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Lesbian, Gay, Bisexual, and Transgender Youth with Disabilities: A Meta-Synthesis

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This meta-synthesis of empirical and nonempirical literature analyzed 24 journal articles and book chapters that addressed the intersection of disability, [homo]sexuality, and gender identity/ expression in P–12 schools, colleges and universities, supported living programs, and other educational and social contexts in Australia, Belgium, Canada, New Zealand, Sweden, the United Kingdom, and the United States. The articles and chapters emphasized the diversity of lesbian, gay, bisexual, and transgender youth with disabilities—culturally, linguistically, sexually, and in terms of abilities, disabilities, and related service needs—while noting that all (or certainly most) lesbian, gay, bisexual, and transgender youth with disabilities possess multiple stigmatized identities as sexual/gender minorities and young people with disabilities.

KEYWORDS *Disabilities, lesbian, gay, bisexual, and transgender youth, meta-analysis, youth*

Lesbian, gay, bisexual, and transgender (LGBT) people with disabilities come from diverse cultural and linguistic communities, have a wide range of abilities and disabilities, and represent multiple sexual orientations and gender identities/expressions. Harley, Nowak, Gassaway, and Savage (2002) described LGBT individuals with disabilities as "members of multiple cultural minority groups" who experience multiple forms of oppression and have "multiple service needs involving disabilities ... [and] identities" (p. 525); Bennett and Coyle (2007) referred to lesbian, gay, and bisexual people with disabilities as a "minority within a minority" who simultaneously "occupy [multiple] ... socially devalued position[s]" (p. 125); and Vernon (1999) noted

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"disabled . . . gay men and lesbians" are "people with multiple stigmatized identities" who "experience oppression singularly, multiply and simultaneously depending on the context" (p. 395). LGBT individuals with disabilities are routinely subjected to homophobia, heterosexism, and ableism. Many also experience racism, sexism, classism, ageism, and other forms of social oppression. Vernon explains: "Impairment, which is a precondition of disability, settles upon anyone, but the effect on any individual is very largely modified, minimized, or exacerbated by who that person is in terms of their ethnicity, sex, sexual orientation, age and class" (1999, p. 395).

Homophobia, heterosexism, and ableism within the health and social services sectors, homophobia and heterosexism within the special education and disability services establishments and disability rights movement, and ableism among members of the LGBT community have marginalized LGBT people with disabilities, and—until fairly recently—rendered them all but invisible in the health and social sciences, special education, disability studies, and sexuality studies literature (Duke, 2010; McRuer, 2006a; Morris, 1991; Shakespeare, Gillespie-Sells, & Daives, 1997). Fraley, Mona, and Theodore (2007) found that LGBT individuals with disabilities "represent a population that has received little attention in the areas of social policy, sexuality studies, and psychological research and practice" (p. 27); Morrow (2003) observed LGBT people with disabilities "continue to be underrepresented and marginalized in an already sparse [counseling psychology] literature base" (p. 70); Cheng (2009) acknowledged that social science "research on the intersection of disability, gender, and sexuality is limited" (p. 112); O'Toole and Brown (2002) discovered "no systematic research on the mental health needs of lesbians with disabilities exists" (p. 35); and Abbott and Burns (2007) noted "the voices of lesbian, gay, and bisexual people with intellectual disabilities have rarely been heard in [special education and disability services] policy and research" (p. 27). In recent years, however, a still nascent but rapidly evolving, increasingly sophisticated, and steadily growing body of empirical and theoretical literature has explored the intersection of disability, sexuality, and gender identity/expression in the lives of LGBT adults (Abbott & Howarth, 2005, 2007; Hunt, Matthews, Milsom, & Lammel, 2006; LeBlanc & Tully, 2001; McRuer, 2006b; McRuer & Wilkerson, 2003; O'Toole, 2000; O'Toole & D'aust, 2000; Parkes & Wilson, 2009; Thompson, 2002; Thompson, Bryson, & De Castell, 2001). Unfortunately, much less is known about the lives and experiences of LGBT *youth* with disabilities.

PROBLEM STATEMENT

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 (Duke, 2010). At present, only a

handful of studies explore the intersection of disability, [homo]sexuality, and gender identity/expression in P–12 settings (Blanchett, 2002; Blyth & Carson, 2007; Carson, 2002; Corker, 2001; DuBeau, 1997). In recent years, however, educators, researchers, and practitioners—representing a wide range of disciplinary perspectives, including special education, disability studies, school psychology, counseling psychology, clinical psychology, pediatric medicine, child and adolescent psychiatry, clinical neuroscience, gender/sexuality studies, health education, cultural studies, social work, and school administration—have produced *empirical* works that document the lived experiences of LGBT youth in nonschool settings (e.g., supported living programs for adolescents and young adults) and *nonempirical* works that address the intersection of disability, [homo]sexuality, and gender identity/expression in P–12 schools, colleges and universities, supported living programs, and other educational and social contexts in Australia, Belgium, Canada, New Zealand, Sweden, the United Kingdom, and the United States. This study seeks to document the recent emergence of an international and multidisciplinary body of literature on LGBT youth with disabilities by gathering together, analyzing, and synthesizing these disparate empirical and nonempirical, international, and multidisciplinary sources.

RESEARCH DESIGN

In her paper, "Meta-Synthesis", Bair (1999) detailed a qualitative research process that can be used to combine the results from multiple research studies or from a large body of research. She referred to this process as meta-synthesis. Bair explained the process of meta-synthesis—which she described as a distinct methodology—by comparing it with meta-analysis and meta-ethnography, two additional methodologies that are commonly used to review large bodies of research and systematically synthesize the findings. Bair noted:

> Whereas meta-analysis is a quantitative methodology applied to quantitative research studies, and meta-ethnography is a qualitative methodology used with qualitative research studies, meta-synthesis is a qualitative methodology that uses both qualitative and quantitative studies as sources of data. Like meta-ethnography, it is an integrative approach in the phenomenological, or interpretive, paradigm of naturalistic inquiry. It is concerned with understanding and describing key points and themes contained within a research literature on a given topic. However, it differs from meta-ethnography, in that it synthesizes studies from both quantitative and qualitative research. As such, it fills a void in research methodology. (p. 4)

This study might best be described as a meta-synthesis of the empirical and nonempirical international literature on LGBT youth with disabilities because the author systematically collected qualitative, quantitative, and mixed methods research studies, as well as nonempirical literature (e.g., theoretical works, descriptive works, guides), and then used a modified version of the Stevick-Colaizzi-Keen method—a highly reductive method of data analysis frequently used by researchers working within the phenomenological tradition of qualitative inquiry—to synthesize the content of these various sources of data (Duke, 2007; Duke & McCarthy, 2009; Duke & Ward, 2009).

METHODS

Selection Criteria

The 24 journal articles and book chapters included in this meta-synthesis met the following selection criteria:

1. The articles and chapters explored the intersection of disability, sexuality, and gender identity/expression in the lives of LGBT youth.
2. The articles and chapters addressed one or more of the disabilities recognized by the Individuals with Disabilities Education Improvement Act (IDEA) of 2004. Publications that described factors that place LGBT youth at risk for negative social, emotional, and/or physical outcomes (e.g., substance abuse, family problems, homelessness, school failure, mental health problems, suicide, HIV infection), but did not explicitly address specific disabilities recognized by IDEA were excluded from this meta-synthesis, as were publications that described mental health or community services consumed by LGBT youth without identifying specific diagnoses that meet IDEA eligibility criteria; studies that investigated issues related to the mental health of LGBT youth without explicitly identifying the research participants as individuals with specific disabilities were, likewise, excluded.
3. The journal articles were published in peer reviewed journals related to the disciplines of special education, disability studies, health and human services (e.g., psychiatric medicine, pastoral counseling) and the social sciences (e.g., psychology), or in multidisciplinary journals related to LGBT studies.
4. The book chapters were published in edited collections that examined the lives and experiences of LGBT youth and/or explored issues related to the sexualities of adolescents and young adults with disabilities.
5. The articles and chapters were published between 1995 and 2010.
6. The articles and chapters were written in English.

Search Procedures

Database searches, hand searches, and ancestral searches were conducted to locate articles and chapters for this meta-synthesis.

Database Searches

In the autumn of 2009, the author conducted systematic searches of 12 databases that index journal articles related to the disciplines of education, health, and the social sciences. These 12 databases included: (a) Academic Search Premier (EBSCOhost); (b) Education Abstracts (ProQuest); (c) Education Journals (ProQuest); (d) Education Resources Information Center (ERIC, EBSCOhost); (e) Professional Development Collection (EBSCOhost); (f) PsycARTICLES (EBSCOhost); (g) Psychology Journals (ProQuest); (h) PsycINFO (EBSCOhost); (i) Science Direct (Elsevier); (j) Social Sciences Abstracts (OCLC FirstSearch); (k) Wilson Education Abstracts (ProQuest); and (l) Wilson Select Plus (OCLC FirstSearch). When databases had a controlled vocabulary, Boolean searches were conducted with the designated subject terms, usually ("disabilities" or "special education" or "special needs students") and ("homosexuality" or "gays and lesbians" or "gay men" or "lesbians" or "LGBT people.") When a database did not have a controlled vocabulary, Boolean searches were conducted using the search terms ("disabilities" or "special education") and ("lesbian" or "gay" or "bisexual" or "transgender" or "queer" or "LGBT") as keyword phrases limited to the title, citation, and abstract of the article record. The various database searches yielded a total of ten articles that met the selection criteria (Blanchett, 2002; Blyth & Carson, 2007; Corker, 2001; Davidson-Paine & Corbett, 1995; DuBeau, 1997; Edmonds & Collins, 1999; Harley et al., 2002; Hellemans, Colson, Verbraeken, Vermeiren, & Deboutte, 2006; Löfgren-Mårtenson, 2009; Thompson, 2007).

Hand Searches

The author of this meta-synthesis conducted hand searches of ten edited collections that explore the lives and experiences of LGBT youth to locate chapters that met the selection criteria (Crowley, Massey, & Bertram, 2010; Bullock, Gable, & Ridky, 1996; D'Augelli & Patterson, 2001; Kumashiro, 2001; Pallotta-Chiarolli, 2005b; Rasmussen, Rofes, & Talburt, 2004; Sanlo, 1998; Sears, 2005a, 2005b; Unks, 1995). These hand searches yielded nine chapters that addressed the intersection of sexuality, gender identity/expression, and disability in the lives of LGBT adolescents and young adults (Cochran, 2005; Duke, 2010; Friedrichs, 2005; Harwood, 2005; Pallotta-Chiarolli, 2005a; Rahamin, Dupont, & Dubeau, 1996; Thompson, 2005; Tony, 2005; Underhile & Cowles, 1998).

ANCESTRAL SEARCHES

An ancestral search involves reviewing the reference lists of previously published works to locate literature relevant to one's topic of interest (Welch, Brownell, & Sheridan, 1999). Ancestral searches were conducted of the reference lists of the articles and chapters retrieved through the database and hand searches. These ancestral searches yielded five additional items that met the selection criteria (Carson, 2002; Carson & Docherty, 2002; Fergusson, Horwood, & Beautrais, 1999; Landen & Rasmussen, 1997; Williams, Allard, & Sears, 1996).

Coding Procedures

A coding form was developed to categorize the information presented in each of the 24 articles and chapters included in this meta-synthesis. The coding form was based on: (a) national origin, (b) disciplinary perspective, (c) intended audience, (d) sexuality and gender identity/ expression, (e) disability category, (f) publication type, (g) research design, (h) participants, (i) data sources, and (j) findings.

NATIONAL ORIGIN

Each item was classified by national origin. Publications written by researchers who live and work in Australia, Belgium, Canada, the Netherlands, New Zealand, Sweden, the United Kingdom, and the United States met the selection criteria and were included in this meta-synthesis (Table 1).

DISCIPLINARY PERSPECTIVES

Each publication was classified according to the disciplinary perspective of its author or coauthors (e.g., special education, disability studies, school psychology, counseling psychology, clinical psychology, pediatric medicine, child and adolescent psychiatry, clinical neuroscience, health education, gender/sexuality studies, cultural studies, school administration, social work). Most of the authors included in this meta-synthesis identified their disciplinary perspectives and/or professional affiliations for the reader. When an author's disciplinary perspective and professional affiliation was *not* identified in an article or chapter, the Google search engine was used to locate this information. One of the items reviewed for this meta-synthesis was an autobiographical essay by a gay man with a physical disability who initially attended—and eventually facilitated—a support group for gay youth (Tony, 2005); this autobiographical essay was classified by the author's experiential perspective (i.e., a gay man with a physical disability), as well as his

TABLE 1 National Origin, Disciplinary Perspective, Intended Audience, Sexuality and Gender, Disability, and Publication Type

Authors	National origin	Disciplinary/ experiential perspectives of authors	Intended audience	Sexuality and gender identity/ expression	Disability category	Publication type
Blanchett, 2002	United States	Special education, sexuality education	Multidisciplinary audience, individuals who work with and advocate for people with severe disabilities and their families	Lesbian and gay sexuality, female and male bisexuality	People with severe disabilities, including intellectual disabilities, developmental disabilities, and/or physical disabilities	Study
Blyth & Carson, 2007	United Kingdom	Special education	Members of the clergy, spiritual counselors, educators	Gay sexuality	Intellectual disabilities	Study
Carson, 2002	United Kingdom	Special education	Multidisciplinary audience, individuals who work with and advocate for people with intellectual disabilities and their families	Gay sexuality	Intellectual disabilities	Study
Carson & Docherty, 2002	United Kingdom	Special education, co-authored with bisexual man with an intellectual disability	Multidisciplinary audience, individuals who work with and advocate for people with intellectual disabilities and their families	Male bisexuality	Intellectual disabilities	Descriptive work
Cochran, 2005	United States	Clinical psychology, gender/sexuality studies	Multidisciplinary audience, individuals who work with and advocate for LGBT youth and their families	Lesbian and gay sexuality, female and male bisexuality, transgender identity/ expression	Emotional/behavioral disorders	Descriptive work

(Continued on next page)

TABLE 1 National Origin, Disciplinary Perspective, Intended Audience, Sexuality and Gender, Disability, and Publication Type *(Continued)*

Authors	National origin	Disciplinary/ experiential perspectives of authors	Intended audience	Sexuality and gender identity/ expression	Disability category	Publication type
Corker, 2001	United Kingdom	Disability studies	School and child psychologists	Lesbian and gay sexuality, queer identity	People with disabilities—no specific category	Study
Davidson-Paine & Corbett, 1995	United Kingdom	Special education	Multidisciplinary audience, individuals who work with and advocate for people with intellectual disabilities and their families	Gay sexuality, male bisexuality	Intellectual disabilities, orthopedic impairments	Study
DuBeau, 1997	United States	Special education, social work, school administration	Multidisciplinary audience, individuals who work with and advocate for children and youth with emotional/behavioral disorders and their families	Gay sexuality	Specific learning disabilities, emotional/behavioral disorders	Study
Duke, 2010	United States	Special education	Multidisciplinary audience, individuals who work with and advocate for LGBT youth and their families	Lesbian and gay sexuality, female and male bisexuality, transgender identity/ expression, queer identity	People with disabilities—no specific category	Guide

Edmonds & Collins, 1999	United Kingdom	Special education, sexuality education	Multidisciplinary audience, individuals who work with and advocate for people with intellectual disabilities and their families	Gay sexuality	Intellectual disabilities	Study
Fergusson et al., 1999	New Zealand	Psychological medicine	Psychiatrists	Lesbian and gay sexuality, female and male bisexuality, female and male heterosexuality	Emotional/behavioral disorders	Study
Friedrichs, 2005	United States	Gifted education/ special education	Multidisciplinary audience, individuals who work with and advocate for LGBT youth and their families	Lesbian and gay sexuality, female and male bisexuality, transgender identity/ expression	People with disabilities—no specific category	Descriptive work
Harley et al., 2002	United States	Special education, educational psychology	School psychologists, teachers, counselors, administrators, and related personnel workers in schools and colleges, public and private organizations	Lesbian and gay sexuality, female and male bisexuality, transgender identity/ expression	People with disabilities—no specific category	Guide
Harwood, 2005	Australia	Disability studies, special education	Multidisciplinary audience, individuals who work with and advocate for LGBT youth and their families	Lesbian and gay sexuality, female and male bisexuality, transgender and intersex identity/ expression, queer identity, questioning identity	Emotional/behavioral disorders (e.g., oppositional defiant disorder, conduct disorder) and AD/HD	Descriptive work

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TABLE 1 National Origin, Disciplinary Perspective, Intended Audience, Sexuality and Gender, Disability, and Publication Type *(Continued)*

Authors	National origin	Disciplinary/ experiential perspectives of authors	Intended audience	Sexuality and gender identity/ expression	Disability category	Publication type
Hellemans et al., 2006	Belgium, Netherlands	Psychiatric medicine	Multidisciplinary audience, individuals who work with and advocate for people with autism spectrum disorders and their families	Gay sexuality, male bisexuality, and male heterosexuality	Autism	Study
Landen & Rasmussen, 1997	Sweden	Clinical neuroscience	Child and adolescent psychiatrists	Transgender identity/ expression	Autism	Study
Löfgren-Mårtenson, 2009	Sweden	Sexuality studies, disability studies	Rehabilitation professionals, patients, and staff members of community and independent living programs	Lesbian and gay sexuality, female and male bisexuality, female and male heterosexuality	Intellectual disabilities	Study
Pallotta-Chiarolli, 2005a	Australia	Health education gender/sexuality studies, cultural studies	Multidisciplinary audience, individuals who work with and advocate for LGBT youth and their families	Lesbian and gay sexuality, female and male bisexuality, transgender identity/ expression, queer identity	Physical disabilities—e.g., orthopedic impairments, other health impairments, deaf-blindness, deafness, hearing impairments, visual impairments, speech or language impairments	Descriptive work
Rahamin et al., 1996	United States	Special education, school administration, social work	Multidisciplinary audience, individuals who work with and advocate for people LGBT youth and their families	Lesbian and gay sexuality, female and male bisexuality	Visual impairments, hearing impairments, all other people with disabilities	Guide

Thompson, 2005	Canada	Special education, educational psychology	Multidisciplinary audience, individuals who work with and advocate for LGBT youth and their families	Lesbian and gay sexuality, female and male bisexuality, questioning identity	Intellectual disabilities	Descriptive work
Thompson, 2007	Canada	Special education, educational psychology	Multidisciplinary audience, individuals who work with and advocate for LGBT youth and their families	Lesbian and gay sexuality, female and male bisexuality, transgender identity/expression, queer identity, questioning identity	Intellectual disabilities, autism, other health impairments, orthopedic impairments	Study
Tony, 2005	Australia	Gay male with a physical disability, support group facilitator	Multidisciplinary audience, individuals who work with and advocate for LGBT youth and their families	Gay sexuality, queer identity	Physical disabilities	Descriptive work
Underhile & Cowles, 1998	United States	Counseling psychology, educational psychology, health education	College faculty, staff, and administrators who work with LGBT students	Lesbian and gay sexuality, female and male bisexuality, transgender identity/expression	People with disabilities—no specific category	Guide
Williams et al., 1996	United States	Pediatric medicine	Multidisciplinary audience, individuals who work with and advocate for people with autism spectrum disorders and their families	Transgender identity/expression	Autism	Study

disciplinary perspective and professional affiliation (i.e., support group facilitator). Another autobiographical work included in this meta-synthesis was written by a special educator/researcher and his coauthor—a bisexual man with an intellectual disability (Carson & Docherty, 2002); this autobiographical work was classified by the disciplinary perspective and professional affiliation of one author (i.e., a special educator/researcher) and the experiential perspective of the other (i.e., a bisexual man with an intellectual disability) (Table 1).

Intended Audience

All of the articles and chapters reviewed for this meta-synthesis were published in sources that explicitly identified the disciplinary perspectives and professional affiliations of their intended audience. Each item was classified according to the intended audience of the source in which it was published. This meta-synthesis sought to determine how many of the items were published in sources intended for professionals who work with or advocate for individuals with disabilities and their families (e.g., special educators, school psychologists, rehabilitation counselors, staff members of community and independent living programs); how many items were published in sources intended for professionals who work with or advocate for LGBT youth and their families; and how many items were published in sources intended for other audiences (e.g., psychiatrists, members of the clergy) (Table 1).

Sexuality and Gender Identity/Expression

The articles and chapters were classified by the sexuality and gender identity/expression addressed in each publication. Possible categories included: (a) lesbian sexuality, (b) gay sexuality, (c) female bisexuality, (d) male bisexuality, (e) female heterosexuality, (f) male heterosexuality, (g) transgender identity/expression, (h) intersex identity/expression, (i) queer identity, and (j) questioning identity (Table 1).

Disability Category

Each article and chapter was classified by disability category. In most cases, the disability categories delineated in IDEA (2004) were used to classify the disabilities addressed in each publication; these categories include: (a) autism; (b) deaf-blindness; (c) deafness; (d) emotional disturbances (i.e., emotional and behavioral disorders—e.g., schizophrenia, bipolar disorder, conduct disorder, oppositional defiant disorder, post-traumatic stress disorder); (e) hearing impairments (excluding deafness); (f) mental retardation (i.e., intellectual disabilities); (g) multiple disabilities (i.e., concomitant

impairments, excluding deaf-blindness, that require intensive educational and related services—e.g., intellectual disabilities-blindness or intellectual disabilities-orthopedic impairments); (h) orthopedic impairments (due to congenital anomaly, disease, or other causes—e.g., muscular dystrophy, spina bifida, cerebral palsy, amputation); (i) other health impairments (i.e., chronic or acute health problems—e.g., asthma, attention deficit disorder or attention deficit/hyperactivity disorder, diabetes, epilepsy, heart conditions, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, Tourette syndrome); (j) specific learning disabilities (e.g., dyslexia, developmental aphasia, minimal brain dysfunction, perceptual disabilities); (k) speech or language impairments; (l) traumatic brain injury; and (m) visual impairments (including blindness) (Table 1).

Publication Type

Each article and chapter was evaluated and classified according to *publication type* (e.g., research study, theoretical work, descriptive work, guide). *Studies* employ systematic methods to gather and/or analyze quantitative and/or qualitative data. *Theoretical works* draw upon existing research literature to explain, expand, or refine theoretical constructs. *Descriptive works* describe experiences and phenomena but do not employ systematic methods to gather and analyze data. *Guides* recommend specific strategies and/or explain how practitioners might implement particular programs, policies, or curricula (Duke, 2007; Duke & McCarthy, 2009; Duke & Ward, 2009).

Many of the articles and chapters reviewed for this meta-synthesis had characteristics of two or more publication types. When this was the case, attempts were made to determine the authors' primary purpose in writing the article or chapter, and then the publication was classified accordingly. A chapter by Carson and Docherty (2002), for example, had characteristics of a research study, a guide, and a descriptive work. This chapter included a lengthy autobiographical narrative by one of the coauthors—a bisexual man with an intellectual disability—and had characteristics of case study and participatory action research, but Carson and Docherty did not explicitly delineate the methods used to gather and analyze data, nor did they identify their chapter as a research study. The authors addressed policy, legal, and ethical dilemmas frequently encountered by disability service providers who are tasked with supporting "the emotional, physical and sexual rights" of individuals with intellectual disabilities (p. 143), they offered a set of guidelines that staff members at supported living programs might use to determine "if the people being supported are able to exercise their sexual rights with the minimum of risk," (p. 145), and they recommended changes to policies, programs, and practices that regulate the emotional and sexual lives of individuals with intellectual disabilities in the United Kingdom. It seemed, however,

that Carson and Docherty's *primary* purpose in writing their chapter was to describe the friendships and sexual relationships that Daniel Docherty—a bisexual man with an intellectual disability—experienced as an adolescent and young adult, and the support, or lack thereof, that he received from family members, teachers, and disability service providers to develop and express his sexuality and cultivate and maintain friendships and intimate relationships. Carson and Docherty's chapter was, therefore, classified as a descriptive work.

Another example of an item with the characteristics of multiple publication types is a chapter by Duke (2010), which has characteristics of a descriptive work, a theoretical work, and a guide. This author described the Council for Exceptional Children (CEC) *Knowledge and Skill Standards*, which "address 126 specific competencies that special educators must demonstrate if they are to provide safe and effective services to students with disabilities and their families" (p. 151). He then used interrogative methods developed by the postmodern theorist Michel Foucault to problematize (or critically examine) the CEC standards "from a queer perspective" and "reveal systems of privilege and oppression [based on sexuality and gender identity/expression] hidden within the discourses surrounding" the field of special education (p. 156). However, Duke noted that his *primary* purpose in writing this chapter was to suggest specific strategies that special educators might use to "reconceptualize the CEC standards so that concepts of *culture* and *diversity* are understood to encompass sexual orientation and gender identity/expression" (p. 173). Duke's chapter was, therefore, classified as a guide (Table 1).

Research Design, Participants, Data Sources, and Findings

Some of the articles reviewed for this meta-synthesis were research studies that employed systematic methods to collect and analyze data. Each study was classified according to its *research design* (e.g., qualitative research, quantitative research, mixed methods research, case study, ethnography, action research, participatory action research, longitudinal study); the *participants* were identified in each of the studies (e.g., a young bisexual woman with fetal alcohol syndrome; a young gay man with an intellectual disability who uses a wheelchair; a 12 year old biological female diagnosed with autism and gender identity disorder; a birth cohort of 1,007 young men and women born in 1977 in Christchurch, New Zealand; staff members who worked with 24 institutionalized, high functioning male adolescents and young adults with autism; support group facilitators, sexuality educators, and parents; a research partner with an intellectual disability; two young boys with autism who displayed preoccupations with feminine gender stereotyped activities and objects); the *data sources* used in each study were identified (e.g., focus

groups, unstructured interviews, semi-structured interviews, ethnographic interviews, ethnographic observations, observation checklists, questionnaires, document/policy collection and analysis, medical documents, psychological evaluation reports, standardized tests of intelligence and academic achievement, speech-language evaluation reports, family histories); and the *findings* of each study were summarized (Table 2).

Data Analysis

The Stevick-Colaizzi-Keen method is a highly reductive method of data analysis frequently used by researchers working within the phenomenological tradition of qualitative inquiry to systematically distill essential concepts, issues, and themes from text (Creswell, 2007). A modified version of the Stevick-Colaizzi-Keen method previously employed by Duke (2007), Duke and McCarthy (2009), and Duke and Ward (2009) was used to analyze the 24 articles and chapters included in this meta-synthesis. First, significant statements were identified within each article or chapter. For the purpose of this meta-synthesis, a significant statement was defined as any statement that explicitly described issues relevant to the intersection of disability, sexuality, and gender identity/expression in the lives of LGBT youth. Then, a list of non-repetitive, non-overlapping (verbatim) significant statements with (non-verbatim) formulated meanings was developed. These formulated meanings represented the authors' interpretation of each significant statement. Finally, the formulated meanings from all 24 articles and chapters were grouped into collective theme clusters (or emergent themes). These emergent themes represent the essence (or content) of the entire body of literature (Table 3).

RESULTS

National Origin

Nine of the 24 articles and chapters (37.5%) reviewed for this meta-synthesis were written by authors living and working in the United States (Blanchett, 2002; Cochran, 2005; DuBeau, 1997; Duke, 2010; Friedrichs, 2005; Harley et al., 2002; Rahamin et al., 1996; Underhile & Cowles, 1998; Williams et al., 1996). Six items (25%) were based on research conducted in the United Kingdom (Blyth & Carson, 2007; Carson, 2002; Carson & Docherty, 2002; Corker, 2001; Davidson-Paine & Corbett, 1995; Edmonds & Collins, 1999). Three of the publications (12.5%) were written by Australian authors (Harwood, 2005; Pallotta-Chiarolli, 2005a; Tony, 2005). Two items (8.3%) were authored by a Canadian researcher (Thompson, 2005, 2007). Two articles (8.3%) described research conducted in Sweden (Landen & Rasmussen,

TABLE 2 Research Design, Participants, Data Sources, and Findings

Authors	Research design	Participants	Data sources	Findings
Blanchett, 2002	Qualitative, exploratory study	24 people who attended a TASH forum, including "7 individuals who identified themselves as having disabilities that ranged from physical disabilities only to developmental or intellectual disabilities" (p. 83), and 17 individuals who were parents, caregivers, educators, service providers, and/or friends of people with severe disabilities; 5 of the participants with disabilities identified themselves as lesbian, gay, or bisexual	Focus group (i.e., a TASH forum was recorded and transcribed)	People with severe disabilities (i.e., individuals with intensive needs) experience impairments that significantly limit their independence and profoundly influence their sexual expression and social relationships; such individuals frequently experience multiple significant impairments concurrently—including, intellectual disabilities, mobility impairments, sensory impairments (e.g., blindness, deafness, deaf-blindness), health impairments, and/or speech-language impairments— and often live in highly supervised settings where other people (including parents, direct caregivers, and disability service providers) have considerable control over their sexual expression and intimate relationships. Many people who work with and care for young people with severe disabilities find it difficult to conceptualize such individuals as lesbian, gay, or bisexual. Some parents, educators, and disability service providers dismiss the feelings and desires of LGBT youth with severe disabilities and/or disregard "their basic human right to express their sexuality in the manner in which they choose" (p. 84). LGBT individuals with severe disabilities often encounter anti-LGBT bias within the disability community and anti-disability bias within the LGBT community; they feel "trapped between two different worlds" (p. 84). School-based special education programs often refuse to acknowledge the existence of LGBT people and typically ignore issues important to the LGBT community. Young people with severe disabilities frequently lack access to school-based sex education services and HIV/AIDS prevention programs.

Blyth & Carson, 2007	Qualitative, participatory action research, ethnography	Research partner with intellectual disabilities; young, gay male adults with intellectual disabilities; parents	Observations, interviews, focus groups	Many of the young, gay men received school-based sex education that presented heterosexuality as the only option available to them. Others were excluded from participating in sex education programs because of their disabilities. Some of their teachers and service providers believed that people with intellectual disabilities should not be allowed to express themselves sexually; others viewed people with intellectual disabilities as "asexual," and, therefore, neither in need of, nor entitled to, sex education services (p. 37). The authors suggested that, in this era of HIV/AIDS, school-based sex education programs that do not explicitly acknowledge and accommodate the needs of gay and bisexual males with intellectual disabilities are irresponsible and unethical.
Carson, 2002	Qualitative, case study	19-year-old gay man with intellectual disabilities; gay man in his early 20s without disabilities	Not reported	A young, gay man with intellectual disabilities experienced multiple forms of oppression related to his sexual orientation and disability status—both in and out of school—and from non-disabled gay and straight people. He received an inadequate education in an "inclusive" (i.e., mainstream or integrated) school setting, which did not prepare him to cope with the discrimination he would encounter in general society. He had no friends at school and, therefore, no one to "come out" to. He received misinformation about HIV transmission from a school authority figure. Some of his teachers assumed that, because he had an intellectual disability, he would never have an active sex life; others believed he had no right to express himself sexually. He was excluded from full participation in school-based sex education and HIV prevention programs; he was discouraged from using condoms, and told he had no need for them. Outside of school, he was ridiculed and rejected by his gay peers. At present, he lacks a positive gay identity and "feels totally excluded from the society in which he lives" (p. 211).

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TABLE 2 Research Design, Participants, Data Sources, and Findings *(Continued)*

Authors	Research design	Participants	Data sources	Findings
				The young gay man without disabilities had, on two occasions, experienced anonymous sex in public places with young men with intellectual disabilities, but would not consider developing a long-term relationship with these individuals "partly because of their mental capacity . . . but also because I would be embarrassed to be seen with them in public" (p. 210). His attitude and behavior toward individuals with intellectual disabilities represents "the oppressive and discriminatory . . . reality that confronts . . . [gay and bisexual people with disabilities] . . . on a daily basis" (p. 210).
Corker, 2001	Qualitative, ethnography	Young people with disabilities, ages 11–16, in social and educational settings in Scotland and England; adults with disabilities who "describe retrospectively the emergence of gay or lesbian identity in adolescence" (p. 89)	Ethnographic interviews, observations	Homosexuality is a "forbidden" topic in many special education settings (p. 102). Lesbian and gay sexuality is a normal part of adolescent discourse, but many special educators and disability service providers refuse to acknowledge or discuss homosexuality with their students. Adults who work with lesbian and gay youth with disabilities commonly perpetuate discriminatory attitudes about lesbian and gay people through their silence, a practice "designed to encourage . . . 'passing' or remaining 'in the closet' in the hope that young people will 'grow out of it'" (p. 102). This silence contributes to "the social construction of both disabled and lesbian and gay identities as 'negative' and 'perverse' in very direct and overt ways," and has a devastating affect on the lives of lesbian and gay adolescents with disabilities who are "struggling with their own identities in silence" (p. 102).

Davidson-Paine & Corbett, 1995	Qualitative	A young, gay male with an intellectual disability and orthopedic impairment who uses a wheel chair; another young, gay male "with bisexual tendencies" and an intellectual disability	Interviews	Staff supported induction and normalization into the gay community is constructive and desirable, and would help non-heterosexual, young men with intellectual disabilities take an active role in developing their sexual identities. Clause 28 (which was repealed in 2003) prohibited disability services providers who worked with youth and "vulnerable adults" from "promoting homosexuality" (p. 151), hindering efforts to support the development of positive gay identity and self-acceptance, and contributing to feelings of distress, isolation, and rejection among gay and bisexual men with intellectual disabilities.
DuBeau, 1997	Qualitative, case study	18-year-old gay, African American male with learning and behavior problems	Multiple in-depth interviews	Calvin was born to a single mother; his father was not involved with the family. As an adolescent, he was placed in a group home; he was later moved to a supported, independent-living facility. During his middle school and high school years, he attended a special school for adolescents with learning and behavior problems. He attributes his sexual orientation to genetic factors: "I don't know what it is [that makes somebody gay]. It's not my fault. It's the genes' fault . . . My mother's genes were stronger than my father's. Her hormones probably were stronger" (p. 23). Before transferring to the special day school, he experienced homophobia in "inclusive" (i.e., mainstream or integrated) school settings—including anti-gay prejudice from teachers, and anti-gay emotional and physical abuse from classmates: "They fight me, jump me, call me faggy bitch and all that" (p. 23). He also experienced homophobia in the inner city neighborhood where he currently lives: "[I]gnorant people just don't understand gay people . . . people like thugs on the corner be, like, 'look at the faggy"' (p. 25). He has experienced anti-gay discrimination when seeking employment:

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TABLE 2 Research Design, Participants, Data Sources, and Findings *(Continued)*

Authors	Research design	Participants	Data sources	Findings
				"I don't like going on job interviews . . . people be like, 'you probably got good qualifications, but we looking for somebody more better' . . . 'Cause I probably gay . . . [and] [t]hey don't want nobody working like that in the company" (p. 23). He is fearful of contracting HIV/AIDS. "[I]f I catch AIDS just go ahead and kill me because I don't want to struggle and I don't want my mom to go through all that crying and pain" (p. 24). He fears being raped: "I know too many gay people that got raped. So I really feel insecure. I think that gay guys more at risk than a woman" (p. 24). His intimate and sexual relationships have involved stereotypical gender role-playing. "[In a relationship], you have to play a part . . . One has to play a man and one has to play a woman" (p. 24). He hopes to one day find a supportive, loving, and monogamous romantic partner. "I want somebody for me" (p. 24). He has a strong gay identity: "I don't hide it. I really don't. That's why I think people accept me more, because I don't hide gayness" (p. 25). He added: "I'm a strong survivor," and "I have a lot of joy in me" (pp. 24–25).
Edmonds & Collins, 1999	Qualitative, case study, action research	21-year-old gay male with a mild/moderate intellectual disability and challenging behaviors	Weekly interaction with client in day center and supported living settings	A Personal Relationships and Sex Education (PRSE) team assessed the client's knowledge of sexuality and intimate relationships, identified and confirmed the client's gay sexuality, and then developed and implemented an individualized, comprehensive sex education program that included weekly, one-to-one sex education sessions. Upon completion of the program, the client was partnered with a gay volunteer, who helped him access the local gay community.

Fergusson et al., 1999	Quantitative, longitudinal study of a birth cohort of 1,265 individuals born in 1977, in Christchurch, NZ	1,007 females and males, age 21, including 28 individuals who identified as lesbian, gay, or bisexual	Collection of social, family, and childhood information, and standardized (DSM-III-R, DSM-IV) diagnostic criteria, e.g., Diagnostic Interview for Children, Diagnostic Interview Schedule, Self Report of Early Delinquency Scale, Rutgers Alcohol Problems Index, Composite International Diagnostic Interview, Self Report Delinquency Inventory	Lesbian, gay, and bisexual young people were at increased risk of major depression, generalized anxiety disorder, conduct disorder, substance abuse/dependence, multiple disorders, suicidal ideation, and suicide attempts.
Hellemans et al., 2006	Mixed methods	Staff members who worked with 24 institutionalized, high-functioning, male adolescents and young adults with autism at five residential facilities in Flanders, Belgium	Semi-structured interviews, questionnaire with 5 point rating scale	Most of the residents expressed sexual interest and displayed sexual behavior. Half had experienced an affective and/or sexual relationship; five expressed frustration about not being able to establish a relationship. The number of bisexual orientations appeared high. Three residents reported a bisexual orientation, and displayed sexual behavior towards group members and caregivers of both sexes. Fourteen residents had a mostly heterosexual orientation (including two who were primarily attracted to prepubescent girls); one had a homosexual orientation; six had unclear orientations. Three residents had experienced sexual intercourse (one heterosexual, two homosexual).

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TABLE 2 Research Design, Participants, Data Sources, and Findings *(Continued)*

Authors	Research design	Participants	Data sources	Findings
				Three residents had girlfriends outside the residential group; three had homosexual contacts within their residential group; two were involved in a homosexual relationship with each other involving oral sex and mutual masturbation. Six residents engaged in ritual-sexual use of objects. Sexual problems (e.g., pedophilia, public masturbation, unwanted sexual touching, fetishism, bizarre and disturbing fantasies, anxiety and panic) were regarded as severe for seven residents, who received counseling, sex education, socio-sexual skills training, and—in two cases—pharmacological intervention.
Landen & Rasmussen, 1997	Mixed methods, medical case study	12-year-old, biological female of Pakistani origin (living in Sweden) diagnosed with autism and gender identity disorder	Autistic Behavior Checklist, medical documents (CT-scan of brain, EEG, auditory brain stem response examination, cerebrospinal fluid test results, DNA testing for fragile X syndrome), psychological test results (e.g., Leiter International Performance Scale, Griffiths Mental Development Scale, Frosting Test of Visual Perception), speech-language evaluation report, family history	The authors offered three medical explanations for the patient's "gender identity disorder," and recommended three different courses of treatment. The patient's gender identity/expression could be viewed as "a ritualized and obsessive-compulsive behavior . . . commonly seen in autistic syndromes" and a "paraphilic [i.e., sexually deviant] consequence of the impairment in social interaction" associated with autism, in which case "a gradual firm correcting of the behavior in the direction of gender concordant behavior" would be the recommended intervention (pp. 171–172). The patient's gender identity/expression could also be viewed as "an obsessive-compulsive disorder, separate and independent . . . from the autism syndrome," in which case the preferred treatment would be pharmacological intervention with clomipramine (p. 172). Finally, the authors suggested that the patient's gender identity/expression could also be viewed "not as a symptom of autism or obsessive compulsive disorder," but as an independent "gender identity disorder," in which case "sex reassignment surgery, which is the treatment of choice for transsexualism," should be considered when the patient reaches the legal age (p. 172).

Löfgren-Mårtenson, 2009	Qualitative	13 adolescents and young adults with intellectual disabilities, 13 staff members, 11 parents	Qualitative interviews	Lesbian, gay, and bisexual youth with intellectual disabilities were found to be an unacknowledged and "invisible group" in Sweden (p. 21). The ability of individuals with intellectual disabilities to develop and express non-heterosexual identities was dependent on the attitudes, behavior, and support of parents, teachers, and staff members. Caregivers discouraged same-sex exploration, and marginalized or dismissed "non-normative" (i.e., non-heterosexual) expressions of sexuality, which they viewed as an "unnecessary deviation" from "the normal" (p. 25). Sex education for youth with intellectual disabilities emphasized heterosexuality. Individuals with intellectual disabilities had limited opportunities for same-sex exploration, and lacked lesbian, gay, and bisexual role models.
Thompson, 2007	Qualitative	LGBT youth with intellectual disabilities, autism spectrum disorders, and other health impairments; sexuality education and support group facilitators; direct care givers	Unstructured interviews, observations, policy/document collection and analyses	LGBT youth with intellectual disabilities are adversely impacted by negative stereotypes of queer and disabled sexualities, and are often ill-informed about relationships, dating, sexuality, and queer identity. The author described a "materially and queerly informed inclusive pedagogy" employed by several sexuality educators and support group facilitators in Canada to empower LGBT youth with intellectual disabilities (p. 42). This pedagogy was used to: (a) affirm the right of LGBT youth with intellectual disabilities to choose and develop their own sexualities and identities as they understand them; (b) teach LGBT youth with intellectual disabilities to resist "normalizing" pressures applied by heterosexist and/or homophobic educators, care givers, and disability service providers; and (c) prepare and support LGBT youth with intellectual disabilities to fully participate in queer communities.

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TABLE 2 Research Design, Participants, Data Sources, and Findings *(Continued)*

Authors	Research design	Participants	Data sources	Findings
Williams, Allard, & Sears, 1996	Mixed methods, medical case study	Two young children with autism, a 5-year-old White biological male and 3.7-year-old African American biological male, both with cross-gender preoccupations	Autism Diagnostic Interview, medical documents (e.g., neurological examination report, EEG, fragile X chromosome analysis), psychological test results (e.g., Stanford-Binet Intelligence Test, Leiter International Performance Scale, Baley Scales of Infant Development, Developmental Profile II), audiologic evaluation report, speech-language evaluation report, family history	Two young, biological male children with autism exhibited preoccupations with feminine gender stereotyped activities and objects. The researchers, who were reluctant to categorize the preoccupations as "gender identity disorders," noted: "Understanding these preoccupations in the context of autism rather than focusing on the gender identity issues has important implications for treatment" (p. 635). The researchers concluded that the "complex interaction of environmental and neurobiological factors influencing gender identity roles and preoccupations in autism require further study" (p. 641).

TABLE 3 Theme Clusters with Formulated Meanings

Theme clusters	Formulated meanings
Special education, related services, and LGBT youth with disabilities (all categories)	• LGBT youth with disabilities come from diverse cultural and linguistic backgrounds and represent multiple sexual orientations and gender identities/expressions; they experience a wide range of abilities, disabilities, and developmental levels and have multiple service needs involving disability and identity. • The school experiences of LGBT youth with disabilities have been under documented; only a handful of studies have explored the intersection of sexuality, gender identity/expression, and disability in school contexts. • LGBT youth and special education students are both members of socially stigmatized groups; LGBT students who receive special education services, therefore, possess multiple stigmatized identities and simultaneously occupy multiple socially devalued positions. • LGBT youth with disabilities are commonly subjected to homophobia, heterosexism, and ableism—at school, in supported living contexts, and in general society—and many of these youth are *also* subjected to additional forms of social oppression, including racism, sexism, and classism. • The civil rights of people with disabilities are protected by the Americans with Disabilities Act (ADA) of 1990, but LGBT individuals (including LGBT people with disabilities) have not yet been granted civil rights equal to those of other U.S. citizens. • Students with disabilities are guaranteed a "free and appropriate public education" in the "least restrictive environment" by the Individuals with Disabilities Education Improvement Act (IDEA) of 2004—and section 504 of the Rehabilitation Act of 1973 and the ADA of 1990 require schools to make accommodations for students with disabilities—but LGBT students in the United States (including LGBT students with disabilities) do not enjoy similar protections based on sexual minority status. • Lesbian, gay, and bisexual individuals are defined by their sexualities, while people with disabilities are defined almost exclusively through their impairments. • LGBT students may be at greater risk of being misdiagnosed with mild disabilities (e.g., specific learning disabilities, emotional/behavioral disorders, AD/HD) than their heterosexual peers. • LGBT sexualities are a normal part of adolescent discourse, but many special educators and disability service providers refuse to acknowledge or discuss LGBT issues with their students and clients; homosexuality is a "forbidden" topic in many integrated classrooms and special education programs. • Individualized Education Programs (IEPs) for LGBT students with disabilities can (and should) include instructional services, related services (e.g., counseling, social work, physical therapy, occupational therapy, speech therapy), and transition services that acknowledge and effectively address each student's exceptional learning needs and sexual minority status. • The transition plan component of the IEP can (and should) be designed to prepare LGBT students with disabilities (ages 16–21) to actively participate in the LGBT community.

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TABLE 3 Theme Clusters with Formulated Meanings *(Continued)*

Theme clusters	Formulated meanings
	• LGBT students with disabilities benefit from comprehensive, individualized sex education and health education programs that effectively address both LGBT and disabled sexualities; however, such programs can only be effective if all curricular materials are adapted to meet the unique learning needs of each individual student. • Special educators can collaborate with regular classroom teachers (who often teach students with disabilities in integrated classrooms) to develop lessons that explore the lives and experiences of LGBT people and people with disabilities; LGBT and disability content can (and should) be infused throughout the numerous curricular areas (e.g., literature, social studies, science, health, the arts); special educators can help regular classroom teachers adapt and modify these lessons so that students with a wide range of abilities, disabilities, and developmental levels can actively participate in all aspects of each learning activity. • Educators can (and should) teach students to conceptualize both the LGBT and disability rights movements as part of part the broader struggle for social justice and human rights; educators can utilize a variety of anti-bias, multicultural, social justice, and other curricula to help students make explicit connections between homophobia, ableism, and other forms of social oppression (e.g., racism, sexism, classism). • The Council for Exceptional Children (CEC) standards—which profoundly influence special education teacher preparation throughout the United States and Canada—do not adequately address sexual orientation or gender identity/expression. • Special educators who wish to challenge homophobia and heterosexism and create classrooms, programs, and schools that welcome and support LGBT youth with disabilities can (and should) interpret the CEC standards broadly, so that the concepts of "culture" and "diversity" are understood to encompass sexual orientation and gender identity/expression. • If special educators, disability service providers, and university-based teacher educators were to problematize (i.e., critically examine) the CEC standards—along with the entire field of special education—from a queer perspective, they would contribute to the development of a discourse that recognizes and empowers LGBT youth with disabilities.
LGBT youth with intellectual disabilities	• People with intellectual disabilities are commonly viewed as exclusively heterosexual, as forever innocent and childlike (and, therefore, lacking any sexual desire, curiosity, or experience) or, paradoxically, as sexually deviant and/or oversexed; LGBT sexualities are frequently seen as deviant, perverse, immoral, sinful, unhealthy, unnatural, or abnormal. • Many people—including general and special educators, disability service providers, staff members at supported living programs, parents, and other caregivers—accept false, negative (and often contradictory) stereotypes about the sexualities of both people with intellectual disabilities and LGBT individuals. • LGBT youth with intellectual disabilities are adversely impacted by negative stereotypes of queer and disabled sexualities, and are often ill-informed about relationships, dating, sexuality, and queer identity.

	• Homophobia among staff members at supported living programs for people with intellectual disabilities is a leading cause of the physical abuse experienced by LGBT youth who receive services in such settings. • Many LGBT youth with intellectual disabilities lack positive LGBT role models and have limited opportunities to develop positive LGBT identities and/or explore same-sex relationships. • Young people with intellectual disabilities sometimes adopt the homophobic and heterosexist attitudes of their teachers, service providers, parents, and other caregivers. • Many students with intellectual disabilities receive inadequate sex education services, and some young people with intellectual disabilities are excluded from sex education and HIV/AIDS prevention programs *because of their disabilities*. • When sex education services *are* offered to young people with intellectual disabilities, the emphasis is almost exclusively on heterosexuality. • LGBT youth with intellectual disabilities need comprehensive, LGBT-friendly sex education materials that are visual, clear, explicit, simple, and written in plain language that is easy to understand. • The lack of comprehensive, effective, LGBT-friendly sex education places gay and bisexual males with intellectual disabilities at great risk for contracting HIV/AIDS. • LGBT youth with intellectual disabilities are frequently stigmatized and ostracized within LGBT communities (just as they are in society in general). • Innovative, inclusive, and LGBT-friendly special education and support programs can, and do, empower and prepare LGBT youth with intellectual disabilities to (a) develop positive queer identities; (b) actively participate in LGBT communities; (c) resist "normalizing" pressures applied by homophobic and/or heterosexist educators, service providers, and caregivers; and (d) cope with the multiple forms of discrimination that they are likely to encounter in general society (e.g., ableism, homophobia, heterosexism).
LGBT youth with autism	• Very little research has explored the sexualities and gender identities/expressions of people with autism; research on the sexualities of youth with autism and females with autism is particularly scarce. • Young people with autism experience a wide range of sexual feelings, interests, needs, orientations, and behaviors. • People with autism have difficulty establishing interpersonal relationships; intimate and sexual relationships are particularly problematic; individuals with autism do experience sexual attraction and many desire partners, but their lack of empathy and poor understanding of social and emotional reciprocity make forming and maintaining sexual and intimate relationships extremely difficult; this is a source of frustration and concern for many individuals with high-functioning autism. • Many young people with autism seek physical contact with others (sometimes in a frankly sexual manner), but they are often unable to make an adequate distinction between desired and undesired contact. • People with autism often express sexual needs through masturbation (sometimes in the presence of others); some individuals with autism do experience consensual sexual intercourse with partners, but person-oriented sexual activity is often limited to touching, holding hands, and kissing (sometimes without the consent of the desired partner).

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TABLE 3 Theme Clusters with Formulated Meanings *(Continued)*

Theme clusters	Formulated meanings
	• Ritualized and obsessive-compulsive (sexual and nonsexual) behavior is common among individuals with autism; some individuals with autism engage in ritual-sexual use of objects; others experience sensory fascinations with sexual connotations (e.g., particular smells, sounds, and/or visual stimuli that are not typically eroticized may elicit sexual responses in some individuals with autism). • The parents of youth with autism are frequently concerned about the sexual development and behavior of their adolescent children; many parents seek professional advice, support, and intervention for their children in matters related to sexuality. • Sex education is important for young people with autism, but literature on this topic is very limited. • Some researchers have conceptualized the transgender (or "cross-gender") characteristics of young people with autism as symptoms of autism or as co-existing or independent psychiatric disorders. • The establishment of gender identity in individuals with autism may be quite difficult in many cases. • The complex interplay of environmental and neurobiological factors that influence gender identity roles and "cross gender" preoccupations in autism require further study. • Bisexual orientations among institutionalized young men with autism appear to be higher than bisexual orientations among young men in the general population
LGBT youth with emotional/behavioral Disorders	LGBT youth appear to be at greater risk of experiencing negative mental health outcomes and diagnoses based on DSM-III-R, DSM-IV, and DSM-IV-TR criteria (including major depression, generalized anxiety disorder, conduct disorder, gender identity disorder, eating disorders, multiple disorders, substance abuse/dependence, suicidal ideation, and suicide attempts) than youth in the general population. • Among populations already at risk for negative mental health outcomes (e.g., homeless adolescents), LGBT youth experience greater victimization and more negative outcomes. • LGBT youth with emotional/behavioral disorders are less likely to receive effective treatment for their mental health problems than heterosexual youth with similar mental health issues. • The label "emotional/behavioral disorder" implies an *innate* (rather than contextual) psychological dysfunction which causes an individual to engage in extreme behavior significantly outside the developmental norm for extended periods of time; however, many LGBT youth who have been diagnosed (or misdiagnosed) with emotional/behavioral disorders display such behaviors in response to *external* (rather than innate) factors (e.g., gay-related bullying at school, rejection by family and friends, legitimate fears for their personal safety). • *Externally-imposed* social oppression based on sexuality and gender identity/expression (e.g., homophobia and heterosexism) and *internalized* homophobia (characterized by conscious or unconscious guilt, shame, and self-hatred) contribute to negative mental health outcomes for LGBT youth. Special educators and mental health practitioners who work with LGBT youth with emotional/behavioral disorders must address both internalizing and externalizing mental health problems if they are to effectively educate and treat these young people.

	• Educators, researchers, and mental health practitioners who work with LGBT youth with emotional/behavioral disorders need to understand the complex social and cultural issues that influence the behavior of these young people; all too often, these issues are trivialized, ignored, or misrepresented. • Special educators and mental health practitioners who work with LGBT youth with emotional/behavioral disorders should develop and implement treatment plans that help these young people learn to effectively cope with discrimination and prejudice based on sexuality and gender identity/expression (e.g., homophobia and heterosexism), and, when appropriate, other forms of social oppression (e.g., ableism, racism, sexism). • LGBT youth with emotional/behavioral disorders should be kept out of homophobic classrooms, schools, and treatment facilities, and should be provided with LGBT-friendly education programs and mental health services that support and affirm their LGBT identities. • Homosexuality was considered a psychiatric disorder by much of the medical and mental health establishment until 1973, when the American Psychiatric Association (APA) removed “homosexuality” from the DSM-II, where it had been listed as an official diagnosis in the section on sexual deviations. • Transgender youth are still frequently diagnosed with gender identity disorder (which the DSM-IV-TR identifies as a mental disorder). • Diagnosticians, clinicians, and other mental health practitioners who use the DSM-IV-TR to diagnose and treat LGBT youth with emotional/behavioral disorders should critically assess the discourse of psychopathology that surrounds the lives and experiences of these young people; these same professionals should also critically examine the DSM-IV-TR since this text is central to discourse of psychopathology surrounding “disorders of behavior.” • Very little research has been conducted on intersex, transgender, and questioning youth who have been labeled with emotional/ behavioral disorders.
LGBT youth with physical disabilities (including mobility impairments, sensory impairments, and speech or language impairments)	• LGBT youth with physical disabilities (e.g., young people who use wheelchairs, scooters, and walking aids, deaf youth who communicate through sign language, young people who stutter) commonly encounter prejudice, discrimination, and exclusion because of their sexual orientation, gender identity/expression, and disability status, and many of these young people must also contend with other forms of social oppression, including sexism and racism. • LGBT and heterosexual youth with physical disabilities frequently experience homophobic harassment in school settings if their appearance, verbal and nonverbal communication styles, and/or the movement of their bodies do not conform to the socially constructed notions of masculinity or femininity held by dominant (and often homophobic) cultural groups. • Young men with physical disabilities are often viewed as marginally masculine, effeminate, asexual, physically incapable of sexual performance, and/or homosexual; some of these young men perform hyper-heterosexual forms of masculinity in order to appear more “normal” (i.e., masculine and heterosexual); another normalization strategy sometimes employed by young men with physical disabilities is to homophobically harass other young people.

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TABLE 3 Theme Clusters with Formulated Meanings *(Continued)*

Theme clusters	Formulated meanings
	• Schools are sites for both the stigmatization of young people with physical disabilities and the harassment of LGBT youth; LGBT youth with physical disabilities are, therefore, especially vulnerable to bullying in school settings, yet many school districts have not adopted anti-harassment policies that equitably address sexual diversity, physical diversity, and cultural diversity. • Existing research indicates that the interaction of ableism, homophobia, and heterosexism in school settings significantly impacts the educational experience of LGBT *and* heterosexual students with physical disabilities, but more research on the disability/heterosexuality interface in school contexts is needed. • People often have misconceptions about the sexualities of individuals with physical disabilities, incorrectly believing that they are physically incapable of having sexual experiences, that they lack sexual desire and experience, and that they are exclusively heterosexual; schools can play an important role in dispelling these (and other) false notions about the sexualities of people with physical disabilities by infusing physical diversity and sexual diversity throughout their curricula (in the same way that many schools have, in recent years, embedded cultural diversity in their curricula). • School-based sex education programs rarely address issues related to physical disabilities or LGBT sexualities; LGBT youth with physical disabilities, therefore, frequently lack access to information and resources that might help them develop positive sexual identities and/or participate in safe, satisfying sexual experiences. • Comprehensive, *individualized* sex education programs for LGBT youth with physical disabilities should prepare, empower, and support these young people to: (a) develop positive body images; (b) develop positive identities as both LGBT individuals and people with physical disabilities; (c) effectively cope with the multiple forms of discrimination and prejudice that they are likely to encounter at school and in general society (e.g., ableism, homophobia, heterosexism); (d) understand that sexual and intimate relationships are absolutely possible for them; and (e) understand their *unique physical needs* so that they (and their potential partners) can experience sexual activity that is both safe and satisfying (and, for some students—e.g., medically fragile youth, quadriplegic youth—this may require very explicit, specific, and individualized instruction related to their particular physical condition). • LGBT youth with physical disabilities frequently experience discrimination and prejudice within predominately able-bodied (and often ableist) LGBT communities.

- Many LGBT venues and events do not accommodate mobility and/or sensory impairments, making access to the LGBT community problematic (and, in some cases, all but impossible) for youth with physical disabilities.
- LGBT youth with physical disabilities frequently experience discrimination and prejudice within predominately heterosexual (and often homophobic) disability rights organizations, advocacy groups, and social networks.
- Many LGBT youth with physical disabilities are completely dependent on their parents or caregivers (e.g., medically fragile youth, quadriplegic youth, youth with deaf-blindness); "coming out" can be particularly problematic for these young people (as they must rely upon parents or caregivers for their very survival), yet access to the LGBT community often requires the support of able-bodied family members or caregivers (e.g., to provide transportation to social events).
- LGBT youth with physical disabilities commonly experience isolation, loneliness, and depression; this isolation and loneliness—exacerbated by ableism within the LGBT community, lack of access to the LGBT community, and homophobia and heterosexism within the disability community—can lead to serious mental health problems for these young people.
- Effective IEP planning for LGBT students with physical disabilities should include counselors, social workers, and/or care coordinators who can: (a) connect these young people with LGBT-friendly disability services (e.g., physical therapy, occupational therapy, mental health services, vocational and post-secondary educational services); (b) mediate with parents and caregivers when (and if) these students want "come out"; and (c) connect these young people with disability-friendly queer services (e.g., "befrienders" or "buddies" who can help these young people gain access to LGBT social networks by providing transportation, companionship, information, and other resources).

1997; Löfgren-Mårtenson, 2009). One article (4.2%) was coauthored by a team of researchers from Belgium and the Netherlands (Hellemans et al., 2006). One article (4.2%) was coauthored by a team of researchers in New Zealand (Fergusson et al., 1999).

Disciplinary Perspectives

Sixteen of the 24 articles and chapters (66.7%) included in this meta-synthesis were written by authors with expertise in special education and/or disability studies (Blanchett, 2002; Blyth & Carson, 2007; Carson, 2002; Corker, 2001; Davidson-Paine & Corbett, 1995; DuBeau, 1997; Duke, 2010; Edmonds & Collins, 1999; Friedrichs, 2005; Harley et al., 2002; Harwood, 2005; Löfgren-Mårtenson, 2009; Rahamin et al., 1996; Thompson, 2005, 2007). Six of the publications (25.0%) were written by authors with backgrounds in clinical psychology, educational psychology, and/or counseling psychology (Cochran, 2005; Fergusson, et al., 1999; Harley et al., 2002; Thompson, 2005, 2007; Underhile & Cowles, 1998). Five publications (20.8%) were authored by sexuality educators or by researchers with a background in gender/sexuality studies (Blanchett, 2002; Cochran, 2005; Edmonds & Collins, 1999; Löfgren-Mårtenson, 2009; Pallotta-Chiarolli, 2005a; Williams et al., 1996). Three studies (12.5%) were coauthored by researchers from the disciplines of pediatric medicine, child and adolescent psychiatry, and/or clinical neuroscience. Two publications (8.3%) were written by authors with backgrounds in health education (Pallotta-Chiarolli, 2005a; Underhile & Cowles, 1998). Two chapters (8.3%) were authored or coauthored by individuals with disabilities; one such chapter was written by a gay man with a physical disability who facilitated a support group for gay youth (Tony, 2005); the other was coauthored by a bisexual man with an intellectual disability (Carson & Docherty, 2002). Authors with backgrounds in social work, school administration, and cultural studies also contributed to the 24 articles and chapters reviewed for this meta-synthesis (DuBeau, 1997; Pallotta-Chiarolli, 2005a; Underhile & Cowles, 1998).

Intended Audience

Eleven of the 24 articles and chapters (45.8%) reviewed for this meta-synthesis were published in sources intended for professionals who work with or advocate for individuals with disabilities and their families—e.g., special educators, school psychologists, rehabilitation counselors, and staff members of community and independent living programs (Blanchett, 2002; Carson, 2002; Carson & Docherty, 2002; Corker, 2001; Davidson-Paine & Corbett, 1995; DuBeau, 1997; Edmonds & Collins, 1999; Harley et al., 2002;

Hellemans et al., 2006; Löfgren-Mårtenson, 2009; Williams et al., 1996). Ten of the items (41.7%) were published in sources intended for professionals who work with or advocate for LGBT youth and their families (Cochran, 2005; Duke, 2010; Friedrichs, 2005; Harwood, 2005; Pallotta-Chiarolli, 2005a; Rahamin et al., 1996; Thompson, 2005, 2007; Tony, 2005; Underhile & Cowles, 1998). Two of the articles (8.3%) were published in journals related to psychiatric medicine (Fergusson, et al., 1999; Landen & Rasmussen, 1997). One article (4.5%) was published in a journal intended for members of the clergy, spiritual counselors, and religious educators (Blyth & Carson, 2007).

Sexuality and Gender Identity/Expression

Thirteen of the 24 publications (54.2%) included in this meta-synthesis were research studies that identified the sexuality or gender identity/expression of the research participants. Ten of these 13 studies (76.9%) included gay male participants (Blanchett, 2002; Blyth & Carson, 2007; Carson, 2002; Corker, 2001; Davidson-Paine & Corbett, 1995; DuBeau, 1997; Edmonds & Collins, 1999; Fergusson et al., 1999; Hellemans et al., 2006; Thompson, 2007). Five of the studies (38.5%) involved bisexual males and/or bisexual females (Blanchett, 2002; Edmonds & Collins, 1999; Fergusson et al., 1999; Hellemans et al., 2006; Thompson, 2007). Four of the 13 studies (30.8%) included lesbians (Blanchett, 2002; Corker, 2001; Fergusson et al., 1999; Thompson, 2007). Three studies (23.1%) involved participants with transgender characteristics (Landen & Rasmussen, 1997; Thompson, 2007; Williams et al., 1996, p. 635). Four studies (30.8%) included heterosexual males and/or heterosexual females (Blanchett, 2002; Fergusson et al., 1999; Hellemans et al., 2006; Löfgren-Mårtenson, 2009).

Eleven of the 24 articles and chapters (45.8%) were nonempirical publications (e.g., descriptive works, guides). Eight of these 11 non-empirical publications (72.7%) used the broad, inclusive acronyms "LGBT," "GLBT," or "LGBTQ" to refer to lesbian, gay, bisexual, and transgender individuals (Cochran, 2005; Duke, 2010; Friedrichs, 2005; Harley et al., 2002; Harwood, 2005; Pallotta-Chiarolli, 2005a; Tony, 2005; Underhile & Cowles, 1998). Two of these nonempirical items (18.2%) used the less inclusive terms "GLB" or "LGBQ" and/or addressed the experiences of lesbian, gay, and bisexual men and women without acknowledging the experiences of transgender individuals (Rhamamin et al., 1996; Thompson, 2005). One chapter (9.1%) described the friendships and sexual relationships of a bisexual man with an intellectual disability (Cochran & Docherty, 2002).

Seven of the 24 articles and chapters (29.2%) addressed queer identity (Corker, 2001; Duke, 2010; Harwood, 2005; Pallotta-Chiarolli, 2005a; Thompson, 2005, 2007; Tony, 2005). Three of the publications (12.5%) described

individuals with questioning identities (Harwood, 2005; Thompson, 2005; Thompson, 2007). Only one chapter (4.2%) acknowledged intersex identity/expression (Harwood, 2005).

Disability Category

Thirteen of the 24 publications (54.2%) included in this meta-synthesis were research studies that identified the disabilities of the research participants. Seven of these 13 studies (53.8%) included people with intellectual disabilities (Blanchett, 2002; Blyth & Carson, 2007; Carson, 2002; Davidson-Paine & Corbett, 1995; Edmonds & Collins, 1999; Löfgren-Mårtenson, 2009; Thompson, 2007). Four of the studies (30.8%) involved people with autism (Hellemans et al., 2006; Landen & Rasmussen, 1997; Thompson, 2007; Williams et al., 1996). Two studies (15.4%) included people with emotional/behavioral disorders (DuBeau, 1997; Fergusson et al., 1999). Two studies (15.4%) involved people with orthopedic impairments and/or other health impairments (Davidson-Paine & Corbett, 1995; Thompson, 2007). One study (7.7%) included an individual with a learning disability (DuBeau, 1997). One study (7.7%) involved participants with a wide range of disability conditions in a variety of educational and social contexts (Corker, 2001). Another study (7.7%), which explored the needs of gay, lesbian, and bisexual adolescents and young adults with severe disabilities, "included 7 individuals who identified themselves as having disabilities that ranged from physical disabilities only to developmental or intellectual disabilities" (Blanchett, 2002, p. 83).

Eleven of the 24 articles and chapters (45.8%) were nonempirical publications (e.g., descriptive works, guides). Five of these nonempirical items (45.5%) explored issues relevant to all "people with disabilities," rather than emphasizing specific disability categories (Duke, 2010; Friedrichs, 2005; Harley et al., 2002; Rhamamin et al., 1996; Underhile & Cowles, 1998). Two chapters (18.2%) described the experiences of LGBT youth with variety of physical disabilities, which Pallotta-Chiarolli (2005a) described as "speech impediments, sensory impairments such as various degrees and forms of visual and hearing impediments; and mobility impairments such as those which require the use of a wheelchair, scooter, or walking aids" (p. 72), and which Tony (2005) referred to as "visible disabilities" (p. 203). Two chapters (18.2%) examined issues related to the diagnosis and treatment of LGBT youth with emotional and behavioral disorders (Cochran, 2005; Harwood, 2005). Two chapters (18.2%) addressed issues relevant to lesbian, gay, bisexual, and questioning youth with intellectual disabilities (Carson & Docherty, 2002; Thompson, 2005). One chapter (9.1%) described the experiences of a gay adolescent "who was born with severe visual and hearing impairments," lacked LGBT-friendly special education and support services, was rejected by his peers, and attempted suicide at age 15 because "he could not see how

he could go through life with his disabilities and, worst of all, being gay" (Rhamamin et al., 1996, p. 28). One chapter (9.1%)—written by an Australian scholar—correctly noted that the most recently revised edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR) (American Psychiatric Association, 2000) classifies attention deficit/hyperactivity disorder (AD/HD) as a "behavior disorder" (Harwood, p. 79); it should be noted, however, that in the United States, students with attention deficit hyperactive disorder (ADHD) typically qualify for special education services under the broad IDEA (2004) category "other health impairment" (which includes more than 200 *chronic or acute health problems*, e.g., asthma, diabetes, epilepsy, leukemia, sickle cell anemia), rather than under the IDEA category "emotional disturbances" (i.e., which includes *emotional and behavioral disorders*, e.g., schizophrenia, bipolar disorder, conduct disorder, oppositional defiant disorder, post-traumatic stress disorder).

Publication Type

Thirteen of the 24 articles and chapters (54.2%) reviewed for this meta-synthesis were research studies (Blanchett, 2002; Blyth & Carson, 2007; Carson, 2002; Corker, 2001; Davidson-Paine & Corbett, 1995; DuBeau, 1997; Edmonds & Collins, 1999; Fergusson et al., 1999; Hellemans et al., 2006; Landen & Rasmussen, 1997; Löfgren-Mårtenson, 2009; Thompson, 2007; Williams et al., 1996). Seven of the 24 items (29.2%) were descriptive works (Carson & Docherty, 2002; Cochran, 2005; Friedrichs, 2005; Harwood, 2005; Pallotta-Chiarolli, 2005a; Thompson, 2005; Tony, 2005). Four publications (16.7%) were guides (Duke, 2010; Harley et al., 2002; Rhamamin et al., 1996; Underhile & Cowles, 1998). Several authors did use theoretical frameworks to analyze, explain, or illuminate the experiences of LGBT youth with disabilities (Blyth & Carson, 2007; Corker, 2001; Duke 2010; Thompson, 2007), but explaining, expanding, or refining theoretical constructs did not appear to be the *primary* purpose of any of the articles or chapters included in this meta-synthesis.

Research Design

Nine of the 13 studies (69.2%) included in this meta-synthesis used qualitative research methods typically associated with case study, ethnography, action research, and participatory action research to generate and analyze data (Blanchett, 2002; Blyth & Carson, 2007; Carson, 2002; Corker, 2001; Davidson-Paine & Corbett, 1995; DuBeau, 1997; Edmonds & Collins, 1999; Löfgren-Mårtenson, 2009; Thompson, 2007). Three of the studies (23.1%) employed mixed methods approaches to gather and analyze both quantitative and qualitative sources of data (Hellemans et al., 2006; Landen & Rasmussen,

1997; Williams et al., 1996). One study (7.7%) utilized a longitudinal research design, analyzing multiple sources of quantitative data collected from 1,007 participants over a seven year period (Fergusson et al., 1999).

Participants and Data Sources

All 13 studies (100.0%) reviewed for this meta-synthesis analyzed primary data collected from human subjects. Six of these studies employed qualitative interviews to gather data from people with disabilities, their parents, disability service providers and direct caregivers, and/or sexuality educators and support group facilitators (Blyth & Carson, 2007; Corker, 2001; Davidson-Paine & Corbett, 1995; DuBeau, 1997; Löfgren-Mårtenson, 2009; Thompson, 2007); several of these same researchers employed additional methods to augment the data they collected through interviews, including; Blyth and Carson, who also generated data through focus groups and observation; Corker, who used observation to gather additional sources of data; and Thompson, who collected data through observation and policy/document analysis. Landen and Rasmussen (1997) and Williams et al. (1996), who conducted medical case studies of young people with autism and transgender characteristics, analyzed multiple sources of quantitative and qualitative data, including standardized diagnostic measures (e.g., Autistic Behavior Checklist, Autism Diagnostic Interview), medical documents (e.g., neurological examination reports, EEG results, CT-scan of brain, DNA testing for fragile X syndrome), psychological test results (e.g., Stanford-Binet Intelligence Test, Leiter International Performance Scale), and family histories. Hellemans et al. (2006) employed semi-structured interviews and a questionnaire with a 5-point rating scale to investigate the sexual behavior and attitudes of 24 institutionalized, high functioning heterosexual, bisexual, and homosexual male adolescents and young adults with autism. Fergusson et al. (1999) analyzed standardized (DSM-III-R; DSM-IV) diagnostic criteria and social, family, and childhood information collected from 1,007 females and males, age 21, that included 28 lesbian, gay, and bisexual individuals, who were members of a birth cohort born in 1977. Blanchett (2002) recorded and transcribed a forum sponsored by TASH—a support and advocacy group for people with severe disabilities—to "collect ideas about GLB issues and support needs from people who work with students and young adults with severe disabilities, people who have disabilities themselves, and people who are gay, lesbian, or bisexual" (p. 83). Edmonds and Collins (1999), who were members of a personal relationships and sex education (PRSE) team, analyzed data collected during weekly interactions with their client—a 21 year old gay man with a mild/moderate intellectual disability and "challenging behaviors" (p. 127). Carson (2002) presented autobiographical material produced by two gay men who participated in his "small-scale research" study—a 19

year old with an intellectual disability and a man in his early 20s without disabilities—but he did not describe the methods used to collect this autobiographical material (p. 206).

FINDINGS OF THE STUDIES

The findings of the 13 research studies reviewed for this meta-synthesis can be summarized as follows:

1. LGBT youth with disabilities commonly experience prejudice and discrimination—based on sexuality, gender identity/expression, and disability—in a variety of social contexts, including at school, in the workplace, in supported living programs, within the LGBT community, and in general society (Blanchett, 2002; Blyth & Carson, 2007; Carson, 2002; Corker, 2001; Davidson-Paine & Corbett, 1995; DuBeau, 1997; Thompson, 2007).
2. Homosexuality is a forbidden topic in many school-based special education programs and supported living programs; adolescents and young adults who receive special education and related services in these settings often lack LGBT role models and have limited opportunities to develop positive LGBT identities and/or explore same-sex relationships (Blanchett, 2002; Blyth & Carson, 2007; Carson, 2002; Corker, 2001; Davidson-Paine & Corbett, 1995; Edmonds & Collins, 1999; Löfgren-Mårtenson, 2009; Thompson, 2007).
3. Many students with intellectual disabilities, multiple disabilities (e.g., intellectual disability-orthopedic impairment), and severe disabilities (i.e., students with intensive needs) receive inadequate sex education services, and some young people with disabilities are excluded from sex education and HIV/AIDS prevention programs *because of their disabilities* (Blanchett, 2002; Blyth & Carson, 2007; Carson, 2002); when sex education services are offered to young people with intellectual disabilities, the emphasis is almost exclusively on heterosexuality (Löfgren-Mårtenson, 2009); this lack of effective, comprehensive, and LGBT-friendly sex education places LGBT youth with disabilities at increased risk for contracting HIV/AIDS; the risk of contracting HIV/AIDS is particularly great for gay and bisexual young men with intellectual disabilities.
4. Innovative, inclusive, and LGBT-friendly special education and supported living programs can, and do, empower LGBT youth with disabilities to develop positive queer identities, resist "normalizing" pressures applied by heterosexist and/or homophobic educators, caregivers, and disability service providers, and actively participate in LGBT communities (Davidson-Paine & Corbett, 1995; Edmonds & Collins, 1999; Thompson, 2007).

5. Several researchers have conceptualized the transgender characteristics of some young people with autism as symptoms of autism or as coexisting or independent psychiatric disorders. Williams et al. (1996) suggested the "establishment of gender identity in individuals with autism may be quite difficult in many cases" due to "problems with empathy and pretense," which are common among young people with autism (p. 637); Landen and Rasmussen (1997) theorized about "a possible relationship between autism and transexualism," and questioned "whether there is a predisposition to gender dysphoria in autism" (p. 170).
6. A commonly held myth about individuals with autism is that they are void of romantic feelings and do not desire intimate and sexual relationships, but, in reality, young people with autism can experience a wide range of sexual feelings, interests, needs, orientations, and behaviors. Hellemans et al. (2006) studied 24 institutionalized, high functioning male adolescents and young adults with autism at five residential facilities in Flanders, Belgium, and found that most expressed sexual interest and displayed sexual behavior; half had experienced an affective and/or sexual relationship; and five expressed frustration about not being able to establish such a relationship. The findings of the Hellemans et al. study supported Landen and Rasmussen's (1997) assertion that autism does "not exclude feelings of [sexual] attraction towards other people," but that the "poor understanding of social relations in people having autism implies difficulties in establishing inter-personal relationships in general and those of a sexual nature in particular" (p. 171).
7. Hellemans et al. (2006) found that bisexual orientations among 24 institutionalized, high functioning young men with autism appeared to be higher than bisexual orientations among [non-autistic] young men in the general population. Hellemans et al. supported these findings by citing an unpublished study by Haracopos and Pederson (1992), who conducted an extensive survey of the sexual behavior of 87 adolescents and adults with autism (57 men and 24 women) at residential facilities in Denmark, and reported that a disproportionately high number (14%) of those [autistic] individuals also expressed sexual interest in both males and females.
8. Lesbian, gay, and bisexual young people are at increased risk of major depression, generalized anxiety disorder, conduct disorder, substance abuse/dependence, multiple disorders, suicidal ideation, and suicide attempts (Fergusson et al., 1999).

Emergent Themes

Five broad themes emerged from the analysis of the 24 articles and chapters included in this meta-synthesis. These emergent themes (or theme clusters) include: (a) special education, related services, and LGBT youth with

disabilities (all categories); (b) LGBT youth with intellectual disabilities; (c) LGBT youth with autism; (d) LGBT youth with emotional/behavioral disorders; and (e) LGBT youth with physical disabilities (including mobility impairments, sensory impairments, and speech or language impairments). These five theme clusters and their associated formulated meanings are delineated in Table 3.

DISCUSSION

This meta-synthesis of the empirical and nonempirical literature on LGBT youth with disabilities analyzed 24 publications that explored the intersection of disability, [homo]sexuality, and gender identity/expression in P–12 schools, supported living programs, colleges and universities, and other educational and social contexts in Australia, Belgium, Canada, New Zealand, Sweden, the United Kingdom, and the United States. Thirteen of the items were published in peer reviewed journals and 11 items were book chapters. Researchers, educators, and practitioners representing the disciplines of special education, disability studies, educational psychology, counseling psychology, clinical psychology, pediatric medicine, child and adolescent psychiatry, clinical neuroscience, gender/sexuality studies, health education, cultural studies, social work, and school administration contributed to this body of literature. Most of the articles (53.8%) were published in peer reviewed journals intended for special educators and disability service providers, but journals devoted to the disciplines of educational psychology (15.4%), psychiatric medicine (15.4%), pastoral counseling (7.6%), and LGBT studies (7.6%) were also represented. Most of the chapters (81.8%) were published in edited collections intended for professionals who work with LGBT youth, but two chapters (18.2%) were published in edited collections intended for special educators and disability service providers.

Discussion of Empirical and Nonempirical Literature

Just over half of the 24 articles and chapters (54.2%) reviewed for this meta-synthesis were empirical works (i.e., research studies), and the other 11 items were nonempirical publications (mostly descriptive works and guides). A majority of the studies (69.2%) used qualitative research methods typically associated with case study, ethnography, action research, and participatory action research to generate and analyze data. James Sears (1992), an influential U.S. academic who pioneered much of the foundational scholarship on LGBT issues in education, suggested that a combination of social constructionist theory, qualitative inquiry, critical ethnography, and reflective self-study can offer researchers a powerful schema for understanding LGBT

issues in educational contexts; a decade later, however, he (Sears, 2003) reported that most of the research on LGBT issues in K–16 education and teacher education was quantitative in design (primarily survey research) and essentialist in ideology; less than 2% of the more than 400 studies analyzed by Sears fell within a critical research paradigm. Nine of the 13 studies reviewed for *this* meta-synthesis, however, *did* utilize critical, qualitative, and social constructionist schema to explore the intersection of disability, [homo]sexuality, and gender identity/expression in the lives of adolescents and young adults (Blanchett, 2002; Blyth & Carson, 2007; Carson, 2002; Corker, 2001; Davidson-Paine & Corbett, 1995; DuBeau, 1997; Edmonds & Collins, 1999; Löfgren-Mårtenson, 2009; Thompson, 2007). Perhaps this still nascent body of empirical literature on LGBT youth with disabilities reflects a recent paradigm shift toward a more complex, authentic, and socially just exploration of issues related to [homo]sexuality, gender identity/expression, and disability within the special education and disability services establishments and university-based research communities.

None of the 24 articles and chapters reviewed for this meta-synthesis were classified as theoretical works; several authors did use theoretical frameworks (mostly queer theory, along with the work of the postmodern theorist Michel Foucault) to analyze, explain, or illuminate the experiences of LGBT youth with disabilities (Blyth & Carson, 2007; Corker, 2001; Duke 2010; Thompson, 2007), but explaining, expanding, or refining theoretical constructs did not seem to be the *primary* purpose of any of the 24 publications included in this meta-synthesis. The lack of articles and chapters that were *primarily* theoretical was somewhat surprising—because so much of the LGBT/queer studies and disability studies literature *is* highly theoretical, as is much of the (fairly recent) work on LGBT *adults* with disabilities (McRuer, 2006a, 2006b; McRuer & Wilkerson, 2003; Shakespeare et al., 1997, Sherry, 2004).

Discussion of National Origin

Not surprisingly, publications by U.S. authors were well represented in this meta-synthesis; nine of the 24 articles and chapters (a plurality of 37.5%) were written by authors living and working in the United States, but most of these items were descriptive works and guides; only three studies documented the experiences of LGBT youth with disabilities in the United States (Blanchett, 2002; DuBeau, 1997; Williams et al., 1996). As Duke (2010) rightly noted, the lives and experiences of LGBT youth with disabilities have been all but ignored by U.S. researchers. Authors from the United Kingdom were also well represented, accounting for 25.0% of all publications reviewed; in fact, five of the 13 studies (a plurality of 38.5%) were based on research conducted in the United Kingdom (Blyth & Carson, 2007; Carson, 2002; Corker,

2001; Davidson-Paine & Corbett, 1995; Edmonds & Collins, 1999). Three descriptive works (representing 12.5% of all items reviewed) were produced by Australian authors, while researchers from Sweden (Landen & Rasmussen, 1997; Löfgren-Mårtenson, 2009), Canada (Thompson, 2005, 2007), Belgium and the Netherlands (Hellemans et al., 2006), and New Zealand (Fergusson et al., 1999)—which have relatively small populations when compared to the much larger populations of the United States and the United Kingdom–have also made important contributions to the literature on LGBT youth with disabilities. None of the items addressed issues of disability and (homo)sexuality in the developing world, in African, Arab, Asian, Latin American, Mediterranean, or Eastern European cultures, in predominately Islamic, Hindu, or Buddhist societies, or in indigenous contexts.

Discussion of Sexual Orientation and Gender Identity/Expression

Most of the 13 research studies (76.9%) reviewed for this meta-synthesis included gay and bisexual males, but only four studies (30.8%) included women who have sex with women (Blanchett, 2002; Corker, 2001; Fergusson, 1999; Thompson, 2007). The underrepresentation of female participants in the empirical literature on LGBT youth with disabilities substantiates McCarthy's (1999) observation that "lesbian sexuality is one of the least researched and least understood forms of sexual expression for women with intellectual [and other] disabilities" (p. 64). Harwood (2005) noted researchers "too often neglect intersex, transgender, or queer and questioning youth" (p. 80), but three of the studies (23.1%) included in this meta-synthesis *did* involve young people with transgender characteristics (Landen & Rasmussen, 1997; Williams et al., 1996; Thompson, 2007); one study included an individual who did not indicate his/her gender (Blanchett, 2002); one study described participants as "queer" or "questioning" (Thompson, 2007); none of the studies identified participants as intersex.

Discussion of Disability Categories

Most of the studies (76.9%) reviewed for this meta-synthesis included participants with intellectual disabilities and/or participants with autism. People with intellectual disabilities comprise a relatively small percentage of the general population—e.g., just 1.04% of all 6–17-year-old students in the United States have an intellectual disability (U.S. Department of Education, 2006)—yet much of the (admittedly sparse) literature on LGBT youth with disabilities emphasizes intellectual disabilities; as previously noted, just over half of the studies (53.8%) reviewed for this meta-synthesis explored the sexualities of young people with intellectual disabilities. People with autism also comprise a relatively small percentage of the general population, although

the number of young people diagnosed with this condition has increased dramatically in recent years (Zirkel, 2002). The U.S. Centers for Disease Control and Prevention (2009) recently reported that autism affected 1 in 110 children in the United States in 2006, including 1 in 70 boys and 1 in 335 girls; recent total population studies in Asia and Europe have documented even higher autism prevalence estimates of >1% of children in areas of Japan (Honda, Shimizu, Imai, & Nitto, 2005), Sweden (Kadesjö, Gillberg, & Hagberg, 1999), and the United Kingdom (Baird et al., 2006; Baron-Cohen et al., 2009), with one such study identifying symptoms of autism among 2.7% of children (aged 7–9 years) in Bergen, Norway (Posserud, Lundervold, & Gillberg, 2006). As previously noted, 4 of the 13 studies (30.8%) reviewed for this meta-synthesis included participants with autism. LGBT youth with emotional/behavioral disorders, deafness, orthopedic impairments, and other health impairments also participated in one or more of the 13 studies.

Only one of the 13 studies (7.7%) included a participant with specific learning disabilities (DuBeau, 1997), and none of the studies identified participants as having AD/HD. Specific learning disabilities and AD/HD are often described as "hidden" or "invisible" disabilities because "no unique physical characteristics and no definitive psychological or physiological tests can differentiate . . . [young people with these conditions] from others"; students with learning disabilities and/or AD/HD possess "obviously normal [or even high] intelligence, [but often] fail to finish their work, interrupt inappropriately, never seem to follow directions, and turn in sloppy, poorly organized assignments" (Smith, Polloway, Patton, & Dowdy, 2008, pp. 134, 242). Learning disabilities and AD/HD are relatively common disabilities, and a high prevalence of comorbidity exists between these two conditions. There are, by far, more young people diagnosed with specific learning disabilities than with any other disability recognized by IDEA (2004); more than *half* of the students receiving special education services in the United States (representing almost 6% of all 6–21-year-old students) have been identified as learning disabled (U.S. Department of Education, 2002), up to 7% of all U.S. students have AD/HD (although many of these students have not been formally identified and do *not* receive special education services) (American Psychiatric Association, 2000), and some 3.7% of U.S. students are believed to experience specific learning disabilities and AD/HD comorbidly (Smith & Adams, 2006), yet very little has been written about LGBT youth with specific learning disabilities and/or AD/HD. Several of the nonempirical publications reviewed for this meta-synthesis did mention these two "invisible" conditions in passing—e.g., Friedrichs (2005) suggested that LGBT students "[mis]labeled LD may actually underachieve due to external factors, such as gay-related bullying" (p. 822), Underhile and Cowles (1998) identified the Olympic diving champion Greg Louganis as a gay man with a reading disability, noting "his dark, Samoan complexion, dyslexia, and peer-induced fear of being gay left him with feelings of isolation so great that he

attempted suicide by age twelve" (p. 172), and Harwood (2005) argued that an LGBTQ "student diagnosed with a behavior disorder such as ADHD is . . . inserted into a powerful discourse [of psychopathology] that is persuasive and very difficult to counter" (p. 79)—but none of these publications offered a detailed analysis of the intersection of specific learning disabilities and/or AD/HD with [homo]sexuality and gender identity/expression; the lives and experiences of LGBT youth with these two "hidden," "invisible," and widely prevalent impairments remain largely undocumented and unexplored.

Discussion of the Findings of the Studies

The findings of the 13 research studies included in this meta-synthesis largely supported the anecdotal information presented in the 11 nonempirical publications; in several studies, however, there was a tendency to pathologize queer (i.e., nonheteronormative) expressions of gender and sexuality and/or to conflate queer expressions of gender and sexuality with disability. Landen and Rasmussen (1997) and Williams et al. (1996), for example, presented the transgender characteristics of several young people with autism as symptoms of autism or as coexisting or independent psychiatric disorders, while Fergusson et al. (1999) hypothesized "young people prone to psychiatric disorder are more prone to experience homosexual attraction or contact" and suggested "lifestyle choices made by . . . [lesbian, gay, and bisexual] young people place them at greater risk of . . . mental health problems"; in all fairness, however, Fergusson et al. did concede that "homophobic attitudes and social prejudice" might also play a role "in provoking mental health problems" in LGBT youth (p. 880).

Several studies presented potentially controversial findings that merit further investigation. Hellemans et al. (2006), for example, found that bisexual orientations among institutionalized, high functioning young men with autism was higher than that of (non-autistic) young men in the general population; the possibility that institutionalized people with autism may experience significantly higher rates of bisexuality than individuals in the general population is, indeed, intriguing and provocative, but more research is needed before any relationship between autism and bisexuality can be established. Williams et al. (1996) and Landen and Rasmussen (1997) also published research that some in the autism and/or LGBT communities might find startling and/or controversial. Williams et al. suggested that young people with autism may experience difficulty in establishing gender identities due to "problems with empathy and pretense" (p. 637), and Landen and Rasmussen theorized about a "possible relationship between autism and transexualism" (p. 170); at present, however, there is very little empirical literature on autism and gender identity/expression, and much more research is needed before

any relationship between autism and queer (i.e., nonheteronormative) expressions of gender and sexuality can be established.

Discussion of Emergent Themes

Common themes emerged both *across* and *within* the various disability categories. Some experiences appear to be shared by all (or most) LGBT youth with disabilities, regardless of their disability category; for example, LGBT students who receive special education services for autism, deaf-blindness, deafness, emotional and behavioral disorders, hearing impairments, intellectual disabilities, multiple disabilities, orthopedic impairments, other health impairments (including AD/HD), speech or language impairments, specific learning disabilities, traumatic brain injury, and visual impairments (including blindness) *all* possess multiple stigmatized identities—as special education students and as sexual/gender minorities—and *all* occupy multiple socially devalued positions in educational contexts and in society at large. Other experiences, however, are unique to LGBT youth who share a particular *type* of disability; for example, young people with intellectual disabilities (e.g., Down syndrome) are frequently (and *incorrectly*) viewed as asexual (i.e., forever innocent and childlike, lacking sexual desire, and incapable of and/or not entitled to sexuality), while young people with specific learning disabilities (e.g., dyslexia) or AD/HD are commonly viewed as having the same sexual needs and desires as their nondisabled peers. It was, therefore, useful for the author of this study to organize formulated meanings and theme clusters around particular disability categories (Table 3).

The 24 articles and chapters reviewed for this meta-synthesis emphasized the *diversity* of LGBT youth with disabilities—culturally, linguistically, sexually, and in terms of abilities, disabilities, and related service needs (e.g., instructional services, physical therapy, occupational therapy, speech and language services, transition services, mental heath services, social work services)—while noting that *all* (or certainly *most*) LGBT youth with disabilities share common experiences of oppression rooted in ableism, homophobia, and heterosexism; to paraphrase Sears (1994), all LGBT youth with disabilities—regardless of their specific disability categories—are "bound [together, not only] by diversity," but also by the fact that they possess multiple stigmatized identities as sexual/gender minorities and young people with disabilities. Numerous authors argued that LGBT special education students should receive academic instruction and support services that acknowledge and effectively address each student's sexual minority status, as well as his or her disability; unfortunately, many special educators and disability service providers refuse to acknowledge or discuss LGBT issues with their students and clients, and the "silence" surrounding LGBT issues in schools and supported living programs continues to contribute to "the social construction

of both disabled and lesbian and gay identities as 'negative' and 'perverse' in very direct and overt ways" that have a devastating effect on the lives of LGBT youth with disabilities who are "struggling with their own identities in silence" (Corker, 2001, p. 102).

CONCLUSION

LGBT individuals have long had an uneasy relationship with the medical and mental health establishments, which have tended to view queer expressions of gender and sexuality as pathological deviations from normal sexual development(i.e., as *mental illnesses*). Homosexuality was considered a psychiatric disorder by many psychiatrists, psychologists, and other mental health professionals until 1973, when the American Psychiatric Association (APA) removed "homosexuality" from the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-II), where it had been classified as a "sexual deviation." A new diagnosis of "ego-dystonic homosexuality" was added to the DSM-III in 1980, but was removed in 1986. Since the 1987 publication of the DSM-III-R, the APA has presented "homosexuality" as a normal variant of human sexuality (and *not* a mental illness); however, "gender identity disorders" continue to be classified as psychiatric disorders in the DSM-IV-TR, which was published in 2000.

Queer expressions of gender and sexuality have been pathologized to such an extent that, in 1990, the U.S. Congress felt compelled to insert language into the Americans with Disability Act (ADA) that *explicitly excludes* LGBT individuals from ADA protections. Section 508 of the ADA states: "For the purposes of this Act, the term 'disabled' or 'disability' shall not apply to an individual solely because that individual is a transvestite" (42 USC 12208); section 511 of the ADA states "homosexuality and bisexuality are not impairments and as such are not disabilities under this Act"; and section 511 excludes individuals with "Certain Conditions"—which *are* currently listed as mental disorders in the DSM-IV-TR—from ADA protection, stating:

> Under this Act, the term 'disability' shall not include: (1) transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments, or other sexual behavior disorders; (2) compulsive gambling, kleptomania, or pyromania; or (3) psychoactive substance use disorders resulting from current illegal use of drugs. (42 USC 12211)

In other words, the U.S. Congress, having made significant contributions to the narrative of pathology that surrounds all things queer (e.g., by passing a plethora of laws that blatantly discriminate against LGBT individuals) found itself in the absurd position of having to explicitly *exclude* LGBT people from

the ADA—a landmark piece of *civil rights* legislation designed to protect the human and civil rights of persons with disabilities—by explaining that "[f]or the purposes of this Act . . . homosexuality and bisexuality are not impairments," and by grouping transgender individuals together with pedophiles, sexual predators, gamblers, shoplifters fire-starters, and drug addicts (42 USC 12211).

In the contemporary United States, Canada, much of Western Europe (including the United Kingdom), and Australia and New Zealand, we have now arrived at a place—via a circuitous route down the proverbial rabbit hole and through the proverbial looking glass—where queer expressions of sexuality are no longer synonymous with mental illness; that is to say, psychiatrists, psychologists, and other mental health professionals in much of the developed world have (more or less) reached a consensus that queer sexuality is *not,* in and of itself, an *impairment*—and this decoupling of (homo)sexuality from clinical pathology has created a space for dialogue (and knowledge construction) about LGBT individuals with all manner of *legitimate* disabilities (including autism, deaf-blindness, deafness, emotional and behavioral disorders, hearing impairments, intellectual disabilities, multiple disabilities, orthopedic impairments, other health impairments, specific learning disabilities, speech or language impairments, traumatic brain injury, and visual impairments).

The 24 articles and chapters included in this meta-synthesis represent the emergence of an international, multidisciplinary, and still nascent but rapidly evolving body of literature that acknowledges the lives and experiences of LGBT youth with disabilities. *We're here! We're [young, disabled, and] queer! Get used to it!* As more knowledge forms documenting the lived experiences of LGBT youth with disabilities are generated and disseminated, special educators and disability service providers will become ever more empowered to challenge the silence surrounding LGBT issues in educational and social programs that serve young people with disabilities; members of the LGBT community will gain greater awareness of (LGBT) people with disabilities; and the disability rights movement will become more inclusive, and more supportive of LGBT issues. As Blanchett (2002) rightly noted, the "Disability Rights Movement has had much success in securing and protecting the human and civil rights of individuals with . . . disabilities. However, when it comes to issues of sexuality, the 'Disability Rights Movement' is just beginning. Many individuals with . . . disabilities are not afforded their basic human right to sexual expression. In addition, a more frightening thought is the realization that many of us (e.g., parents, service providers, educators) who have been most active in the disability rights movement still want to control individuals with disabilities when it comes to sexual expression, especially if it is gay, lesbian, or bisexual expression. If we truly respect the human rights of individuals with . . . disabilities, it is not an issue of whether they are heterosexual, gay, lesbian, or bisexual, but rather how can

we affirm and support them no matter how they express themselves sexually (p. 85)."

REFERENCES

Abbott, D., & Burns, J. (2007). What's love got to do with it? Experiences of lesbian, gay, or bisexual people with intellectual disabilities in the United Kingdom and the staff who support them. *Sexuality Research & Social Policy*, *4*, 27–28.

Abbott, D., & Howarth, J. (2005). *Secret loves, hidden lives? Exploring issues for people with learning difficulties who are gay, lesbian, or bisexual*. Bristol, UK: The Policy Press, University of Bristol.

Abbott, D., & Howarth, J. (2007). Still off-limits? Staff views on supporting gay, lesbian and bisexual people with intellectual disabilities to develop sexual and intimate relationships. *Journal of Applied Research in Intellectual Disabilities*, *20*, 116–126.

American Psychiatric Association. (1968). *Diagnostic and statistical manual of mental disorders (DSM-II)* (2nd ed.). Washington DC: Author.

American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders (DSM-III)* (3rd ed.). Washington DC: Author.

American Psychiatric Association. (1987). *Diagnostic and statistical manual of mental disorders (DSM-III-R)* (Rev. 3rd ed.). Washington DC: Author.

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders (DSM-IV)* (4th ed.). Washington DC: Author.

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders (DSM-IV-TR)* (4th ed. rev.). Washington DC: Author.

Americans with Disabilities Act of 1990, PL 101–336, 42 U.S.C. at 12101 et seq.

Bair, C. R. (1999, November 18–21). *Meta-synthesis*. Paper presented at the annual meeting of the Association for the Study of Higher Education, San Antonio, Texas.

Baird, G., Simonoff, E., Pickles, A., Chandler, S., Loucas, T., Meldrum, D., & Charman, T. (2006). Prevalence of disorders of the autism spectrum in a population cohort of children inSouth Thames: The Special Needs and Autism Project (SNAP). *Lancet*, *368*, 210–215.

Baron-Cohen, S., Scott, F. J., Allison, C., Williams, J., Bolton, P., Matthews, F., & Brayne, C. (2009). Prevalence of autism spectrum conditions: U.K. school-based population study. *The British Journal of Psychiatry*, *194*, 500–509.

Bennet, C., & Coyle, A. (2007). A minority within a minority: Experiences of gay men with intellectual disabilities. In V. Charles & E. Peel (Eds.), *Out in psychology: Lesbian, gay bisexual, trans and queer perspectives* (pp. 125–153). Chichester, West Sussex: Wiley.

Blanchett, W. J. (2002). Voices from a TASH forum on meeting the needs of gay, lesbian, and bisexual adolescents and adults with severe disabilities. *Research & Practice for Persons with Severe Disabilities*, *27*(1), 82–86.

Blyth, C., & Carson, I. (2007). Sexual uncertainties and disabled young men: Silencing difference within the classroom. *Pastoral Care*, *25*, 34–38.

Bullock, L., Gable, R., & Ridky, J. (Eds.). (1996). *Understanding individual differences: Highlights from the national symposium on what educators should know*

about adolescents who are gay, lesbian, or bisexual. Reston, VA: Council for Children with Behavioral Disorders.

Carson, I. (2002). An inclusive society? One young man with learning difficulties doesn't think so! In P. Farrell & M. Ainscow (Eds.), *Making special education inclusive* (pp. 205–213). London, UK: David Fulton.

Carson, I., & Docherty, D. (2002). Friendships, relationships and issues of sexuality. In D. Race (Ed.), *Learning disability: A social approach* (pp. 139–153). London, UK: Routledge.

Cheng, R. P. (2009). Sociological theories of disability, gender, and sexuality: A review of the literature. *Journal of Human Behavior in the Social Environment*, *19*(1), 112–122.

Cochran, B. N. (2005). Mental health. In J. Sears (Ed.), *Youth, education, and sexualities: An international encyclopedia* (Vol. 2, pp. 550–553). Portsmouth, NH: Greenwood Press.

Corker (2001). "Isn't that what girls do?"—disabled young people construct (homo)sexuality in situated social practice. *Educational and Child Psychology*, *18*, 89–107.

Creswell, J. (2009). *Qualitative inquire and research design: Choosing among five approaches* (2nd ed.). Thousand Oaks, CA: Sage.

Crowley, M. S., Massey, S., & Bertram, C. C. (Eds.). (2010). *Beyond progress and marginalization: LGBTQ youth in educational contexts*. New York, NY: Peter Lang.

Council for Exceptional Children (2003). *What every special educator must know: Ethics, standards, and guidelines for special education* (5th ed.). Upper Saddle River, NJ: Prentice Hall.

D'Augelli, A. R., & Patterson, C. J. (Eds.). (2001). *Lesbian, gay, and bisexual identities and youths: Psychological perspectives*. New York, NY: Oxford University Press.

Davidson-Paine, C., & Corbett, J. (1995). A double coming out: Gay men with learning disabilities. *British Journal of Learning Disabilities*, *23*, 147–151.

DuBeau, T. (1997). Survival and sexual identity: Calvin—a gay adolescent. *Reclaiming Children and Youth*, *6*, 22–25.

Duke, T. S. (2007). Hidden, invisible, marginalized, ignored: A critical review of the professional and empirical literature (or lack thereof) on gay and lesbian teachers in the United States. *Journal of Gay and Lesbian Issues in Education*, *4*(4), 19–38.

Duke, T. S. (2010). Working with LGBTQ youth with disabilities: How special educators can reconceptualize the CEC standards. In C. C. Bertram, M. S. Crowley, & S. G. Massey (Eds.), *Beyond progress and marginalization: LGBTQ youth in educational contexts* (pp. 149–173). New York, NY: Peter Lang.

Duke, T. S., & McCarthy, K. W. (2009). Homophobia, sexism, and early childhood education: A review of the literature. *Journal of Early Childhood Teacher Education*, *30*(4), 385–415.

Duke, T. S., & Ward, J. D. (2009). Preparing information literate teachers: A metasynthesis. *Library & Information Science Research*, *31*, 247–256.

Edmonds, C., & Collins, A. (1999). Using social and educational approaches to enable a man with learning disabilities to develop his sexual identity and orientation. *British Journal of Learning Disabilities*, *27*, 127–131.

Fergusson, D. M., Horwood, L. J., & Beautrais, A. L. (1999). Is sexual orientation related to mental health problems and suicidality in young people? *Archives of General Psychiatry*, *56*(10), 876–880.

Fraley, S. S., Mona, L. R., & Theodore, P. S. (2007). The sexual lives of lesbian, gay, and bisexual people with disabilities: Psychological perspectives. *Sexuality Research & Social Policy*, *4*, 15–26.

Friedrichs, T. (2005). Special education, LGBT youth in. In J. Sears (Ed.), *Youth, education, and sexualities: An international encyclopedia* (Vol. 2, pp. 821–824). Portsmouth, NH: Greenwood Press.

Haracopos, D., & Pedersen, L. (1992). *Sexuality and autism. A nationwide survey in Denmark*. Unpublished manuscript.

Harley, D. A., Nowak, T. M., & Gassaway, L. J., & Savage T. A. (2002). Lesbian, gay, bisexual, and transgender college students with disabilities: A look at multiple cultural minorities. *Psychology in the Schools*, *39*(5), 525–538.

Harwood, V. (2005). Behavior disorders of LGBT youth. In J. Sears (Ed.), *Youth, education, and sexualities: An international encyclopedia* (Vol. 1, pp. 79–80). Portsmouth, NH: Greenwood Press.

Hellemans, H., Colson, K., Verbraeken, C., Vermeiren, R., & Deboutte, D. (2006). Sexual behavior in high-functioning male adolescents and young adults with autism spectrum disorder. *Journal of Autism and Developmental Disorders*, *37*, 260–269.

Honda, H., Shimizu, Y., Imai, M., & Nitto, Y. (2005). Cumulative incidence of childhood autism: A total population study of better accuracy and precision. *Developmental Medicine and Child Neurology*, *47*, 10–18.

Hunt, B., Matthews, C., Milsom, A., & Lammel, J. A. (2006). Lesbians with physical disabilities: A qualitative study of their experiences with counseling. *Journal of Counseling and Development*, *84*, 163–176.

Individuals with Disabilities Education Improvement Act of 2004 (IDEA), Pub. L. No. 108–446, 118 Stat. 2647 (2004). [Amending 20 U.S.C. §§ 1400 et seq.].

Kadesjö, B., Gillberg, C., & Hagberg, B. (1999). Brief report: Autism and Asperger syndrome in seven-year-old children: A total population study. *Journal of Autism and Developmental Disorders*, *29*(4), 327–331.

Kosciw, J. G. (2004). *The 2003 national school climate survey. The school-related experiences of our nation's lesbian, gay, bisexual, and transgender youth*. New York, NY: GLSEN.

Kumashiro, K., K. (Ed.). (2001). *Troubling intersections of race and sexuality: Queer students of color and anti-oppressive education*. Lanham, MD: Rowman & Littlefield.

Landen, M., & Rasmussen, P. (1997). Gender identity disorder in a girl with autism—a case report. *European Child & Adolescent Psychiatry*, *6*, 170–173.

LeBlanc, J. M., & Tully, C. T. (2001). Deaf and hearing-impaired lesbians and gay males: Perceptions of social support. *Journal of Gay & Lesbian Social Services*, *13*, 57–83.

Löfgren-Mårtenson (2009). The invisibility of young homosexual women and men with intellectual disabilities. *Sexuality and Disability*, *27*, 21–26.

McCarthy, M. (1999). *Sexuality and women with learning disabilities*. London, UK: Jessica Kingsley.

McRuer, R. (2006a). *Crip theory: Cultural signs of queerness and disability*. New York, NY: New York University Press.

McRuer, R. (2006b). We were never identified: Feminism, queer theory, and a disabled world. *Radical History Review*, *94*, 148–154.

McRuer, R., & Wilkerson, A. L. (Eds.). (2003). Desiring disability: Queer theory meets disability studies. *GLQ: A Journal of Lesbian and Gay Studies*, *9*(1–2), 1–24.

Morris, J. (1991). *Pride against prejudice*. London, UK: Women's Press.

Morrow, S. L. (2003). Can the master's tools ever dismantle the master's house? Answering silences with alternative paradigms and methods, *The Counseling Psychologist*, *31*, 70–76.

O'Toole, C. J. (2000). The view from below: Developing a knowledge base about an unknown population. *Journal of Sexuality and Disability*, *18*(3), 207–224.

O'Toole, C. J., & Brown, A. A. (2002). No reflection in the mirror. *Journal of Lesbian Studies*, *7*(1), 35–49.

O'Toole, C. J., & D'aust, V. (2000). Fit for motherhood: Towards a recognition of multiplicity in disabled lesbian mothers. *Disability Studies Quarterly*, *20*(2), 145–154.

Pallotta-Chiarolli, M. (2005a). Disabilities, physical. In J. Sears (Ed.), *Youth, education, and sexualities: An international encyclopedia* (Vol. 1, pp. 272–275). Portsmouth, NH: Greenwood Press.

Pallotta-Chiarolli, M. (Ed). (2005b). *When our children come out: How to support gay, lesbian, bisexual, and transgendered young people*. Sydney, Australia: Finch.

Parkes, G., & Wilson, D. (2009). Cross dressing and gender dysphoria in people with learning disabilities: A descriptive study. *British Journal of Learning Disabilities*, *37*, 151–156.

Posserud, M. B., Lundervold, A. J., & Gillberg, C. (2006). Autistic features in a total population of 7–9 year-old children assessed by the ASSQ (Autism Spectrum Screening Questionnaire). *Journal of Child Psychology and Psychiatry*, *47*, 161–175.

Rahamin, R., Dupont, P. J., & DuBeau, T. (1996). Considerations in working with adolescents who are gay, lesbian, or bisexual. In L. Bullock, R. Gable, & J. Ridky (Eds.), *Understanding individual differences: Highlights from the national symposium on what educators should know about adolescents who are gay, lesbian, or bisexual* (pp. 28–31). Reston, VA: Council for Children with Behavioral Disorders.

Rasmussen, M. L., Rofes, E., & Talburt, S. (2004). *Youth and sexualities: Pleasure, subversion, and insubordination in and out of schools*. New York, NY: Palgrave MacMillan.

Rehabilitation Act of 1973. Section 504, 29 U.S.C. §§ 794.

Sanlo, R. (Ed.). (1998). *Working with lesbian, gay, bisexual, and transgender college students: A handbook for faculty and administrators*. Westport, CT: Greenwood Press.

Sears, J. (1992). Researching the other/searching for self: Qualitative research on [homo]sexuality in education. *Theory Into Practice*, *31*(2), 147–156.

Sears, J. (Ed.). (1994). *Bound by diversity: Essays, prose and poetry from members of the lesbian, gay, bisexual, and transgender communities*. Columbia, SC: Sebastian Press.

Sears, J. (2003, April 21–25). *Fifteen years later: A report on the state of the field of lesbian, gay, bisexual, and transgender issues in K–16 and professional education, A research review (1987–2001)*. Paper presented at the American Education Research Association Annual Meeting, Chicago, Illinois.

Sears, J. (Ed.). (2005a). *Gay, lesbian, and transgender issues in education: Programs, policies, and practices*. New York, NY: Routledge.

Sears, J. (Ed.). (2005b). *Youth, education, and sexualities: An international encyclopedia* (Vols. 1–2). Portsmouth, NH: Greenwood Press.

Shakespeare, T., Gillespie-Sells, K., & Davies, D. (1997). *The sexual politics of disability*. London: Cassell.

Sherry, M. (2004). Overlaps and contradictions between queer theory and disability studies. *Disability & Society*, *19*(7), 770–783.

Smith, T. J., & Adams, G. (2006). The effects of comorbidity AD/HD and learning disabilities on parent-reported behavioral and academic outcomes in children. *Learning Disabilities Quarterly*, *29*(2), 17–21.

Smith, T. E., Polloway, E. A., Patton, J. R. & Dowdy, C. A. (2008). *Teaching students with special needs in inclusive settings* (5th edition). Boston, MA: Allyn & Bacon.

Thompson, A. (2002). The practices in and “out” of policy. *Journal of the Association for Persons with Severe Handicaps*, *27*(1), 82–86.

Thompson, A. S., Bryson, M., & De Castell, S. (2001). Prospects for identity formation for lesbian, gay, or bisexual persons with developmental disabilities. *International Journal of Disability, Development and Education*, *48*, 53–65.

Thompson, S. A. (2005). Disabilities, intellectual. In J. Sears (Ed.), *Youth, education, and sexualities: An international encyclopedia* (Vol. 1, pp. 268–272). Portsmouth, NH: Greenwood Press.

Thompson S. A. (2007). De/centering straight talk: Queerly informed inclusive pedagogy of gay and bisexual students with intellectual disabilities. *Journal of LGBT Youth*, *5*, 37–56.

Tony. (2005). Coming out and being disabled: Risky business. In M. Pallotta-Chiarolli (Ed.), *When our children come out: How to support gay, lesbian, bisexual, and transgendered young people* (pp. 202–203). Sydney, Australia: Finch.

Underhile, R., & Cowles, J. R. (1998). Gay, lesbian, bisexual, and transgender students with disabilities: Implications for faculty and staff. In R. Sanlo (Ed.), *Working with lesbian, gay, bisexual, and transgender college students: A handbook for faculty and administrators* (pp. 267–276). Westport, CT: Greenwood Press.

Unks, G. (Ed.) (1995). *The gay teen: Educational practice and theory for lesbian, gay, and bisexual adolescents*. New York, NY: Routledge.

U.S. Centers for Disease Control and Prevention. (2009, December 18). Prevalence of autism spectrum disorders—Autism and Developmental Disabilities Monitoring Network, United States, 2006. *Morbidity and Mortality Weekly Report*, *58*(SS10), 1–20.

U.S. Department of Education (2002). *23rd annual report to Congress on the implementation of the Individuals with Disabilities Education Act*. Washington, DC: Author.

U.S. Department of Education (2006). *25th annual report to Congress on the implementation of the Individuals with Disabilities Education Act*. Washington, DC: Author.

Vernon, A. (1999). The dialectics of multiple identities and the disabled people's movement. *Disability & Society*, *14*(3), 385–398.

Welch, M., Brownell, K., & Sheridan, S. M. (1999). What's the score and game plan on teaming in schools? A review of the literature on team teaching and school-based problem-solving teams. *Remedial and Special Education*, *20*, 36–49.

Williams, P. G., Allard, A. M., & Sears, L. (1996). Case study: Cross-gender preoccupations in two male children with autism. *Journal of Autism and Developmental Disorders*, *26*, 635–642.

Zirkel, P. A. (2002). The autism case law: Administrative and judicial rulings. *Focus on Autism and Other Developmental Disabilities*, *17*, 84–93.

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