

LESBIAN, GAY, BISEXUAL, AND TRANSGENDER COLLEGE STUDENTS WITH DISABILITIES: A LOOK AT MULTIPLE CULTURAL MINORITIES

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College students with disabilities who are lesbian, gay, bisexual, or transgender (LGBT) represent diverse cultural minorities with multiple service needs involving disabilities, identities, and adjustment strategies. These students are usually accommodated in the college environment because of their disability while simultaneously marginalized based on their sexual orientation. This article discusses LGBT college students with disabilities as multiple cultural minorities with a focus on educational environments, institutional issues, and strategies for university personnel. © 2002 Wiley Periodicals, Inc.

Lesbian, gay, bisexual, and transgender (LGBT) persons have received increasing attention in the published literature in various disciplines such as professional psychology, including school psychology (Baker & Campbell, 1998), student affairs (Wall, Washington, Evans, & Papish, 2000), and rehabilitation counseling (Harley, Hall, & Savage, 2000; Stuart, 1994). However, the published empirical research pertaining to these populations remain sparse (Fontaine, 1998). A further review of the literature reveals a more dismal picture of the limited attention to and inclusion of sexual minority college students with disabilities. One can assume that LGBT students are present, in similar proportions, among students with disabilities as in other populations of students. However, "it seems that university systems have often dissected minorities" in such a way as to indicate that "LGBT persons belong in one place and persons with disabilities in another" (Underhile & Cowles, 1998, p. 173). Conversely, Harley et al. emphasized that sexual orientation and disability must be perceived as interconnected rather than as parallel occurrences because there is clearly reciprocity of influence. On some college campuses, LGBT persons comprise a significant minority group, and receive considerably less attention and limited services than do other groups (Evans & Wall, 2000). According to the American Psychological Association, one in six college students is lesbian, gay, or bisexual (cited in Sherrill & Hardesty, 1994). Given this figure, "it makes good sense for colleges and universities to respond to this sizable market" (Sherrill & Hardesty, 1994, p. 6).

The purpose of this article is to discuss LGBT college students with disabilities against the backdrop of being members of multiple cultural minority groups. Primarily, the focus is on college rather than high school students. The reason for this is that the literature gives relatively more attention to adolescents (e.g., Bullock, Gable, & Ridky, 1996; Henning-Stout, James, & Macintosh, 2000; Lipkin, 1999; Baker & Campbell, 1998; Tharinger & Wells, 2000), and LGBT college students with disabilities have been relegated to a status of invisibility (Underhile & Cowles, 1998). Because of this paucity of literature about sexual minority students in higher education, a discussion of the following components is presented (a) levels of awareness of sexual minority issues; (b) perspectives on disability and sexuality; (c) diversity within the LGBT community, (d) educational environments and institutional issues; and (e) implications and recommendations for college personnel. An embedded discussion of disability and sexual minorities of LGBT college

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students is presented in this article, rather than separate viewpoints of each, because disability status and sexual identity are co-mingled as part of diversity. An overview of an integrated identity of LGBT college students is presented in this article, and the reader is cautioned not to interpret the information as comprehensive, inclusive, and to be generalized to all college students of minority sexualities because the topic is too broad for this to occur. Clearly, intersecting identities of LGBT college students move them and others beyond one way of identifying and addressing social and psychological needs because to identify one way in which individuals are different (e.g., sexual orientation) frequently omits "other distortions around differences" (e.g., race, age, disability) (Lorde, 1984, p. 116). The increased visibility of LGBT college students (Rhoads, 1997) and disability-related issues call attention to the growing importance of their publicly establishing a social identity.

LEVELS OF AWARENESS OF ISSUES OF SEXUAL MINORITY ISSUES

Collectively, little is known about the experiences and sexual identities of LGBT students with disabilities. Bahr, Brish, and Croteau (2000) reported that a review of the existing small body of studies addressing training experiences in professional psychology, including school psychology, students and graduates possessed relatively positive attitudes toward sexual minorities, however, the data on actual preparation to work with LGBT issues and persons were less positive. Other studies reported that students indicated they are unprepared to work with LGBT persons (Allison, Crawford, Echemendia, Robinson, & Knepp, 1994; Phillips & Fischer, 1998). According to Pilkington and Cantor (1996), despite positive signs of some curriculum changes, LGBT "issues continue to be neglected or inappropriately addressed in graduate training programs in professional psychology" (p. 611).

Croteau and Talbot (2000) acknowledged that emerging literature on college and university professionals regarding sexual minority concerns is almost never based on empirical research. Counteracting this dearth of empirical research, Croteau and Lark (1995) conducted an empirical investigation of views of lesbian, gay, and bisexual issues in the student affairs profession. In this study, ten themes were developed through qualitative analysis of the 1,605 incidents of biased and exemplary practices described by members of the American College of Personnel Association's (ACPA) Standing Committee on Lesbian, Gay, and Bisexual Awareness. The biases of student affairs professionals consisted of them: (a) failing to express affirmation, not confronting homophobic remarks, or making homophobic remarks themselves; (b) ignoring or minimizing homophobic violence and harassment; (c) being exclusive of lesbian, gay, and bisexual people in language, programming, written materials, social events, and diversity activities/policies; (d) failing to treat LGB people with the same level of regard they would any student or colleague; (e) ignoring or misunderstanding the unique needs of LGB persons; (f) discouraging openness and/or failing to respect the confidentiality of those not "out"; (g) failing to provide staff training and campus programs designed to reduce homophobia and increase awareness; (h) failing to support or provide programs specifically for LGB persons on campus; (i) failing to advocate for LGB organizations and individuals; and (j) failing to be equitable in employment practices. Exemplary themes included professionals' being affirmative in these areas.

Other relevant findings of Croteau and Lark's (1995) study identified levels of knowledge, skills, behaviors, and comfort with sexual minority issues among faculty and graduate students in student affairs. First, while faculty and graduate students have a variety of levels of knowledge, skills, behaviors, and comfort with sexual minority issues, inconsistencies in self reports of this information indicate that they may at times overestimate their own overall competencies on LGB issues. That is, despite the fact that few graduate students engaged in activities to learn about sexual minorities and few were comfortable with their skill level, over half of the sample ($n =$

321) believed they could teach others about issues related to sexual orientation. For faculty members ($n = 137$), half or more reported being less than knowledgeable about the developmental issues and unique contributions of sexual minorities, yet 80% indicated they were capable of teaching and advising in a way that reflects sensitivity to sexual minority students.

Croteau and Lark (1995) also found, as compared to other areas of diversity (e.g., gender, age, and race/ethnicity), graduate faculty and students and practitioners have lower levels of knowledge, skills, and comfort with sexual minority issues. Both faculty and graduate students felt more capable of working with and teaching about women than racial minorities, and least skilled in working with or teaching about sexual minorities. Practitioners had similar patterns to graduate students and faculty with the exception that practitioners' comfort level subscale scores were nearly the same for ethnicity and sexual orientation. Finally, there is a positive relationship between faculty's level of knowledge, skills, and comfort with sexual orientation and their students' level of knowledge, skill, and comfort. One implication of the correlation is that faculty have a great influence on the student body through modeling of behavior (Croteau & Lark, 1995). Equally as important, are the ethical considerations of a joint resolution adopted by the American Psychological Association (APA) and the National Association of School Psychologists (NASP). This resolution denounces widespread discrimination against lesbian, gay, and bisexual persons and promotes a broad agenda that affirms the dignity and rights of individuals in sexual minority groups and advocated for their educational and psychological well-being (APA/NASP, 1993; reapproved by NASP, 1998).

The lack of knowledge regarding sexual minorities and disability may be attributed to several factors. On the one hand, it can be the result of intolerance on college campuses. In a 1990 survey of 128 four-year colleges and universities conducted by *USA Today* and *People for the American Way*, of the colleges reporting acts of intolerance on their campuses, sexual orientation, more than race or ethnicity, accounted for the intolerance (cited in Sherrill & Hardesty, 1994). On the other hand, it may be attributed to a unilateral focus on the civil rights of students with disabilities regarding accessibility and reasonable accommodations rather than on civil rights regarding sexuality (Underhile & Cowles, 1998). In essence, the civil rights focus on disability and not the sexual orientation of LGBT persons with disabilities mirrors the focus of disability advocacy in general. This dichotomous and/or omission approach exposes the "culturocentric obstinance" (Underhile & Cowles, 1998, p. 171) of society reticent to be responsive to the needs of persons of sexual minorities with disabilities. With only 250 of the more than 3,000 institutions of higher education in the United States including sexual orientation in their affirmative action statements (National Association of Student Personnel Administrators [NASPA], 1993), it is no wonder that anti-gay prejudice, discrimination, hate and heterosexism are rampant on college campuses (Watkins, 1998).

PERSPECTIVES ON DISABILITY AND SEXUALITY

Traditionally, disability and sexuality have been addressed as separate entities in the literature. Moreover, persons with disabilities have been desexualized (Burling, Tarvydas, & Makin, 1994). Conversely, the information in this section presents disability and sexuality of sexual minorities as collateral, with one being a configuration of the other.

Students with disabilities comprise approximately 11 percent of enrollment in U.S. colleges and universities (Disability Statistics Center, 2001). Estimates of the prevalence of LGBT college students with disabilities are difficult to obtain for a variety of pragmatic and methodological reasons. For example, students may not self-identify as sexual minorities, or those with hidden disabilities (e. g., learning disabilities) may not be identified as having disabilities.

LGBT college students with disabilities frequently need counseling not because of identity or disability, but because as they are either identifying their sexuality or coming to terms with it, simultaneously they are confronted by heterosexist attitudes. “The evidence is overwhelming that the college climate is hostile to these young adults” (Hunter, Shannon, Knox, & Martin, 1998, p. 27). For example, in one study 29% of first-year college students felt that the campus would be a better one without sexual minorities, and more than 80% made hostile remarks toward sexual minority students (D’Augelli & Rose, 1990). In a study of anti-homosexual attitudes in college students, Cotton-Huston and Waite (2000) found that personal acquaintance with a LGB person was predictive of fewer negative attitudes, and holding stronger religious convictions was related to expressing stronger negative attitudes. Slater (1993) found that between 40% and 54% of sexual minority students reported that they had been verbally harassed or threatened. Additionally, a majority of sexual minority students had experienced vandalism (Kuehne & Sullivan, 2001). In a study of LGB students, 40% of the 1,464 respondents indicated that they did not feel safe on their campuses, with 57% reporting that their schools do nothing in response to hate crimes occurring on their campuses against sexual minority students (Sherrill & Hardesty, 1994). According to McAllan and Ditillo (1994), societal norms make accepting one’s own sexual identity a challenge for LGBT persons. In essence, LGBT college students may be more in need of an oasis from harassment and intimidation than heterosexual students (O’Conor, 1995). In addition, LGBT college students (a) fear harassment or discrimination by classmates and professors, (b) do not feel safe being open about their sexual orientation in class, (c) censor their academic speech, writing, or actions in order to avoid heterosexist harassment or discrimination, and (d) live in constant fear (Norris, 1992; Renn, 2000).

LGBT college students with disabilities may also need counseling to address socially appropriate behavior and strategies on identifying social cues. That is, students with learning disabilities or other types of developmental disabilities may not be able to accurately interpret messages they receive. For example, a gay student with a learning disability may interpret “niceness” or helpfulness from someone as a sign that the person is romantically interested in him. As a result of this misinterpretation, the gay student asks the person for a date. Inadvertently, the gay student has “come out” to this person, who may or may not be sensitive to the student’s sexual identity. If the person is insensitive to the gay student, the gay student may be in need of counseling to understand and deal with the ramifications of what has happened or what could happen. As illustrated by this example, an important question is raised—Should the student seek assistance from the student disability services or the student counseling services?

Dual standards exist for persons with disabilities and those among them who are LGBT. Persons with disabilities are frequently “objectified as merely the sum of their parts, while LGBT students are diminished to a set of sexual behaviors” (Underhile & Cowles, 1998, p. 172). When used by society in general, the labels of lesbian, gay, bisexual, transgender, and homosexual tend to reduce a person’s identity to only sexual behavior (McAllan & Ditillo, 1994). Persons with disabilities who are sexual minorities get double messages that they are welcome in society but it may not be made accessible, and that their alternative relationships would be legitimate if they were married, but society will not allow them to marry (McAllan & Ditillo, 1994). Clearly, students with disabilities, and those among them who are LGBT, are not viewed in totality, but from binary oppositions (Carlson, 1997). LGBT persons with disabilities are vulnerable to society’s oppression against disability and sexual minorities (Stuart, 1994).

Lesbians, gay males, bisexual, and transgender persons’ visibility increased incrementally during the gay liberation movement and sexual minorities were pulled dramatically into the public sphere as a result of the AIDS epidemic and civil rights advocacy. Unfortunately, a focus on LGBT students came to the academy too late for most veteran practitioners and educators (Lipkin, 1999).

According to Lipkin, political risk and lack of preparation lead university personnel to either avoid the subject of sexual minorities, to intervene superficially to stop heterosexist harassment, or to be inattentive to current research and unaware of the subject's importance in education.

Lesbian, gay, bisexual, and transgender students with disabilities are members of racial minority groups, female or male, or traditional or non-traditional students. Because of multiple identities, LGBT persons often experience dual, triple, or even quadruple oppression. For LGBT students with disabilities, real and perceived barriers may exist to integrating various identities/communities (e.g., sexual orientation, ethnicity, and disability). Embedded oppression and benign agreement to ignore blatant omission of these individuals permeates professionals in counseling, social work, and college faculty, staff, and administration (Atkinson & Hackett, 1998; Evans & Wall, 2000; Greene, 2000; Underhile & Cowles, 1998). However, university personnel are beginning to recognize the necessity of being able to work with persons with multiple identity groupings, including sexual minorities. According to Underhile and Cowles (1998), "university counseling services have the responsibility and opportunity to increase their knowledge of and availability of services to LGBT students with disabilities" (p. 174). Therefore, Underhile and Cowles concluded that within the college setting it is only reasonable to expect counselors or social workers, faculty, and staff to be "professionally knowledgeable about both sexuality and disability" (p. 174). Services addressing LGBT issues, in conjunction with disability support services, must also be more responsive to diversity of LGBT students with disabilities (Underhile & Cowles, 1998).

DIVERSITY WITHIN THE LGBT COMMUNITY

Lesbians, gay males, bisexual, and transgender college students are diverse across race and ethnicity, age, class, family composition, geographic location, religion, disability, immigrant status, and so forth (Croom, 2000; Espin, 1996; Greene, 2000; Hartman, 1996; Hunter, Shannon, Knox, & Martin, 1998; Lipkin, 1999). In addition, diversity exists across sexual orientation because "sexual orientation is not an either-or proposition" (Saad, 1997, p. 421). In other words, sexual orientation is a fluid continuum ranging from exclusively heterosexual to exclusively homosexual, with many points in between (McConaghy, 1987). Receptiveness of LGBT persons with disabilities within various communities also differs. That is, receptiveness of LGBT persons with disabilities differs within the disability community and in the gay community. The disability community often accepts sexual minorities whereas the gay community frequently does not accept disability (Appleby, 1994). The use of the term community is not to insinuate that there is one community with sameness across these populations, rather it implies that identification of lesbians, gay males, bisexual, and transgender persons is based on identity, networks, and competence (e.g., confidence in one's own agency and abilities). Within the LGBT community students with disabilities, at a minimum, represent dual diversity. In essence, identities are often blurred because a person's membership may be commingled. For example, a Latina lesbian student with paraplegia has group membership across race and ethnicity, gender, sexual orientation, and disability. An intersection of commonalities, as well as any intersection of differences, usually focuses on gender, race, or sexual orientation (Mobley & Levey, 1998). According to Lark (1998), the time has come for diversities within the LGBT community to be recognized and explored in terms of race, ethnicity, gender, age, and specific sexual orientation. In the following sections specific attention is given to issues of race and ethnicity, bisexuality and transgenderism, immigrant status, and disability.

Race and Ethnicity

Because of racism and discrimination LGBT students of racial minority groups often do not receive the same psychological support from the gay community as white LGBT students (Rust,

1996). Racial minority LGBT students have the challenge of integrating at least two central identities that can be highly charged in our society (race and sexuality). Constantly negotiating between and within different cultures may leave these students feeling as if they are caught between mutually exclusive worlds that may be antagonistic to other aspects of their identity (Croom, 2000). Although the literature is negligent in inclusion of biracial or multiracial LGBT students, it can be assumed that these students are subjected to many of the same issues of discrimination as other racial minorities. Students of multiple minority categories may experience frustration and anger to find that they cannot feel entirely at home in any one community.

Bisexuality and Transgenderism

A discussion of multiple cultural minorities across alternative sexualities is incomplete without additional attention to the invisibility of bisexual and transgender persons. Many heterosexuals, gay males, and lesbians are frequently dubious about the existence of bisexual and transgender individuals (Carter, 2000; Robin & Hammer, 2000). That is, it is common for bisexual and transgender persons to be confronted by hostility and exclusion from certain segments of lesbian and gay activities and social circles because of perceptions of being unreliable allies (Esterberg, 1996). Bisexuality is frequently redefined to identify bisexual persons as either heterosexuals experimenting with same-gender sexuality, or gay males or lesbians in denial of their fundamental homosexuality (Udis-Kessler, 1996). Robin and Hammer observed that even when bisexuality is acknowledged as a viable sexual identity, it is often treated as identical to gay or lesbian identities.

Similarly, transgender persons tend to define themselves first as lesbian, gay, or bisexual because they are all targets of the same hate—homophobia and heterosexism (Carter, 2000). Although transsexual persons (one part of the transgendered spectrum) who seek sex reassignment surgery make up less than .01% of the population in the United States and Europe, “experts say that it is reasonable to assume that there are scores of unoperated cases for every operated one” (Brown & Rounsley, 1996, p. 9). Therefore, it is likely that transgender students will be found on most college campuses (Carter, 2000). Carter emphasized that “gender blending” (e.g., transgender) makes society uncomfortable and two common myths perpetuate this discomfort: (a) transgenderism is a new fad, and (b) transgender people are mentally ill. As a new fad, transgender persons are seen as willfully violating the social rules of clothing choices, communication styles, and emotions limited to one gender or the other. According to Lips (1997), society works hard to teach children to distinguish between what is female and what is male, and by age three, the goal is usually met. Perceptually, the general public tends to lump together all LGB and T persons regardless of the sexual orientation of the later (Lees, 1998). Thus, when transgender persons identify as such, they are perceived as violating two social rules—homosexuality and bisexuality is abnormal/amoral and transgenderism is more so.

In 1980, the American Psychological Association included, under psychosocial disorders, a section on gender identity disorders in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). Subsequently, two more editions of the DSM (e. g., DSM-III-R and DSM-IV) have rearranged gender identity disorder (GID) into various categories and even established a separate category (Carter, 2000). However, within the transgender community, opinions vary greatly as to whether these identities should be included in the DSM. For example, some transgender persons believe that the inclusion is important to maintain insurance coverage for therapy, hormones, and sex reassignment surgery (Carter, 2000; Pauly, 1992). Others believe that a transgendered identity is not a mental disorder and advocate removal of gender identity from the DSM (Olezewski, 1993; Pauly, 1992). In fact, many cultures including nondominant European American, Asian, African, and indigenous ones, perceive a nondichotomous view of gender as either a sign of mental health, as challenging dominant culture values, or simply an enjoyable pleasure (Feinberg, 1996). These

perceptions have a strengths-base model that challenge pathologizing of gender-variant and transgender persons and view gender as a cultural construct, not a pathology (Chen-Hayes, 2001).

Immigrant Status

Transitioning across geographical borders represent only one type of migration for LGBT college students. Migration also involves crossing emotional and behavioral boundaries that either provide alternative possibilities or limit what could have been possibilities in the country of origin (Espin, 1996). In other words, crossing borders and subsequent boundaries may or may not provide students with space and permission to transform their sexuality and sex roles, and facilitate the coming out process. According to Lipkin (1999), the impact of Western sexual minority orientation identity for students/young immigrants to the U.S., who have had sexual identity behaviors in a prior context, may be different than it is for those who first become aware of their feelings in a new homeland. Moreover, new gender and sexuality constructions are only two of numerous cultural immersions for immigrant college students. Immigration rights of binational, same-sex couples is another issue with which LGBT persons must contend. Currently, U.S. citizens can sponsor their foreign national husbands and wives to immigrate on the basis of their legal marriage. However, U.S. citizens in committed relationships with foreigners of the same sex cannot sponsor their partners—under any circumstances (Hughes, 2001).

Disability

Of those of sexual minorities, 11% have disabilities excluding people with HIV/AIDS (O'Toole & Bregante, 1992). LGBT college students with disabilities present a range of physical, mental, and emotional disabilities. As a multiple minority, LGBT students with disabilities are unique because of the high probability of professors, peers, and family members not appearing to be like them (Underhile & Cowles, 1998). Similar to their counterparts, LGBT students with disabilities may be in need of a variety of academic, social, residential, safety, and counseling services. Presumably, having a disability and being lesbian, gay, bisexual, or transgender, college students automatically belong to both the disability community and the gay community. Unfortunately, people with disabilities are often excluded from the gay community (McDaniel, 1995; Thompson, 1994). For example, Saad (1997) found that gay males with disabilities complained about "lookism" (e.g., discrimination on physical appearance) in the gay community, whereas lesbians experienced lookism to a lesser degree. However, lesbians reported that sometimes other lesbians assume that lesbians with disabilities are asexual (Appleby, 1994). Those LGBT persons with visible disabilities cannot pass as able-bodied; they may therefore decide to pass as heterosexual because they are already stigmatized as the result of their disabilities (Appleby, 1994). Unlike many members of racial and religious minority groups, LGBT persons with disabilities are often the only minority group members in their families of origin, and are generally instructed to try to resemble the majority group (e.g., able-bodied heterosexual) as much as possible (Hillyer, 1993). LGBT students with disabilities who pass as heterosexual may frequently find themselves socially isolated and emotionally wanting. According to McAllan and Dittillo (1994), social and physical barriers often decelerate LGBT students with disabilities from integrating successfully into peer activities. For LGBT students, "the isolation that begins in elementary school often continues into college," and occurs because "as sexuality becomes more known to the individual marginalization seems to increase, whereas visible support decreases" (Underhile & Cowles, 1998, p. 173).

EDUCATIONAL ENVIRONMENTS AND INSTITUTIONAL ISSUES

Educational environments are composed of various factors (e. g., individual attitudes, beliefs, value systems, and institutional policies) that influence receptiveness or non-receptiveness of oth-

ers toward LGBT students with disabilities (and without disabilities) in all spheres of college life. These spheres include social organizations and college programming, financial aid and other benefits, athletics, residence hall living, curricular development and classroom climate (Case, 1998; Lucozzi, 1998; Nakamura, 1998; Robinson, 1998; Salkever & Worthington, 1998; Watkins, 1998; Wolf-Wendel, Toma, & Morphew, 2001). Although “we are living through a time and in a society which is not homogeneously homophobic,” it seems that education is a particularly difficult site in which to challenge sexual minority inequities (Epstein, 1994, p. 7). Too often for LGBT students with disabilities, “an inability to cope with the challenges posed by the system is seen as evidence of incompetence rather than an intolerant environment” (Gwalla-Ogisi & Sikorski, 1996, p. 37). According to Robinson (1998), “LGBT college students face discrimination and hostility in the very environments designed to support them and assist their transition to the university community” (p. 53). Clearly, as microcosms of society, universities and colleges reflect the biases and prejudices of the broader social context toward persons who are LGBT.

In a comprehensive study of LGB students at colleges and universities throughout the U.S., Sherrill and Hardesty (1994) reported that in most ways, LGB students are very similar to all other American college students with notable exceptions. For LGB students, these exceptions included (a) higher SATs, (b) higher GPAs, (c) they were nearly three times as likely to be victimized while a student and on campus, (d) they feel more informed about the AIDS crisis in America and have been educated about safer sex practices, and (e) they are more likely to have been tested for HIV than their heterosexual student counterparts. Two additional critical findings with implications for educational environments and institutional issues were reported by Sherrill and Hardesty: LGB students are two to three times more likely to have attempted suicide, and they have a very good chance of dropping out of school for one semester or longer. Specifically, nearly one in three LGB students will leave school sometime during their undergraduate careers, of which one third will do so because of coming-out and victimization subsequent to coming out.

Academic retention for LGBT college students with disabilities may be influenced by the students' level along the coming-out continuum. Lesbians and gay men, who were just beginning to acknowledge their sexual orientation, are more likely to be intensely interested in learning all they can about sexual minorities. Lopez and Chism (1993) found that some lesbian and gay students who were so consumed with identity issues, spent most of their time reading literature about sexual minorities and found that it was difficult for them to concentrate on schoolwork and their grades deteriorated; some even dropped out of school. For those who remain, almost all eventually resumed their previous level of academic performance.

Transgender students are confronted frequently with specific challenges. That is, during her or his transitioning (e. g., female to male and male to female) the student must contend with educational and institutional issues across three main categories (Nakamura, 1998). The first set of issues focuses on the use of and participation in gender-identified facilities (bathrooms, residence hall issues, locker facilities, and joining campus activities such as sororities or fraternities and athletics). Second, faculty and staff problems must be addressed. The question of how to address classroom interaction and use of transgender students' old name and pronoun is important. The use of the inappropriate gender and pronoun toward the student may lead to unintentional “outing”, and harassment or violence at a later date. Finally, administrative issues such as name and gender changes and health plans must be addressed. The concern of violence against LGBT students (with and without disabilities) is a common theme throughout all of the issues identified above (Nakamura, 1998; Slater, 1993; Tuel, 2001).

Confidentiality is a critical issue for LGBT students with disabilities regarding privacy, disability, and identity issues. This applies to campus counseling services, student health services, student housing, campus records, and campus security in their handling of incidents and com-

plaints involving LGBT students. Although in recent years the courts have been relatively more favorable in the treatment for LGBT persons, on an overwhelming majority of campuses, LGBT students still do not have the rights or protections accorded to every other student (Evans & Wall, 2000).

In addition to the issues previously identified, educational environments and institutional issues for LGBT students with disabilities (as well as students with disabilities and racial minority students, inclusive and exclusive as sexual minorities) continue to be a challenge in other areas. The areas of accessibility, language, and career planning, continue to be venues that obstruct the psychological well-being and achievement of LGBT students with disabilities' educational and professional goals (Carter, 2000; Rankin, 1998; Worthington, McCrary, & Howard, 1998). Rankin summarized the results of various climate studies as revealing two important themes. First, colleges and universities "do not provide an empowering atmosphere for LGBT faculty, staff, and students—an atmosphere where their voices are heard, appreciated, and valued" (p. 282). Second, "the climate on college campuses act to silence the voices of its LGBT members with both subtle and overt discrimination" (p. 282).

IMPLICATIONS AND RECOMMENDATIONS FOR COLLEGE PERSONNEL

The initial step for college personnel is to increase appreciation of LGBT students with disabilities as part of cultural diversity on campuses. According to Underhile and Cowles (1998), the pathway to effective support is through sensitivity and knowledge about the many avenues of cultural diversity, and being able to embrace, without judgement, the diversity of individuals. A number of common sense recommendations exist to assist university faculty, staff, and administrators (FSA) working with LGBT students with disabilities. These recommendations include (a) getting to know LGBT students with disabilities; (b) organizing support groups and encouraging coalition-building and regular programming that appropriately represents the diversity of the entire campus community; (c) making space available, accessible, and safe; (d) monitoring the quality and character of the campus climate; (e) increasing service potential by cross training staff; (f) hiring personnel, especially in counseling positions, who foster self-acceptance; and (g) being non-judgmental regarding sexual minorities (Harley et al., 2000; Lees, 1998; Underhile & Cowles, 1998; Watkins, 1998). Another important step in embracing LGBT students with disabilities is maintaining a "person first" attitude and language (Underhile & Cowles, 1998). Additional recommendations to countervail campus inequities of LGBT students with disabilities are presented below. As indicated earlier, the focus of this article is on college LGBT students, however, this does not negate utilization of the information with adolescent populations.

For colleges and universities realistically to meet the educational and developmental needs of its LGBT students with disabilities, counseling and support services, student affairs, and curricula must be integrated and inclusive of these students. All university policies regarding LGBT students must be widely disseminated to all faculty, staff, and students to clearly and succinctly inform everyone that the college or university environment will treat all citizens fairly and that violations of these policies will not be tolerated (Evans & Wall, 2000). Given the availability and accessibility of technology on most college campuses, information dissemination through electronic media (e. g., e-mail, web pages) is a relatively easy and expedient task.

Counselors in university settings should coordinate a system of protocol for referral and confidentiality for LGBT students requiring counseling services because of at-risk symptoms (e. g., suicide, substance abuse, and dissociative disorder), harassment, or violence. Systems coordination across units should include student counseling services, student affairs, campus security, and faculty development. In some ways this process will alleviate the embarrassment and unfairness of

having LGBT students with disabilities defend themselves to uninformed and insensitive personnel (Underhile & Cowles, 1998).

Moving beyond tolerance to a paradigm for inclusiveness mandates that university personnel, with particular emphasis on counselors, create “safe places” for LGBT persons on campus. Such places must ensure confidentiality and offer an outlet for those not wishing to pursue a formal report of harassing behavior (Malaney, Williams, & Geller, 1997). This recommendation suggests that in addition to formal structures, there need to be informal avenues providing immediate responses to LGBT students’ emotional security. Most likely, counselors are the appropriate personnel to delivery required services. In addition, LGBT students with disabilities should have access to positive role models or mentors. Malaney et al. (1997) identified several reasons as to why universities should intensify efforts to hire more faculty and staff who are openly LGBT. First, positive role models both inside and outside of the classroom can be beneficial for LGBT students. Second, the presence of LGBT faculty and staff can also provide a positive influence for heterosexual students as well. Third, more LGBT faculty and staff also make it clear that the campus is an inclusive environment for LGBT persons. Likewise, LGBT graduate students can also serve as mentors and role models for LGBT students, especially for undergraduate students.

Another recommendation is for universities to establish a 24-hour hotline. Preferably, the hotline should be associated with the student counseling service, and graduate students in school psychology, counseling psychology, rehabilitation counseling, and psychology can work as part of this program under the supervision of licensed psychologist. Particular emphasis should be placed on crisis management with referral services for a range of needs including emergency housing, and safety and legal issues.

Finally, development and implementation of campus formal initiatives must occur across multiple levels: administrative, programs and services, and individual. On each of these levels, specific attention should be given to the cohesiveness and coordination of the university’s mission statement, disciplinary policies, programming, faculty and staff training, and information dissemination. For example, the office of disability student services and the student counseling services need to be responsive to the interaction of identity and disability status of LGBT students with disabilities. At the same time, administrators, faculty and staff must strive to uphold the general mission of institutions of higher education. Boyer (1987) described the role of higher education is to prepare students to live lives of dignity and purpose, promote the public good, and educate a citizenry that can function in an increasingly diverse world.

The implementation phase is the most crucial in transforming campus climate, and implementing these recommendations may face some challenges. Rankin (1998) suggested that successful implementation involves a supportive administration, fiscal support, presenting the recommendations in the university’s strategic plan, and involving other key players (e.g., faculty and students) in the planning and writing of the recommendations. Similarly, Tierney and Dilley (1996) purported that rather than focusing exclusively on surface-level issues (an inclusive curriculum, faculty appointments, and a gay-friendly environment), university structures need to be disrupted. In other words, “one needs to break those structures rather than merely reinvent them” (p. 22). The college and university communities must be responsive to the needs of LGBT students with disabilities and surpass previous minimum requirements in policy, programs, and climate. Any attempt to move LGBT student issues from the margins and into the mainstream of campus activity requires time for the process to happen and changes to unfold.

CONCLUSION

Lesbian, gay, bisexual, and transgender college students with disabilities comprise a cultural and identity minority on many college campuses. Frequently, these students are confronted by a

trilogy of discrimination because of their disability, sexual orientation and for some, racial and ethnic identity. The presence of LGBT students with disabilities, combined with hostile campus environments, frequently provides an incendiary mix (Rhoads, 1997). University faculty, staff, and administrators have both a moral and ethical obligation to diffuse antagonism and attitudinal barriers; and to create a positive scholarly climate; safe physical environment; and equity in campus residential, organizational, and extra curricula activities. Moreover, emphasis should be placed on meeting the needs of the integrated identity of LGBT students with disabilities.

Examining and dismantling heterosexism and discrimination on college and university campuses will require more than the infusion of sexual orientation and disability in statements of non-discrimination policy. Change in attitudes and behaviors are most effective when action and commitment occur at all levels of an organization. These include policy; provision of resources; programming; diverse staff, inclusive of LGBT persons; and training and development across various campus units. In essence, a diverse campus does not merely tolerate differences or lend rhetorical verbiage; it celebrates it, while encouraging dialogue across sexual orientation, disability, race and ethnicity, nationality, and so forth. Establishing a visible LGBT presence on campus and providing a supportive and affirming environment should be one of the primary responsibilities of the campus counseling service and student affairs.

In conclusion, LGBT students with disabilities are similar and diverse. On the one hand, these students share commonalities as a function of their status as sexual minorities and concomitant issues of marginalization, discrimination, and heterosexism. On the other hand, LGBT students with disabilities differ across disability, race and ethnicity, age, immigration status, and other identity issues. Most importantly, LGBT students with disabilities too often have been viewed dichotomously and disconnected, and rarely distinctively. In the final analysis, a question raised by D'Augelli (1989) can serve as an impetus for progressive action for LGBT students with disabilities on college campuses. That is, "Why has not the problem of discrimination toward LGBT students made its way through the usual streams of 'anointment as a campus problem'?" (p. 129). In part, the answer may rest in the fact that those opposed to differences, especially sexual differences, continue to be outspoken (Malaney et al., 1997). Clearly, more empirical research is needed yielding a synthesis of recommendations to enhance equity, safety, and the overall educational experience of LGBT students with disabilities. Good theoretical and innovative experimental designs can contribute to efforts to enhance understanding of LGBT students with disabilities and to develop a new paradigm for inclusiveness and a positive campus climate.

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