated with the unique behaviours of women on the spectrum? Why or why not?
7. Do you think that it is difficult for women/girls to access academic accommodations in high school and post-secondary school as a result of the diagnostic criteria and/or other factors?
8. For female students with ASD, L1 who choose to seek academic accommodations, what are the most common forms of accommodation you recommend to patients?

Appendix B – Category II Interview Questions

1. In the context of secondary school, is there a considerable discrepancy between the accommodations suggested by physicians for female versus male students with ASD, L1?
2. When academic accommodations are offered to high school students [with ASD, L1], do you find that this generally improves their learning experience?
3. When supporting students through the transition from high school to post-secondary school, do you notice an increased disinterest in academic accommodations? If so, is this disinterest more common amongst female students with ASD, L1?
4. Do you think that the need to self-advocate for accommodations in post-secondary school is a contributing factor to why students may choose not to seek disability support at this level?
5. Do you think that the current system by which academic accommodations are provided in post-secondary school should more closely resemble the disability support system of secondary schools?
6. What, if any, additional factors may contribute to an autistic student's unwillingness to seek accommodations in post-secondary school?

Appendix C – Category III Interview Questions

1. Have you been formally diagnosed with Autism Spectrum Disorder, L1?
YN
2. If you have received formal diagnosis, when did this occur?
Date: _____
3. At which university do you currently attend?
USCYaleNESFOther: _____
4. Have you sought out academic accommodations at your university because you have ASD?
YN
5. If yes, what accommodations do you have? Ex. Quiet test space, extended timelines, etc.
6. If no, why have you chosen not to seek out academic accommodations?
7. On a scale of 1-10, how supportive are your professors in satisfying your accommodations?
Least 1 2 3 4 5 6 7 8 9 10 Most
8. Do you think you would benefit (emotionally or academically) from accommodations?
9. On a scale of 1-10, how supportive are your guidance counsellors in satisfying your accommodations?
Least 1 2 3 4 5 6 7 8 9 10 Most
10. Have academic accommodations been advertised to you through your school, family, or doctor?
11. Are there academic accommodations that you would benefit from that are not currently offered to you? If yes, what are they?
12. On a scale of 1-10, how inclusive is your university towards people with autism?
Least 1 2 3 4 5 6 7 8 9 10 Most
13. Do you think there is a stigma surrounding disability accommodations at your university or other, similar, academic institutions?