

Almost Invisible:
Representation of LGBT Students in Special Education Settings

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Introduction

The representation of students from different cultures and minorities receiving special education services has been widely researched and analyzed. According to the *Thirtieth Annual Report to Congress*, the percentage of African-American and American Indian/Alaska Native children served in special education is higher than the percentage of those students served in the general school population (U.S. Department of Education, 2008). In particular, American Indian/Alaska Native students ages 6 to 21 are 1.81 times more likely to receive services for learning disabilities (LD) than all other racial/ethnic groups combined. African-American students in the same age group are 2.28 times more likely to receive services for emotional and behavioral disorders (EBD) and 2.75 times as more likely to receive services for (ID) disabilities than all other racial/ethnic groups (U.S. Department of Education, 2008). Educators and scholars have argued that students from minorities disproportionately receive special education services because of cultural insensitivity or discrimination on the part of educators (Gay, 2002) and have recommended a more culturally responsive identification models that could reduce the disproportionate number of minority students in special education categories (Harris-Murri et al., 2006; Utley et al., 2002). Yet the representation of one minority group in special education, specifically in K-12 schools, appears to have been widely ignored: lesbian, gay, bisexual, or transgendered (LGBT) students.

For the past two decades, the issue of representation of LGBT students in special education has grown in importance but seen little progress in terms of explanatory research regarding the identification of disabilities within the LGBT population. In 1996, the Council for Children with Behavioral Disorders (CCBD) began referring to this population of students as “sexual minority adolescents” that have been neglected in communities and schools. At that

time, the CCBD also questioned whether students that identify as LGBT might be placed in special education (specifically settings for students with EBD) instead of receiving other counseling or social services (McIntyre & Von Ornsteiner, 1996) but reached no conclusion or resolution about how LGBT students are represented and served in special education.

The body of research about the lived experiences of LGBT students in general education has increased substantially in the past decade, but research about LGBT students receiving special education services remains limited. Thomas Duke, a special education professor at the University of Alaska Southeast, conducted a metasynthesis of the current body of research and stated: “While the school experiences of (non-disabled) LGBT youth have been under-documented (Kosciw, 2004), the P-12 experiences of LGBT youth with disabilities have been virtually *ignored*” (author’s emphasis; 2010a, p. 2). The literature review performed for this thesis found few quantitative or statistical studies on LGBT students with disabilities in the last two decades, and the connection between LGBT students and special education identification (either over- or under-identification) is rarely mentioned in research literature.

Most current research has focused on the safety of non-disabled LGBT youth at school and the effects of negative social and family environments on their mental health. Bontempo and D’Augelli (2002), for example, examined data from the 1995 Youth Risk Behavior Surveys in Massachusetts and Vermont and found that LGBT students who were victimized at school were significantly more likely to engage in risky behavior, such as skipping school, using drugs, or contemplating suicide. Much less attention has been paid to either non-disabled or disabled LGBT students’ academic performance; what research exists focuses on the outcomes of non-disabled LGBT students receiving general education. Russell, Seif, and Troung (2002) found that most past research on LGBT adolescents has examined the effect of a negative school

environment on students' emotional health but pays no attention to academic performance. Based on an analysis of the National Longitudinal Study of Adolescent Health, Russell et al. (2001) found that 7.4 percent of boys and 5.3 percent of girls between the ages of 12 and 19 reported same-sex romantic attraction. These youth might have more negative feelings toward school but do not demonstrate significantly different GPAs or academic achievement than their heterosexual peers. Studies about students' sexual orientation, such as Russell et al. (2001), tend to focus on adolescents or students in their late teenage years, because the typical age for youth to begin self-identifying as LGBT is 15 or 16 years old (Morgan Mancl, & Kaffar, 2011).

When the prevalence of LGBT people with disabilities is examined in the literature, the results focus on the intersection of adult sexual orientation and disabilities, such as physical or intellectual disabilities or mental health issues (Cochran, Sullivan, and Mays, 2003; Ballan, Romanelli, & Harper, 2011; Fredriksen-Goldsen, Kim, & Barkan, 2012). Researchers who studied this intersection reviewed literature on counseling LGBT adults (Ballan et al., 2011) or aggregated health survey data of both non-disabled and disabled LGBT adults (Cochran et al., 2003; Fredriksen-Goldsen et al., 2012) to discuss these adults' quality of life and personal identity development. They concluded that LGBT adults had lower health outcomes, were more likely to have disabilities, and were more likely to demonstrate mental health problems than heterosexual adults. Based on a literature review, Ballan et al. (2011) concluded that transgender adults with disabilities have less supportive environments for exploring their sexuality, are more likely to be unemployed, and less likely to seek mental health or medical care than both non-disabled and disabled heterosexual adults. Similarly, Fredriksen-Goldsen et al. (2012) surveyed adults ages 18 and over in Washington state about their sexual orientation and disabilities and found that LGBT adults showed higher prevalence of disabilities—specifically, chronic health

conditions, health behaviors, and physical and mental health issues—than did their heterosexual counterparts. (It is worth noting that this study found correlations between the variables but no causative factors between sexual identity and disability). Cochran et al. (2003) aggregated data from MacArthur Foundation National Survey of Midlife Development in the United States of nearly 3,000 adults and found that gay and bisexual men were 3 times more likely to meet criteria for major depression and 4.7 times more likely to meet criteria for a panic disorder than heterosexual men.

Additionally, some of the research about LGBT people with disabilities has been conducted in Canada, Australia, or Great Britain (Abbott & Burns, 2007; McClelland et al., 2012; Noonan & Gomez, 2010; Thompson, Bryson, & de Castel, 2001). None of these studies, however, directly assessed or attempted to quantify the exact number of LGBT adults with disabilities in their respective countries. Instead, these studies are primarily qualitative and include interviews with adults with LGBT about their quality of life (Abbott & Burns, 2007; McClelland et al., 2012), examine how the attitudes of helping adults prevent LGBT students from feeling socially accepted (Noonan & Gomez, 2010), or outline the intersection of queer and disability theories (Thompson et al., 2001).

Finally, a small body of research has also been conducted on the experiences of LGBT students with disabilities at the college level, but these studies are either based on interviews about the experiences of this population type (Henry, Fuerth, & Figliozzi, 2011) or synthesize current literature on the topic (Harley, Nowak, Gassaway, & Savage, 2002). Henry et al. (2011) interviewed a single young man about his experiences as an LGBT college student with disabilities and found that the student faced more challenges socially because of his multiple minority and cultural status than he did academically. Harley et al. (2002) conducted a review of

current literature on LGBT college students with disabilities and found that 11 percent of LGBT college students have disabilities, but this conclusion includes all disability categories and has no mention of whether these students received special education services in elementary or secondary school. Neither study made any conclusions about whether these LGBT students were currently receiving specific academic accommodations in college or had previously received special education services in high school and did not mention the students' specific educational performance and outcomes.

Statement of the Problem

Even though the exact numbers of LGBT students in K-12 special education is currently unknown, the literature on this sexual minority population points toward a curiosity and concern about these statistics (Lofgren-Martenson, 2008; Morgan et al., 2011). More importantly, the lack of information on representation of LGBT students in special education points toward theoretical concerns and issues about the treatment of LGBT youth with disabilities in the K-12 public education system and in society. These concerns and issues include the intersection of ablesim, homophobia, and heterosexism (Duke, 2010a; 2010b), stigmatization about students dealing with two identity categories (Omansky Gordon & Rosenblum, 2010), and the negative attitudes of pre-service educators toward LGBT students (Robinson & Ferfolja, 2001). The purpose of this literature review thesis is to examine: (a) how previous literature on LGBT youth with disabilities addresses heteronormativity and homophobia in public education, (b) the range of attitudes of caregivers and parents of this population, and (c) concerns among pre-service and service educators. The thesis also aims to categorize reasons why the prevalence and representation of LGBT youth in special education remains unknown and posits how this information can support the educational and social-emotional outcomes of LGBT youth.

Language and Terminology

For this purposes of this literature review, persons identifying as gay, lesbian, bisexual, transgendered, intersexed, questioning, non-gender identified, or asexual will be referred to collectively as “a sexual minority” or “LGBT.” Different articles and research sources may refer to this population as “GLB,” “LGB,” or “LGBTQ”; these terms are considered synonymous when referring to the general population of sexual minorities. When research refers to any specific population or sexual orientation type—for example, the health risks of lesbians with disabilities—that specific orientation will be mentioned by name.

Method

Search Procedure

Database searches, hand searches, and ancestral searches were conducted to locate articles and chapters for this literature review. Criteria for this review were modeled on Duke’s literature search for “empirical and nonempirical international literature on LGBT youth with disabilities” (2010a, p. 4) but included more search terms and parameters around representation and prevalence.

Database Searches. From April 2012 to December 2012, literature reviewed for this thesis was located through major academic search engines, including the following:

- a) Academic Search Complete
- b) PsycINFO
- c) ERIC (EBSCO)
- d) Education Fulltext
- e) Google Scholar

Combinations of the following search terms were used for this research:

- a) Behavior problems
- b) Behavior disorders
- c) Gay, lesbian, bisexual, homosexual, and queer students
- d) Gay, lesbian, bisexual, homosexual, and queer youth
- e) Disability
- f) Learning disabilities
- g) LGBT
- h) School outcomes
- i) Sexual orientation
- j) Sexual identity
- k) Special education
- l) Identification, prevalence, or representation

Hand and Ancestral Searches. Three encyclopedias and one collection addressing youth, special education, and diversity in education educational contexts were also searched for additional information on the LGBT youth in special education settings:

- a) *Encyclopedia of Special Education* (2007),
- b) *Encyclopedia of Diversity in Education* (2012),
- c) *Youth, education, and sexualities: An international encyclopedia* (2005), and
- d) *Beyond progress and marginalization: LGBTQ youth in in educational contexts* (2010).

Additionally, the bibliographies and references within research articles located in the database searches and hand searches were reviewed for sources.

Literature Selection. Any studies included in this literature review were peer-reviewed and discussed one or more of the following issues:

- a) Definition of LGBT as a sexual minority in educational settings,
- b) Experiences of LGBT students with disabilities, in either a public K-12 setting or in their families and communities,
- c) Identification of LGBT students for special education referral,
- d) Prevalence of LGBT students with disabilities or receiving special education services, as defined by the Individuals with Disabilities Education Act (IDEA),
- e) Training or education of teachers to work with LGBT youth, and
- f) Prevalence of disability among people of any age identifying as LGBT.

Additionally, articles, commentaries, or literature reviews that were not qualitative or quantitative research studies but still addressed the intersection of LGBT youth or adults with disabilities were also included in this literature review.

Results

Prevalence of LGBT Youth and Adults with Disabilities

Based on a review of the literature, only one article had the direct, stated purpose of determining how many youth with disabilities identify as LGBT. This study, however, was qualitative; the method of data collection was interviewing. No specific statistical studies about the number of sexual minority youth with disabilities were found. As previously stated, other quantitative studies, however, reviewed existing literature on counseling LGBT adults (Ballan et al. 2011) or aggregated health survey data of both non-disabled and disabled LGBT adults (Cochran et al. 2003; Fredriksen-Goldsen et al., 2012) to determine the number of LGBT adults (not students or youth) with disabilities. These studies concluded that LGBT adults had

lower health outcomes, were more likely to have disabilities, and more likely to demonstrate mental health problems than heterosexual adults.

A handful of other studies discuss the number of this population and indirectly provide an estimate through qualitative interviews with educators, parents, and both LGBT and heterosexual youth with disabilities or by pulling from population statistics about LGBT adults with disabilities. These qualitative studies (Abbott & Burns, 2007; McClelland et al., 2012; Noonan & Gomez, 2010; Robinson & Ferfolja, 2001; Thompson et al., 2001; Young, Heath, Ashbaker, & Smith, 2008) do not center on finding the a precise percentage of LGBT people with disabilities in the population. They generally contend, however, that the percentage of people with disabilities that identify as LGBT is similar to the percentage of LGBT-identified people who are non-disabled: as much as 10 percent (Hazlett, Sweeney, & Reins, 2001).

Direct Inquiry into Prevalence of LGBT Youth with Disabilities. Lofgren-Martenson (2008) conducted 36 interviews with 13 youths and young adults (ages 16 to 27) in Sweden with ID, 13 staff members who work with those students, and 11 parents of those students in order to define the percentage of students with disabilities who also identified as LGBT. It is important to note that the definition of “intellectual disability” in Sweden is interpreted more broadly than the definition in the United States. In the United States, ID connotes cognitive disabilities of a student (NICHCY, 2011); in Sweden, the term can be applied to people with varying disabilities, ranging from mild learning or emotional disabilities to autism to mental retardation (FUB, 2012). (Similar terminology is used in most European countries and applies to studies performed in Canada, Australia, or Great Britain.)

In her interviews, Lofgren-Martenson asked students, parents, and staff members directly if they knew any youth with disabilities that identified as LGBT. Lofgren-Martenson had

hypothesized that the sexual orientations among youth with disabilities would be the same percentage of LGBT people in the Swedish population: between 0.7 and 10 percent. The results of her interviews, however, did not match her hypothesis; instead, she found that 0 percent of the youth with disabilities that she interviewed identified as LGBT. Additionally:

Not a single parent reported that their son or daughter was homosexual or had ever expressed a desire for same-sex activity. Similarly, a variety of caring and service personnel couldn't come up with a single instance of any young person with an ID who lived openly as a homosexual. (p. 23)

Rather than interpret these interviews as determining that there are no LGBT youth with ID, Lofgren-Martenson explored the reasons why her interview participants might not recognize or be willing to admit same-sex attraction. First, she noted that caregivers and staff members said that they had seen homosexual acts between individuals with disabilities but chose to interpret those acts as expressions of friendship, not sexuality. Additionally, although no explicitly homophobic remarks were made in interviews, she noted that several of the interviewees—both the youth and young adults with disabilities and the helping adults—“believed that at the end of the day, it is more ‘normal’ to be heterosexual” (p. 24). Based on her interviews, Lofgren-Martenson hypothesized that caregivers and adults of youth with ID might discourage same-sex attraction or expressions of sexual orientation in order to avoid an “unnecessary deviation” to the youth’s identity in addition to the existing disability label (p. 24).

Lofgren-Martenson found slightly more accepting viewpoints among the youth and young adults with disabilities that she interviewed, but still concluded that these young people believe heterosexual attraction is more “normal” than any other sexual identity. Many of the young people interviewed knew what homosexuality was, but none reported that they had any

same-sex experiences and “many” (Lofgren-Martenson provides no exact number) showed surprised at being asked whether they had ever been attracted to someone of the same sex. Lofgren-Martenson states that “most” of the young men with disabilities that she interviewed (again, she provides no exact number) expressed negative views of homosexuality and were “more” negative about homosexuality than the young women with disabilities interviewed.

Circumstantial Evidence for Prevalence of LGBT Youth with Disabilities. In addition to Lofgren-Martenson’s study, a handful of others address the likely population of LGBT youth with disabilities (Fredriksen-Goldsen et al., 2012; Hazlett et al., 2011; McClelland et al., 2012; Morgan et al., 2011). These studies fell into two groups: a) those that extrapolate the number of youth with disabilities or receiving special education services from available data or case studies and b) those that statistically measure the number of known LGBT adults with disabilities.

Studies that extrapolate data about the prevalence of youth with disabilities do so in service of recommending an intervention for these students. Hazlett et al. (2011) make this sort of estimate in their article recommending the use of literature portraying LGBT adolescents with disabilities among students of all ability and achievement levels in order to encourage acceptance of sexual and social minority groups. The study involves no qualitative or quantitative research into LGBT adolescents with disabilities; instead, it uses pre-existing data. Although no precise estimate is given by Hazlett et al., the implication is that the percentage of LGBT students in special education should be same as the percentage of the rest of the population: 10 percent.

...10% of the population being LGBTQ remains confirmed by the Gallup Poll and the United States Census Bureau reported that approximately 20% currently receive special education services. As students with intellectual and/or physical

disabilities are part of the general population of which 10% is homosexual, then disabled LGBTQs exist, although apparently uncounted. (p. 207)

Other studies mention that the number of LGBT students with disabilities in schools is likely growing but give no current population numbers for comparison. These studies, however, are not centered on putting a precise number on the prevalence of LGBT students with disabilities; rather, they indirectly discuss prevalence in service of examining the challenges faced by LGBT students. In recommending better sex education for students with disabilities, Morgan et al. (2011) concluded that the average age for youth to begin self-identifying as LGBT is 15 or 16, although some are identifying even younger. Morgan et al. also contend, however, that the exact number of LGBT students with disabilities remains uncounted. Similarly, a study by McClelland et al. (2012) point out the prevalence and growing number of youth with disabilities (17 percent of people under the age of 29) in order to emphasize that LGBT youth labeled with disabilities are an under-researched group.

The most precise count of LGBT people with disabilities comes from a study that does not mention special education or youth. Instead, the authors used population-based data to determine the prevalence of physical, mental, or emotional disabilities among LGBT adults. In 2003, 2005, 2007, and 2009, Fredriksen-Goldsen et al. (2012) surveyed 82,531 adults ages 18 and over in Washington state about their sexual orientation and disabilities using the Behavioral Risk Factor Surveillance System developed by the Centers for Disease Control (CDC). The results showed that LGBT adults showed higher prevalence of disability than did their heterosexual counterparts; specifically, about 25 percent of heterosexual women, 36 percent of lesbians, and 36 percent of bisexual women, and 22 percent of heterosexual men, 26 percent of gay men, and 40 percent of bisexual men were disabled. When all other variables were

controlled, bisexual and lesbian women and bisexual men were more than twice as likely to have a disability than heterosexual men and women. (The difference between gay and heterosexual men with disabilities was statistically insignificant.) Fredriksen-Goldsen et al. (2012) also examined previous literature but were unable to find any explanation of why LGBT adults were more likely to be disabled; in fact, they found that the CDC, in 2011, identified disparities related to disability and sexual orientation as the two main gaps in current health disparities research.

An obvious discrepancy exists between the lack of LGBT-identified youth with disabilities in Lofgren-Martenson's study (2008) and the higher likelihood of LGBT-identified adults with disabilities found by Fredriksen-Goldsen et al. (2012). The remainder of this literature review will address the practical and theoretical barriers to determining the number of LGBT youth with disabilities.

Barriers to Measuring Prevalence of LGBT Youth with Disabilities

As previously mentioned, the literature about LGBT students with disabilities tends to be qualitative (Abbott & Burns, 2007; McClelland et al., 2012; Noonan & Gomez, 2010; Robinson & Ferfolja, 2001; Thompson et al., 2001; Young, Heath, Ashbaker, & Smith, 2008). Several studies describe the lived experiences of this sexual minority population through interviews with educators, parents, and both LGBT and heterosexual youth with disabilities (Lofgren-Martenson, 2008) and do not center on putting a precise number on the prevalence of LGBT students with disabilities. Duke (2010a) points out that these "empirical works that [document] the lived experiences of LGBT youth" in both school and non-school settings have grown significantly in the past few years and have become the most common methods of researching about LGBT students (p. 3). Many of these studies' intent is to provide information about the challenges faced by LGBT students, but they also reveal barriers that explain why LGBT students—both with and

without disabilities—may not discuss or reveal their sexual orientation in schools. Without students self-disclosing their orientation, it is nearly impossible to identify LGBT students with disabilities accurately and appropriately.

Based on a review of the literature, barriers to determining prevalence fell into two categories: a) practical barriers, which include obstacles that can be identified and named through interviews, and b) theoretical barriers, which include analyses of heteronormativity, disability labeling, and sexual identity construction. Lofgren-Martenson's conclusions about the attitudes of youth and young adults with disabilities, parents, and educational or caregiving staff toward sexual orientation represent a similar analytic and theoretical framework employed by researchers when discussing LGBT people with disabilities. In all articles reviewed for this thesis, the political, social, and cultural issues surrounding LGBT identification—both for people with disabilities and without—were listed as barriers to youth and adults accepting or exploring their sexual orientation and putting a precise number on the population of sexual minority youth with disabilities.

Practical Barriers. Studies (Abbott & Burns, 2007; McClelland et al., 2012; Noonan & Gomez, 2010; Robinson & Ferfolja, 2001; Thompson et al., 2001; Young et al., 2008) about experiences of LGBT youth with disabilities point toward three major challenges in identifying potential members of this population. These are a) attitudes of special educators and other adults, b) increased likelihood of sexual harassment among students in special education, and c) the age and openness of this sexual minority population.

Attitudes of Special Educators and Other Adults. The attitudes of educators and other adults in the lives of LGBT students—those with and those without disabilities—is a point of concern for many researchers. Attitudes presented in the research fall into three categories:

a) discomfort and resistance toward discussing or addressing sexuality of people with disabilities, b) implied discomfort with any sexuality besides heterosexuality, and c) an interest in supporting LGBT students with disabilities but a lack of understanding about how to do so.

In a study about how LGBT youth with disabilities managed sexual expression in their personal lives, McClelland et al. (2012) interviewed ten 17 to 26 year-olds labeled with ID who self-identified as lesbian (3), gay (2), bisexual (1), questioning (1), and as having fluid sexual orientations (3). Eight participants had been labeled by physicians or in academic settings as having mild ID and two as having LD. Additionally, “a majority had been additionally diagnosed with mood disorders, anxiety disorders, pervasive developmental disabilities, attention deficit and disruptive behavior disorders (p. 812)”; all who volunteered for the study had been receiving services at a community mental health center. Data were collected during a weekend research retreat where youth participated in 10 semi-structured interviews and 2 focus groups with 5 participants in each; interviews were then coded and reviewed. McClelland et al. (2012) describe what participants believed to be the most common attitude among adults toward disability and youth sexuality: “People labeled with disabilities: a) are asexual or sexually inactive, and b) do not identify as lesbian, gay, bisexual, transgendered, transsexual, twospirited, intersex, queer, or questioning” (p. 810). They also found that youth who lived with helping adults felt limited in exploring their sexuality because there were many expectations that governed their daily routines or rules that affected their living arrangements, such as a group home that explicitly forbade sex among residents.

Noonan and Gomez (2010), in a summary of an Australian project funded by the Queensland Association of Healthy Communities (QAHC) and the Queensland Centre for Intellectual and Developmental Disability (QCIDD), also found that caregiving adults prevented

LGBT youth with disabilities from acknowledging their sexuality. The study was designed to develop educational and training material for adults working with LGBT people with disabilities. Noonan and Gomez found that 2.5 percent of men and 2.2 percent of women (16 years and over) in Australia identify as gay, lesbian, or bisexual but noted that there was no clear mechanism for measuring the prevalence of people with ID among this sexual minority population. They argue that the barriers to creating this mechanism are the restrictive environments, policies, and attitudes created by adults that care for people with disabilities: “People with intellectual disability generally do not participate in society and community life, or make informed and safe sexual choices, as people without disability do. Thus, they may not have the opportunity to learn from their sexual experiences, or indeed choose their sexual identity” (p. 176-77). Noonan and Gomez found that people with disabilities are not only perceived as only asexual or heterosexual but also considered potentially hypersexual and unable to control their sexual impulses if encouraged to explore or acknowledge their sexuality. These attitudes prevent teachers, caregivers, parents, or other caring adults from realizing or acknowledging that students with disabilities could be sexual minorities.

Some educators (as well as state law and school district regulation) consider any discussions or teaching regarding sexual orientation—heterosexual or LGBT—to be off-limits. Robinson and Ferfolja (2001) are teacher-educators who examined Australian teachers’ attitudes toward LGBT issues in schools while instructing a 12-week, mandatory course for teaching degrees at a university in metropolitan Sydney. Their study was based on the experiences and conclusions of the authors, and no specific interviews were conducted or data were collected. They concluded that most pre-service and in-service teachers do not consider addressing student sexuality or lessons about sex education to be part of their jobs. A recurring attitude observed by

Robinson and Ferfolja was that teachers viewed their primary role as teaching disciplines, rather than people, and that any discussion of sex education should be left to the teachers that specialize in that discipline, such as health curriculum teachers who are legally required to teach this content. Attitudes toward expertise aside, many teachers still felt morally opposed to discussing “sexuality, particularly lesbian and gay sexualities” in the classroom, because it is “private, adult issue relegated to personal relationships and the family” (p. 127). This attitude, according to Robinson and Ferfolja, perpetuates an atmosphere where sexuality is viewed as inappropriate, preventing LGBT students from feeling comfortable enough to discuss their orientation.

Some teachers demonstrate considerable resistance not just to talking about sexuality with students but specifically about sexual minorities. Wolfe found that many educators consider homosexuality inappropriate (as cited in Thompson, 2005) for students with disabilities:

Teachers and school administrators rated expressions of heterosexuality as 80 percent appropriate for students with moderate intellectual disabilities; homosexuality, as 19 percent appropriate. For students with severe intellectual disabilities, heterosexuality was assessed as 46 percent appropriate; homosexuality, as 17 percent. (p. 269)

Through their own experience with and literature reviews of attitudes of pre-service educators, Robinson and Ferfolja (2001) found that pre-service teachers had similar attitudes about what sexual orientation and behavior is appropriate for students with disabilities. Namely, educators feel that sexual minorities are “ultimately at fault for any harassment endured and have the ability, if not the desire, to change themselves to fit into the majority culture” (p. 128). Pre-service teachers’ negative attitudes toward LGBT students are even more pronounced when the

students demonstrate “overt stereotyped characteristics of being gay or lesbian, which challenge the boundaries of hegemonic gender constructions” (p. 128).

Additional research with general education teachers and other educational professionals supports Robinson and Ferfolja’s (2001) claims. In a review of existing literature about school outcomes of LGBT students, Russell et al. (2001) found that school counselors felt unprepared to address issues of sexuality in school because of the attitudes of their coworkers. Russell et al. examined a survey of 289 secondary school counselors and concluded that only 20 percent expressed feeling adequately prepared to counsel LGBT adolescents, and 25 percent reported that teachers exhibit prejudice toward LGBT students (Price & Telljohann, 1991, as cited in Russell et al., 2001). Another study of 89 male and 31 female self-identified LGBT youth found that only 25 percent of the students stated having the opportunity to talk with school counselors about their sexual orientation (Telljohann & Price, 1993, as cited in Russell et al., 2001). Additionally, 50 percent of students in that survey stated that homosexuality had been discussed in their classes; of that 50 percent, almost half stated that those discussions treated homosexuality as “negative” (Telljohann & Price, 1993, as cited in Russell et al., 2001, p. 112).

While some studies point toward educators’ and educational professionals’ discomfort with sexual minorities, others point toward a need or desire for teachers to learn how to interact with this population. Some teachers are motivated to teach students about sexual orientation but most school districts are “embroiled in controversy over sexual orientation issues and struggle with ‘how to teach the kids about that stuff,’ ” making it difficult for teachers to broach the subject (Dessel, 2010).

Knowing how to teach students about sexual orientation is a struggle for special educators, who have limited experience learning about teaching sex education to students with

disabilities. Only 61 percent of student teachers in special education courses received preparation in sex education, but “this preparation was either an elective option or a few hours of coverage subsumed under a different topic such as methods of teaching” (“Sex Education”, 2007; p. 1848). Additionally, the sex education programs available to special educators face two problems. First, the curricula and materials might not be appropriate or accessible to students with LD or ID: “sex education curricula need to be visual, clear, simple, and written in plain language. Within the mainstream of sex education, these youth are disenfranchised since they cannot typically understand the abstract language often used (Thompson, 2005; 270).” Second—and perhaps more importantly—most sexuality education programs in American public schools are not accessible to LGBT students. As Morgan et al. point out (2011), these curricula “ignore homosexuality as an acceptable expression of sexuality,” do not include “examples of healthy same-sex relationships,” or are simply not available because LGBT resources available for these students are censored by district policy, Internet filters, or unaccepting community groups” (p. 5).

Increased Likelihood of Sexual Harassment among Students in Special Education.

One study contends that creating a safe space for LGBT students with disabilities to reveal their sexual minority status can be hindered by increased sexual harassment among special education students and that students in special education are more likely to both experience and dole out sexual harassment than students in general education. Young et al. (2008) found that of the 129 Utah special educators they interviewed, 91.5 percent reported observing student-to-student sexual harassment involving students with disabilities. Even more telling is that students with disabilities are more likely to perpetrate sexual harassment (witnessed by 88 percent of special educators) than to be targets of sexual harassment (84 percent). Some of this behavior is

homophobic; the most common forms of sexual harassment perpetrated by students with disabilities are calling other students sexual names, including “gay” and “lesbian,” starting sexual rumors, and making sexual comments and jokes (Young et al., 2008).

Although the issue of sexual harassment in special education has not been widely researched, the likelihood of non-disabled LGBT youth to experience sexual harassment has been examined. In his review of existing literature about school counselors’ experience with LGBT students, Russell et al. (2001) found that non-disabled LGBT students regularly report school-based homophobia to their counselors. Russell et al. reported that 97.5 percent of 398 high school students who responded to a 1999 Massachusetts Governor’s Commission on Gay and Lesbian Youth survey heard homophobic remarks at school. Of that 97.5 percent, 49 percent said they heard remarks frequently (frequency was not expressly quantified). Poteat and Espelage found similar results in a literature review: for example, the 2003 National School Climate Survey found that 91 percent of self-identified LGBT students surveyed reported hearing homophobic epithets during the school day, and 39 percent reported being bullied (Kosciw, 2004, in Poteat & Espelage, 2007).

Age and Openness of LGBT-identified Individuals. Some researchers stated difficulty with locating and identifying K-12 students to participate in these studies because youth have not self-identified their sexuality yet, or they have self-identified but choose not to disclose. As Russell et al. (2001) point out, “Although the quality and amount of empirical data related to [LGBT students] has blossomed over the past decade, the majority of these studies have utilized non-generalizable samples of self-identified gay and lesbian youth. These teenagers usually are recruited for study because of their participation in targeted organizations” (p. 111).

Studies disagree on to what extent students' ages affect their likelihood to self-identify or disclose their sexual orientation. Morgan et al. (2011) contend that more students are self-identifying before the age of 15, while another study contends that most LGBT persons do not disclose their sexual orientation until adulthood due to fear of stigmatization (Rotheram-Borus, Rosario, Van Rossem, Reid, & Gillis, 1995). Even though students might be identifying as LGBT younger in adolescence, they still might not be disclosing their sexual orientation as they reach adulthood: two studies that examined the experiences of college-age LGBT students did not quantify or provide precise percentages of LGBT students in the overall campus population (Henry et al., 2011; Harley et al., 2002). Additionally, LGBT people with disabilities might be less likely to disclose their status than those without disabilities due to fear, according to Abbott and Burns' (2007) qualitative study of LGBT adults with ID in the United Kingdom:

On the whole, LGB people with intellectual disabilities were very reluctant to come out to their families, their friends, and their support staff. This reluctance was due mostly to a fear, shared by many nondisabled LGB people, of being rejected or discriminated against. Everyone we interviewed was out to at least one other person, but many were out to only one person. Of those who had come out to family members, the overwhelming majority had experienced mixed or negative reactions. (p. 32)

This research suggests that LGBT students with disabilities will be unlikely to reveal their sexual minority status without a safe space to do so. Since sexual minority status cannot be determined without confirmation from the individual person, students with disabilities must be feel comfortable enough to disclose their status in order for their existence to be counted.

Theoretical Barriers. Some research on LGBT students with disabilities explores the theoretical reasons why the exact number of this population is unknown. These reasons and barriers focus on ingrained heteronormativity and heterosexism in the public school system and the struggle for people with multiple cultural identities (sexual orientation and disability status) to create a positive self-identity.

Heteronormativity and Heterosexism. Heteronormativity and heterosexism in public schools and in society or culture as a whole is recurrent theme among studies of LGBT people with disabilities. Jennings (2012) provides a definition of both terms and their implications:

Heteronormativity is a prejudicial belief that heterosexuality is preferable over all other sexualities and that other sexualities and identities are inferior and deviant rather than normal variations of sexual expression... Heteronormativity is evident throughout modern life and taught institutionally through the media, schools, and other sources. Heterosexism describes circumstances that extend beyond simple prejudicial attitudes and beliefs to a system of advantage or privilege based on sexual orientation. (p. 1378-79)

Jennings points out that heteronormativity and heterosexism are evident in day-to-day academic and social activities in public schools, even though activities are not specifically stated as being heterosexist. “Schools reinforce the desirability of heterosexuality over other sexualities” through academic curriculum that predominantly features heterosexual people and excludes “LGB people and their histories” and through school social rituals that require “an ‘opposite’ sex partner in order to participate fully (e.g., proms, homecoming king and queen rituals)” (p. 1379). This principle is echoed by several other researchers who state that heteronormativity dominates American and international public schools (Abbott & Burns, 2007;

Harley et al., 2002; Hazlett et al., 2011; Lofgren-Martenson, 2008; Lugg, 2003), including the sex education curriculum, which is “operated within the discourse of heterosexual ‘normalisation’, reinforcing the pathology and problematic nature of homosexuality” (Robinson & Ferfolja, 2001; p. 127).

Kilmnick (2010) posits that a common dialogue in schools around LGBT students reinforces heteronormativity; namely, that sexual minority students need to be “tolerated or accepted” rather than encouraged to “succeed and be happy” (ix). For some researchers, this type of dialogue is the main barrier to LGBT students with disabilities recognizing or disclosing their sexual orientation because heteronormativity is more acceptable among people with disabilities and people who work or regularly interact with them. As previously stated by Lofgren-Martenson, no explicitly homophobic remarks were made in the interviews she conducted with youth with ID or adults who work with youth with ID, but several of the interviewees “believed that at the end of the day, it is more ‘normal’ to be heterosexual” (2008, p. 24). This emphasis on normalcy is a recurring theme in studies about LGBT students with disabilities (Robinson & Ferfolja, 2001).

These issues of normalcy, tolerance, and acceptance around sexual orientation are in evident in DuBeau’s 1997 case study of Calvin, an 18-year-old gay adolescent who had identified as having LD and behavior problems and attended special education day and residential schools since his middle school years. Calvin was interviewed by DuBeau specifically for the case study; the article is a compilation of those interviews and written from Calvin’s perspective, aside of DuBeau’s introduction. In telling his story, Calvin does not mention his disability and instead relates his experience of being gay. The hardest challenges for Calvin were dealing with the disapproving attitudes of his caregivers at a residential school and “surviving”

violent attitudes of other male adults or peers toward his sexuality (p. 25). Although DuBeau mentions Calvin's learning and emotional disabilities, these issues are not the focal point of her study and are not seen as barriers to Calvin's success. Instead, the focus is on "the challenge" of Calvin's overcoming his sexuality to have a "normal" life (p. 22). Heteronormativity is not explicitly stated but underlies DuBeau's analysis: even in a study designed to highlight how LGBT youth can succeed and thrive—and demonstrate no at-risk social or health behaviors—Calvin's sexual orientation is described as presenting a challenge to his achieving happiness.

Multiple Cultural or Minority Identities. Another theoretical explanation for the difficulty identifying LGBT students with disabilities is the intersection of disability and minority identities. A few researchers point out that LGBT people with disabilities are in the unique situation of belonging to two potentially marginalized groups. They are both people with disabilities and people who are sexual minorities (Duke 2010a; 2010b; Henry et al., 2011; Harley et al., 2002; Morgan et al., 2011; Omansky Gordon, & Rosenblum, 2010), not to mention the issue of poverty—which may further compound the student's difficulties (U.S. Department of Education, 2008). Given the nature of these two groups, people who fall into both identities will sublimate one in service of the other. As Ballan et al. (2011) found in their research with transgender adults with disabilities, both sexual minorities and disability communities see identity as determining the entire character of a person. This identity issue makes it difficult to recognize multiple disability/gender identities simultaneously. Abbott and Burns describe the choice between two identities as becoming "twice invisible," both in the "ablebodied LGBT community and the heteronormative (i.e., assuming heterosexuality is the norm) disability community" (p. 7).

Some researchers argue that hiding sexual orientation is easier for these students than hiding disability. Omansky Gordon and Rosenblum (2010) argue that “gay” is a more dominating social construct and personal identity than “disability,” and that the category “is often used to imply that shared sexual orientation will override differences of race, sex, disability, and social class” (p. 10). Additionally, hiding sexual orientation may be easier for some students than concealing social and physical barriers that accompany mental, emotional, or physical disabilities from their peers (McAllan & Ditillo, 1994; in Harley et al., 2002). Morgan et al. (2011) found that some LGBT students with disabilities may not intend to hide their sexual orientation but simply lack the social and cognitive skills needed to process questions about sexuality and require instruction and support from special education professionals who themselves lack the training to address issues of sexuality.

Other researchers have argued that the social isolation and emotional deficits that accompanies “passing” as heterosexual (Harley et al., 2002) may be too great for LGBT students with disabilities to hide. Thompson (2005) posited that disability is stigmatized and ostracized within queer communities and may lead LGBT youth to hide their disability and acquiesce to able-bodied persons.

This approach to choosing only one identity also plays out among adults and authority figures that work with LGBT students with disabilities. Duke (2010b) points out that even the Council for Exceptional Children (CEC) seems to ignore the issue of sexual orientation among special education students, as only one of the 126 competencies within the CEC standards about improving educational outcomes for students with disabilities explicitly acknowledges sexual orientation.

Finally, some research on LGBT students focuses on the intersection between multicultural identity and sexual minority identity. Parallels have been made regarding the issues challenging ethnic and cultural minority students and those challenging LGBT students, including developing coping skills to deal with a stigmatized role. However, there are differences between the groups: members of ethnic or cultural minorities may more easily identify with others within the same group or to seek support from their own families while LGBT students have more difficulty seeking this support (Rahamin, Dupont, & DuBeau, 1996). Although LGBT people are increasingly considered a sexual minority, LGBT students sometimes struggle to be seen as a minority group. Ridky (1996) argues that LGBT students are less explicitly visible in schools than ethnicity minorities; therefore, they are more likely to be excluded from multicultural task forces and their social-emotional needs are not included in cultural sensitivity training modules (1996). Additionally, sensitivity to multiculturalism has increased in education, but some educators and critics contend that sexual diversity often has not been appropriately included in multicultural curriculums within special education (Dykes, 2010).

Discussion

As previously stated, the lack of information about representation of LGBT youth in special education or the prevalence of LGBT youth with disabilities implies that students are not comfortable acknowledging their sexuality due to practical and theoretical barriers in school and non-school settings. Exploring this lack of information about prevalence of these population types, however, may break the silence around identity formation or sexual orientation in public schools. Additionally, given the common attitude among of educators and other adults that youth with disabilities are either asexual or heterosexual, giving a tangible number or percentage to LGBT youth with disabilities will help disavow that attitude.

Creating an open dialogue about the prevalence of LGBT youth with disabilities could help teachers and other adults to better serve this population. This section explores those implications.

Improved Accuracy of Qualitative and Quantitative Research on LGBT Youth with Disabilities

Some researchers contend that existing qualitative or quantitative research about LGBT students—with or without disabilities—may not be entirely accurate, because these students are likely to hide their sexuality from family members and under-report problem behaviors or issues in school performance. In their study on school outcomes and problem behaviors among LGBT students, Russell et al. (2001) admitted that their results likely underestimated the differences between LGBT-identified youth and their heterosexual peers.

Additionally, heteronormativity may lead some educators to misdiagnose or misplace LGBT students during the assessment of mild disabilities due to the stress of the unwelcoming social norms and cultural environments in which students participate (Morgan et al., 2011).

Friedrichs (2005) described the problem this way:

An LD student, for instance, is supposed to demonstrate a gap between average-range potential and actual achievement, due to "innate" perceptual, memory, or organizational difficulties (Hallahan & Kauffman 1994). However, a LGBT student labeled LD actually may underachieve due to external factors, such as gay-related bullying. This taunting may result in reduced attendance and scattered in-class attention, which, in turn, might lead to the student's poor organization and memory. Similarly, an emotionally/behaviorally disordered (EBD) student, by definition, should display, for an extended period, affect or behavior substantially

outside most children's developmental norm (Hallahan & Kauffman 1994). In reality, however, a LGBT youth labeled EBD may develop drastic behaviors in response to school- or neighborhood-based homophobia, which many other children may not confront. (p. 822)

Literature about LGBT students without disabilities provides evidence for Friedrich's hypothesis; this research argues that the school environment, in general, may not be welcoming for LGBT students and may contribute to their poor emotional and academic outcomes. Mallon (1996) points out that LGBT youth must negotiate the dual stresses of living with a family system and attending school within an environment that is generally hostile to their very existence. Because of the inherent prejudice of a heteronormative environment, LGBT adolescents may be more likely to struggle in school and need additional services to succeed (Dessel, 2010).

Two court cases also point to the possibility that LGBT students are inappropriately referral to special education or treated differently when they are appropriately referred to special education. Inappropriate referral was an especially egregious aspect of *Nabozny v. Podlesny*, the first discrimination lawsuit a LGBT student won against a school district (Biegel & Kuehl, 2010). The facts of the case indicated no apparent disability in the LGBT student, and the subsequent referral (and placement of the student in a special education setting, on a separate school bus, and in a separate school bathroom) actually increased the level of mistreatment as other students used the student's placement in special education as fodder for teasing and harassment. Biegel and Kuehl use this court case to argue that LGBT students are over-referred for special education services; however, they lack other evidence to support this claim. A better

understanding of the representation of LGBT youth with disabilities might provide support for or disprove their claim.

A second court case demonstrated that LGBT students with disabilities are often held to a different standard of appropriate romantic or sexual behavior. Matthew Limon, an 18-year-old student at a Kansas residential school for youth with ID, received a 17-year prison sentence after he performed oral sex on another male teenager at the school. Both the American Civil Liberties Union American and National Association of Social Workers called for the Kansas Supreme Court to reverse the conviction on the basis that heterosexual behaviors under the same circumstances would have resulted in a far more lenient sentence. To date, Limon remains in prison (Hazlett et al., 2011). Again, a better understanding of the representation of LGBT youth with disabilities might reveal similar situations of violated rights or demonstrate this case as an isolated incident.

Better Understanding of School Outcomes and Problem Behaviors among LGBT Youth with Disabilities

No studies found for this literature review discussed the school outcomes and problem behaviors of LGBT youth with disabilities. Instead, studies focused on school outcomes, mental health, potential victimization, and poor sexual health among either students with disabilities or non-disabled LGBT youth (but on not both populations).

Young people with disabilities “may be at heightened risk for compromised sexual health outcomes because of economic, educational and social disadvantage” (DiGiulio, 2003, in McClelland et al., 2012; p. 810) and “report higher rates of smoking, drug use, alcohol use, and suicidal ideation than their age peers” (Blum, 2001, in McClelland et al., 2012; p. 810). Additionally, youth with disabilities are more likely to experience sexual abuse. Thompson

found that girls with developmental disabilities were 1.5 times more likely and boys with developmental disabilities were twice as likely as the general population to experience abuse (2005).

Students with LD are slightly more likely to engage in high-risk sexual behavior than their general education peers are. According to Blanchett's study (2000), students with LD began engaging in sexual activity between 15 and 17 years old, compared to general education adolescents, who initiate sexual activity between the ages of 16 and 17. Blanchett also found that "young adults with LD experience difficulty resisting peer pressure, interpreting social cues, and solving social problems" (p. 343), increasing their risk of engaging in sexual behavior without proper education about safe sexual practices. Although these results do not specifically apply to LGBT students with disabilities, one study found that LGBT students who experience harassment at school are more likely to experience health risks (Bontempo & D'Augelli, 2002). It is possible to extrapolate from some studies that LGBT students with disabilities might be more likely to engage in risky sexual activity, but this cannot be known without further research.

Finally, social-emotional difficulties for non-disabled LGBT adolescents are persisting in public schools, even as more research on the experiences of these students emerges. According to a recent study, "advances in law and policy have helped lead to much more fulfilling and productive lives for many LGBT persons, but the problems facing LGBT youth in America's public schools are still substantial... Over 85% report being harassed because of their sexual or gender identity" (Biegel & Kuehl, 2010, p. 7). Additionally, more than heterosexual-identified students, the LGBT population demonstrates high risk of emotional distress, such as symptoms of depression and anxiety, suicidality, and problem behaviors (Elze, 2002). Recently, the National Mental Health Association has classified LGBT students as an at-risk population

(Biegel & Kuehl, 2010) because they are more likely than other students to feel unsafe in school and the mistreatment they face interferes with their ability to succeed.

Other risks include:

- a) Harassment at school that may lead to violence or even suicide, some of which has been implicated in school shootings (Dessel, 2010),
- b) Higher rate of internalizing and externalizing problems than normative samples of female and male adolescents (Elze, 2002),
- c) Less positive attitudes about school, more school troubles, and self-reported lower GPAs specifically among female LGBT students (Russell et al., 2001),
- d) Higher rates of school truancy and academic failure: 32 percent of LGBT students reported missing school out of fear for safety, compared to 4.5 percent nationally for heterosexual students (Morgan et al., 2011),
- e) Lower GPAs and lower rates of enrollment in post-secondary education than heterosexual peers among LGBT students who reported higher rates of harassment (Morgan et al., 2011),
- f) Increased likelihood of dropping out of school, running away from home, or attempting suicide than heterosexual peers (Biegel & Kuehl, 2010), and
- g) Increased number of stressful life events (eight events in 3 months; Rotheram-Borus et al., 1995).

Again, these results do not correlate exactly to the experiences of LGBT youth with disabilities, but they provide the possibility that both populations may be experience the same risks.

Improved Attitudes of Educators and Other Adults towards LGBT Youth

As Dessel points out, LGBT students that view their teachers as caring are more likely to engage in and succeed in the school environment (2010). Given the social-emotional difficulties and health risk factors that LGBT youth face, teachers—especially special education teachers—have the unique opportunity of mitigating some of these risks and improving the lives of their LGBT students with disabilities.

One these areas for improvement is teachers' approach to sexual harassment among their students. Young et al. (2008) contend that sexual harassment—particularly use of homosexual epithets—among students with disabilities is higher because of the attitudes of educators. Many students receiving special education services lack appropriate social skills and insight into “how their behavior affects interpersonal relationships” and struggle with appropriate social boundaries (Young et al., 2008; p. 210), but teachers may be feel unprepared to address these social-emotional deficits. Additionally, teachers may be less likely to intervene in sexual harassment among students with disabilities. Given repeated exposure to sexual harassment, “particularly among male adolescents, special educators may become calloused to inappropriate sexual language, comments, and gestures. The teacher may identify these behaviors as ‘in poor taste’ rather than specifically as sexual harassment” (Young et al., 2008; p. 214). If teachers were aware that a percentage of students with disabilities were also addressing their sexual minority status, perhaps they would be more likely to advocate for and then benefit from training in mitigating student-based sexual harassment.

While Thompson (2005) and Morgan (2011) argue that special educators may have less preparation in or access to sex education than general educators, others researchers contend that special education teachers may be best qualified to assist LGBT students. Dykes (2010), for

example concluded that special education teachers could be the best advocates for sexual diversity since they are considered experts in advocating for the inclusion of individuals with disabilities in general education classrooms, these teachers. While minimal studies have been conducted in preparing pre-service teachers to work with LGBT youth (aside from Robinson and Ferfolja's article, which was not a research-based study), Dykes (2010) still contends that teacher education programs for future special education teachers would be the appropriate place to start. Knowing the representation of the this sexual minority program in special education programs might provide quantitative evidence that this population is growing and has emotional, social, or educational needs that are different from their heterosexual peers that teachers should be trained to address. Such teacher training could be useful in improving school outcomes for LGBT students.

Recommendation for Future Research

The major gaps in research about LGBT students with disabilities are consistent numbers and quantified data about this population. The literature review performed for this thesis found that almost no quantitative research on LGBT students with disabilities has appeared in the last two decades, and the connection between LGBT students and special education identification (either over- or under-identification) and is rarely mentioned in literature about the experiences of LGBT youth with disabilities. One study (Fredriksen-Goldsen et al., 2012) concluded that LGBT adults were more likely to have physical, mental, or emotional disabilities than their heterosexual counterparts, but no such data exists for LGBT youth. Because of the barriers to locating and surveying young LGBT students, starting points for extrapolating data about the likelihood of K-12 students to be both LGBT- and disability-identified could include surveys of special education teachers and professionals about the number of LGBT students they have

encountered and statistical surveys of college-aged LGBT students with disabilities.

Additionally, surveying community-based organizations that serve the LGBT youth population may provide some insight into what percentage of LGBT youth also have disabilities. When more research about the percentage of LGBT youth with disabilities exists, more research can be conducted about whether LGBT students are over- or under-represented in special education.

Conclusion

Although studies about the experiences of LGBT youth and LGBT adults with disabilities have increased in the past decade, this field of research remains limited. Quantitative studies are even more limited, due to practical and theoretical barriers in identifying students who are LGBT and who have disabilities. Barriers to determining the population prevalence, however, should not prevent this research from occurring. Giving a tangible number or percentage to LGBT youth with disabilities will help disavow the common attitude among of educators and other adults that youth with disabilities are either asexual or heterosexual and have no need for sexual expression. This research may also break the silence among students around identity formation or sexual orientation in public schools and discourage the higher likelihood of homophobic sexual harassment in special education settings. Perhaps most importantly, researching the prevalence of sexual minorities with disabilities in public schools might lead to increased research about these students' school outcomes and the creation of evidence-based interventions that are culturally sensitive to this new minority group.

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