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GAY, LESBIAN, BISEXUAL, AND TRANSGENDER

Research Summary & Compilation White Paper Spring 2015

CONTENTS

The White Paper is a resource provided by the Gay, Lesbian, Bisexual and Transgender (GLBT) Knowledge Community (KC) of NASPA in fulfillment of its mission to provide avenues for the personal and professional growth of its members, increase awareness and acceptance of GLBT professionals and students, and promote understanding of GLBT professional and student needs within the field of higher education and student affairs administration.

The KC produces White Papers, which are compilations of current and cutting-edge research summaries and briefs. The goal of the White Paper is to share knowledge and information about issues related to the status of the GLBT community in higher education that will prompt discussion, further research and showcase scholarship being conducted by students and professionals in the field. Higher education and student affairs professionals can consider these recent findings/results when tailoring programmatic and pedagogical efforts on their campus. All scholars, researchers and professionals are welcome to submit summaries or briefs about their scholarship to the White Paper; membership in NASPA is not a prerequisite.

The White Paper is meant to be a space that spurs innovation, further research, and experimentation. Although contributions are welcome from all who wish to submit, space is limited and we reserve the right to hold pieces for publication in future editions of the White Paper or other GLBT KC research publication venues (blog, website, newsletter, etc.). The Core Member(s) for Research & White Paper make all editorial decisions, including acceptance, feedback on content and placement in a particular publication, in consultation with an editorial board consisting of GLBT KC volunteer members.

Our editorial board is drawn from our primary audience: student affairs administrators and practitioners. The White Paper has been used previously as a forum to offer a summary or preview of an article that has been submitted for publication in a peer-reviewed or refereed journal but it does not qualify as a reputable trade or scholarly journal.

For more information about the submission guidelines, contact the KC leadership at glbtkc@gmail.com

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The Role of Community and Sexual Identity Centrality in Non-monosexual Women's Mental Health

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Introduction

Previous studies have demonstrated that the mental health of bisexual women is worse than that of both lesbians and straight women (Bostwick, Boyd, Hughes, & McCabe, 2010; Corboz et al., 2008, Jorm, Korten, Rodgers, Jacomb, & Christensen, 2002). Although this finding has been consistently demonstrated, the explanation for these outcomes remains less clear and requires further investigation. The potential reasons for the higher levels of anxiety and depressive symptoms among bisexual women include, but are not limited to, the effect of stigma and discrimination on a person's sense of connection to a community (Bostwick, 2012; Callis, 2013; Ross, Dobinson, & Eady, 2010).

Bisexual stigma is a strong predictor of mental health (Bostwick, 2012). The link between stigma and mental health can be explained using a minority stress model, whereby mental health issues arise from taxing and difficult social environments steeped in stigma, prejudice and discrimination (Meyer, 2003). This stigma has evolved into discrimination against bisexuals by both straight and gay populations, also known as double discrimination (Mulick & Wright, 2011).

Community connectedness, or feeling that one belongs to a community, is regarded as a protective factor against poor mental health outcomes in sexual minorities (Nesmith, Burton, & Cosgrove, 1999). Because bisexual communities are often non-existent or less well established than other lesbian, gay, bisexual, transgender and queer (LGBTQ) communities (Ross et al., 2010), bisexuals often turn to a LGBTQ community for support. Whether community connectedness within a non-bisexual LGBTQ community serves as a protective factor for bisexuals is questionable, considering that bisexuals experience increased discrimination from these groups as well as from the general public. Consistent with this, bisexuals, compared to lesbians and gay men, also report feeling less acceptance from the LGBTQ communities due to the discrimination they face (Callis, 2013). Consequently, if in-group rejection (e.g., LGBTQ members rejecting bisexuals) is present, individuals tend to experience a greater negative effect on well-being than if rejected by out-group members (Myers, Spence, & Jordan, 2012). Furthermore, if one's sexual orientation is a principle element of one's sense of self, well-being then lies further vulnerable to the stresses faced as a sexual minority (Meyer, 2003). Thus, lack of LGBTQ community acceptance arguably threatens bisexuals' sense of well-being, especially for those who consider their sexual orientation as important.

It is hypothesized that: 1) LGBTQ community rejection will mediate the relation between sexual orientation and mental health; 2) sexual identity centrality (SIC; i.e., sexual orientation being central to one's overall identity) will moderate this pathway; and as an alternative exploratory avenue 3) sexual identity centrality will mediate the relation between sexual orientation and mental health.

Method

Participants

The sample ($n = 238$) consisted of 59 self-identified lesbians and 179 non-monosexuals (i.e. self-identified as mostly heterosexual, bisexual, mostly lesbian, pansexual). The mean age of participants was 27.4 years (range = 19-68). Three-quarters of the sample were Caucasian, with 78% residing in Montreal, Canada.

Measures

Beck Depression Inventory-II (BDI-II; Beck, Steer, & Brown, 1996). This 21-item self-report questionnaire assesses depression in adolescents and adults. Respondents are asked about their experience with depressive symptoms during the preceding two weeks. Higher scores indicate higher levels of depression. The internal consistency was high (α = .93).

LGBTQ Community Rejection Scale (LCRS). This 6-item self-report subscale modified from Bostwick's (2012) Stigma Measure, assesses perceived rejection by LGBTQ members. Higher scores indicate higher levels of LGBTQ community rejection. The internal consistency of the LCRS was high (α = .94).

Single Item Measure: Sexual Identity Centrality (SIC). This item assesses the importance of one's sexual orientation relative to one's overall identity. Higher scores indicate higher levels of SIC. The internal consistency was acceptable (α = .66).

Procedure

Participants were recruited through the Concordia Participant Pool that permits students to gain credit for participation in research studies at Concordia University, through social networking sites, bisexual/lesbian online community forums, through free online classified websites such as Craigslist and Kijiji, and through posters and flyers distributed at various cafés, bars, and events in Montreal, Québec. The electronic questionnaire, entitled *Sexual Minorities' Experiences with Peer Acceptance*, was made available online from June 2014 to January 2015 and was approved by the Concordia University Human Research Ethics Committee.

Results

Preliminary Analyses

The mean BDI-II score for lesbians and non-monosexuals was 12.10 (SD = 9.87) and 15.33 (SD = 11.56) respectively. The correlation between BDI-II and SIC for lesbians was not statistically significant, $r(58)$= .03, p = .85, however, the correlation between BDI-II and SIC for non-monosexuals was significant, $r(167)$= .2, p = .009.

Hypothesis Testing

To test the first two hypotheses a moderated mediation was run using PROCESS macro for SPSS using 5000 bootstrapped samples. It was found that LGBTQ community rejection and SIC did not significantly mediate and moderate the relation between sexual orientation and depression respectively, 95% CI [-.27, .25]. The third hypotheses also used PROCESS with 5000 bootstrapped samples to run a mediation analysis. The analysis revealed that sexual orientation significantly predicts depression, with non-monosexuals experiencing poorer mental health compared to lesbians, direct effect = 4.10, 95% CI [.73, 7.50]. Moreover, SIC significantly mediates the relation between sexual orientation and depression, indirect effect = .87, 95% CI [-1.95, -.24].

Discussion

The moderated mediation, encompassing the first two hypotheses with LGBTQ community rejection as mediator and SIC as moderator, was not supported. The results of the present study appear to stand in contrast with past literature, as it has been found that bisexuals experience more exclusion from the LGBTQ communities, compared to lesbians and gay men (Callis, 2013), and that discrimination influences one's mental health (Ross et al., 2010). This inconsistency may reflect participants having a community that is separate from the LGBTQ communities that they turn to for support, arguably leading to less internalization of LGBTQ community rejection. Another potential explanation may be that solely measuring depression symptoms did not fully capture the impact

LGBTQ community rejection has on mental health. Future studies should address these limitations by asking participants to list the communities to which they feel affiliated and offer a source of support, and include more varied measures of mental health such as social well-being.

The third hypothesis, where SIC was predicted to mediate the relation between sexual orientation and mental health was supported. Non-monosexuals who report higher levels of SIC are at greater risk of depressive symptoms. This finding is consistent with the idea put forth by Meyer (2003), that is, if sexual orientation is a prominent aspect of one's identity, threat to one's well-being is heightened by the hostility faced by that sexual minority group. This risk factor arguably does not apply to the same extent to lesbians given the existence of a protective factor, such as community, which tends to be more developed compared to non-monosexual communities. The relation between SIC and depression for non-monosexuals may, in part, be explained by individuals with higher levels of SIC experiencing greater levels of internalization of stigma associated with one's sexual orientation compared to non-monosexuals with lower levels of SIC. Future studies should directly assess the interaction between SIC and the internalization of stigma.

These findings demonstrate the clinical relevance of understanding the degree to which a person's sexual orientation contributes to their overall identity. Furthermore, it explains why non-monosexuals typically experience poor mental health, offering results that are socially as well as clinically significant.

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The Recreation Experience in the Eyes of the LGBTQ Community

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Introduction

The lesbian, gay, bisexual, transgender, and queer (LGBTQ) community faces more negative experiences on campus than do their peers (Johnson, 2003; Rankin, 2004; Scourfield, Roen, & McDermott, 2008). Research has shown recreation offers positive outcomes for participants (Elkins, Forrester, & Noël-Elkins, 2011; Miller, 2011). Yet, with at least 6% of younger Americans identifying as LGBT (Gates & Newport, 2012), recreation professionals must learn more about the needs of this population to improve campus climate and ensure the benefits of recreation extend to these students.

Literature Review

Researchers have documented the negative experiences faced by LGBTQ students in higher education. Transgender students experience higher levels of harassment, and all within the LGBTQ umbrella experience higher rates of bullying (Rankin, Weber, Blumenfeld, & Frazer, 2010; Scourfield et al., 2008). Rankin (2004) explained that nearly 20% of LGBTQ college students fear physical harm, and that athletic settings, such as a recreation center, are a place where LGBTQ students feel unsafe (Barber & Krane, 2007). These challenges negatively affect academic success, extracurricular participation (Rankin, 2005), and overall health (Barber & Krane, 2007). An LGBTQ student's identity is often still in development (Cass, 1979) making their needs hard to address.

Campus recreation is a service provided to students, and customer service is an important aspect of all amenities offered on college campuses. In fact, Cheng and Shih (2010) found how an employ responds to a customer's request can affect the service experience. People are intrinsically motivated and participate in recreation by choice (Li, Absher, Graefe, & Hsu, 2008), resulting in a diverse population of participants. Li et al. (2008) state, "the heterogeneous populations in parks and recreation result in different recreational behaviors that reflect dissimilar socio-demographic profiles…" (p 89). This information supports our belief that recreation employees must understand the profile of the patrons in order to interact with diverse populations, including the LGBTQ community, and ensure customer satisfaction.

Methods

The research questions ask which aspects of campus recreation (1) customer service and (2) facilities create a welcoming and inclusive environment for the LGBTQ community. We selected participants using purposeful sampling (Creswell, 2007). The participants self-identified as transgender, gay, and bisexual men. We used a semi-structured design to create meaning from the interviews and gain an understanding of what recreation participation is like for the LGBTQ community, which is consistent with our use of a constructivist epistemology (Crotty, 1998). We digitally recorded the interviews and following transcription, used a group-oriented, axial coding process, and developed three codes through which we analyzed our data (Creswell, 2007).

Findings

Feeling Welcome or Safe

When asked to speak to specific aspects that created a welcoming environment, respondents indicated eye contact, smiles, and overall friendliness of the staff. One person informed us, "I don't

think I've heard one thing that's made me uncomfortable as an LGBTQ member." Another felt if a patron was "using inappropriate language or making some sort of hostile comment" a staff member would address it appropriately.

Participants spoke to the physical aspects of a facility, indicating the importance of gender-inclusive restrooms. One person noted, "I know people that use it because they are afraid." A facility should be "open and inviting," with "light coming in." Participants indicated they were concerned about being in tight quarters or alone in a space that did not have direct sightlines to others.

Finally, LGBTQ members tend to look for other indicators a facility is welcoming and safe such as, "having signage on the website, having a safe zone logo." One participant discussed the safe zone logo in greater detail stating, "it sends a message to me that not only am I welcome here…it's expected that you know that this is an inclusive space and if you don't behave that way, that's not...this isn't the place for you."

Feeling Unwelcome or Unsafe

"A gym is a very terrifying place for some people," and the locker room is a space of great uneasiness amongst the participants. "I didn't even have to wait for anything bad to happen, I just felt so uncomfortable trying to use the men's locker room, I figured I was going to die." Other negative experiences include issues of hateful language such as being called "it" when using the locker room.

Areas for Improvement

One theme that developed as an area of improvement was language. A participant recommended using "gender-neutral language," while another suggested extending that to forms by using gender for demographics. Additional ideas related to facility signage. Suggestions included "signage that made it clear that you can come find a staff member," as well as signage for the location of the gender-inclusive spaces.

Finally, at the root of many comments, we discovered a desire for more partnerships between campus recreation and LGBTQ resources on campus. This desire was expressed in quotes such as "having a representative from the rec center go talk to folks," and "having someone [from campus recreation] give a presentation to the LGBTQ community."

Recommendations

Our research confirmed previous findings (Beemyn, Domingue, Pettitt, & Smith, 2005) stating that in facility design, it is important to include spaces that allow for privacy, and therefore, the feeling of safety for LGBTQ users. We recommend these strategies: 1) single-stall lockable locker rooms and restrooms in easy to locate places throughout the facility, 2) natural lighting and open sightlines, 3) laying out areas to minimize large pockets of intimidating spaces, and 4) indicators of inclusive policies displayed throughout the facility.

Our research further supports Cheng and Shih's (2010) findings that the LGBTQ user is sensitive to employee responsiveness. One participant indicated that upon hearing transphobic remarks in the locker room and asking staff for help, the response was "what are we supposed to do?" However, study participants also commented on many aspects of customer service that made them feel welcome, such as eye contact, smiling, and genuine greetings. We recommend campus recreation practitioners engage in customer service trainings that go beyond the basics. Advanced topics of bystander intervention, inclusive language, conflict resolution, and campus resources will further empower staff to respond to concerns from LGBTQ patrons.

Past research by Brown, Clarke, Gortmaker, and Robinson-Keilig (2004) found the LGBTQ population receives high support from the student affairs professionals. Along these lines, our participants confirmed that interaction between recreation professionals and LGBTQ resource center staff would make students feel more invited and welcome in recreation facilities. We recommend recreation departments expand their programming to include outreach to the diversity offices. Co-sponsored events such as wellness workshops and facility tours may benefit the LGBTQ population.

Future research would be beneficial and could include benchmarking the services and facilities that campus recreation departments offer nationwide, as well as outcomes from specialized staff trainings and collaborations with LGBTQ resource centers. Finally, given the LGBTQ community is diverse in its makeup, future studies should look at the individual subgroups to learn about specific needs of the identities represented by that umbrella term.

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Lesbians, Gays, and Bisexuals:
How Spirituality Influences Development

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Introduction

As people identified outside of the heteronormative ideas of sexuality, theorists created a body of research that support identity development models as it pertains to lesbian, gay, and bisexual (LGB) people (Evans, Forney, Guido, Patton, & Renn, 2010). Stevens (2004) argued, "sexual identity development is often very prominent and occurs within the context of their college experience. For some… their sexual identity development occurs simultaneously and in conjunction with race, gender, and religious identity development" (p. 185). When professionals consider how spirituality influences the different processes of sexual identity development they find a void in the research to guide their practice (Buchanan, Dzelme, Harris, & Hecker, 2001; DuMontier, 2000; Stevens, 2004). This is critical as professionals hope to understand the "whole" student and "an understanding of faith and its influence on sexual orientation may provide an opportunity for everyone to learn, grow, and develop" (DuMontier, 2000, p. 334).

Students who seek to reconcile or integrate their spiritual identity along with their sexual identity are often caught in a dilemma. As Buchanan et al. (2001) stated, "[i]n order to accept their sexuality, homosexuals often feel they must reject religion" (p. 440). This struggle to reconcile identities grows both out of extrinsic and intrinsic influences (Rodriguez, 2010). When media focuses on the conflict surrounding homosexual identity they "often turn to a Christian church leader for comment, an action that at least tacitly affirms the notion that homosexuality is a moral rather than a civil rights issue" (Barret & Barzan, 1996, p. 6). This spiritual struggle for many LGB students is often grounded in their sexual identity and causes a great deal of stress (Bryant & Astin, 2008). By understanding how spirituality influences identity development, practitioners can better support these students as they experience both extrinsic and intrinsic pressure to reconcile their identities.

D'Augelli's Model of Identity Development

To understand how spirituality influences identity development I will use aspects of D'Augelli's model of identity development (1994). Evans et al. (2010) described, "[a]rguing against the essentialist notion of a linear identity development process, D'Augelli (1994a) introduced a life span model of gay, lesbian, and bisexual identity development based on the idea that identity is a 'social construction,'" (p. 315). D'Augelli (1994) presented underlying foundations of related variables involved in each of the six processes. *Personal subjectivities and actions* are experiences based on individual perception of one's own sexual identity; *interactive intimacies* are how familial factors and interactions impact early socialization or understandings; and *sociohistorical connections* are societal expectations and norms based on culture. These variables are meant to "locate an individual's life within a dynamic matrix of these three sets of factors" (D'Augelli, 1994, p. 318).The variables interact with six processes of identity development, but this research will focus on: developing a personal lesbian-gay-bisexual identity status, developing a lesbian-gay-bisexual social identity (D'Augelli, 1994).

Developing a Personal Lesbian-Gay-Bisexual Identity Status

D'Augelli (1994) described this process as where the individual begins to form a personal identity that seeks to summarize their own personal feelings, desires, and thoughts. Experience over the course of a person's life will influence or shape how the person views a personal identity. When

students begin to confirm with other groups of what it means to be LGB, it is likely that they will turn to peers in order to help develop their own identity (D'Augelli, 1994; Evans et al., 2010; Stevens, 2004). Furthermore, Rodriguez (2010) argued, "a significant proportion of the gay and lesbian community also harbor strong anti-religion sentiments" (p. 11). The influence that these similarly identified peers can have on those who are trying to form a personal identity is significant. By trying to confront internalized myths about what it means to be LGB and spiritual they might find more conflict than reconciliation. The opposite is equally true. Love, Bock, Jannarone, and Richardson (2005) found some students "were aware of the beliefs and practices in their religion that oppress gay and lesbian people and it may have cause them pain, however, they experience no conflict or dissonance" (p. 199). This was primarily due to the fact that many of the participants of their study had developed a personal relationship with God outside of any formal structure (Love et al., 2005). Developing a personal identity as a LGB student is critically important as they also begin to consider their social identity (D'Augelli, 1994).

Developing a Lesbian-Gay-Bisexual Social Identity
To create a social identity students often will turn to a support network of people they have disclosed to (D'Augelli, 1994; Evans et al., 2010). Where and how LGB students form their social identity is very important from a socialization standpoint. Rodriguez and Ouellette (2000) in their study found that those individuals who created a social identity through the metropolitan church were more likely to show indicators of identity integration rather than separation. By becoming involved in the church it supported their realization that they were both LGB and Christian (Rodriguez & Ouellette, 2000). (p. 16). A look at how student affairs professionals can support these kinds of spaces is discussed in the next section.

Implications for Student Affairs Professionals
The spiritual experiences of LGB students are critical as professionals hope to create inclusive campus environments (Love et al., 2005; Stevens, 2004). Suggestions on how best to support LGB students who also are struggling with a spiritual identity vary based on institution type, but some common themes in the literature emerge.

Institutional policies must create a climate where persons of nonheterosexual orientations feel safe and secure from discrimination. This is especially true at religiously affiliated institutions where religious text could be used to project homophobic or heterosexist ideals on students developing a LGB identity (DuMontier, 2000; Yarhouse, Stratton, Dean, & Brooke, 2009). Love et al. (2005) advocated for the need to create a space for students to come where they can discuss their spirituality and how it connects with their sexual identity. Providing these opportunities will allow students to grapple with the difficult questions they experience and dialogue around these topics might be able to reduce the stigma associated with being either nonheterosexual or having a spiritual identity.

For those professionals that work with campus ministries, it will be equally important to understand and utilize safe resources for LGB students who are seeking spiritual guidance (DuMontier, 2000). Exposing students to ministries or spiritual counselors who are not adequately prepared to deal with LGB students could potentially do more harm than good and force students to compartmentalize aspects of themselves for the sake of one identity over the other (Love et al., 2005).

Conclusion
Integrating the experiences of LGB people as they attempt to reconcile their identity with their spirituality is necessary to see how each process of D'Augelli's (1994) model might be influenced by intrinsic and extrinsic factors. Other identities such as race/ethnicity and gender were not considered as significant parts of the literature review, but should be considered in relation to how

individual students form their sexual identity. Also, this research primarily focused on western religions (more specifically Christianity); spiritual experiences might be different from those from different denominations of Christianity and religions outside of western traditions. This review of current literature attempted to find common ground for the spiritual experiences of the LGB student. In order to support them in this development a new model is necessary for practitioners to use.

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The Rise of Cyber-Cruising and the Sexual Health of GBQ Students

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Introduction

While the sexual identity development that students participate in during college is "shown to have a positive effect on sexual well-being" in the long-term, multiple partners and lack of knowledge regarding the importance and use of safe sex practices may "exacerbate potential negative health outcomes from sexual health exploration" (Oswalt & Wyatt, 2013, p. 1561). With almost half of 19 million sexually-transmitted infections (STIs) contracted annually taking place among adolescents and young adults (ages 15-24), many college students will not make it through that time period unscathed unless they are empowered with the knowledge and resources to protect themselves during sexual encounters (Oswalt & Wyatt, 2013; Centers for Disease Control and Prevention [CDC], 2011).

Common knowledge, as well as research, tells us that gay, bisexual and unsure/questioning men in particular are at a greater risk for contracting the human immunodeficiency virus (HIV) and other STIs when they do not use protective barriers such as condoms (Warwick, Douglas, Aggleton & Boyce, 2010). Oswalt and Wyatt (2013) stated "young gay and bisexual men (13–29 years of age) are at particular risk [for contracting HIV] as they accounted for 27% of all new HIV infections in 2009 and were the only group for whom new HIV infections increased between 2006 and 2009" (p. 1561).

In this paper, the authors aim to highlight the realities of today's gay, bisexual and questioning (GBQ) male college students in the face of changed technology allowing them to pursue hookup opportunities in the palm of their hand. We hope to encourage thought about how university administrators, health center professionals and other campus staff members can best support the sexual health and safety of this high-risk group while still allowing them to take advantage of the sexual liberation that the college environment affords them.

GBQ men and sexual health: By the numbers

Oswalt and Wyatt (2013) analyzed data provided by the American College Health Association's National College Health Assessment. The total resulting sample of 25,553 students, represented 55 colleges and universities from across the United States. The results listed below are representative of the 7% of the students polled who identified as members of the LGBTQ+ community.

Responding to a question about the number of sexual partners over the course of a 12-month period, male students who identified as questioning had the highest number of sexual partners among all GBQ men represented with an average of 7.56; the average for gay men was 4.91, while for bisexual men, it stood at 3.99 (Oswalt & Wyatt, 2013).

As it relates to safe sex practices, the results proved to be even more concerning. 28.6% of sexually-active gay men polled stated they had not used safe sex practices during anal sex encounters over a 30-day period. 22.5% of bisexual men and 44.4% of questioning men polled had not used a condom or other protective barrier during the sex act either (Oswalt & Wyatt, 2013). Numbers for unprotected oral sex, an act perceived to be low-risk for STD transmission, were high across the board with 82.9%, 75.9% and 77.8% of gay, bisexual and questioning men taking part in that act, respectively (Oswalt & Wyatt, 2013). A large percentage of unsure men polled did not use protection across the board with both male and female partners (36.4% of unsure/questioning respondents had

unprotected vaginal sex as well) (Oswalt & Wyatt, 2013). An explanation for the near-doubling in number between non-safe anal (and vaginal) sex between gay men and their unsure counterparts may involve a lack of knowledge among unsure men of how to access resources, such as free condoms, that facilitate the practice of safe sex.

Nearly fifty percent of the sexually-active gay men questioned had never taken an HIV test by the time of the survey; this equated to almost half of the gay college students polled having no real evidence of their HIV status (Oswalt &Wyatt, 2013). However, this number actually seems hopeful in comparison to the HIV testing rates of bisexual men, 63.6% of whom had never taken the test, and questioning men, whose non-testing percentage sat at a whopping 78.9%. (Oswalt & Wyatt, 2013). Oswalt and Wyatt (2013) noted, "Higher rates of safer sex practices and testing among gay males may be due to awareness of high HIV rates among young gay men and consistent HIV messaging and prevention efforts targeting this cohort" (p. 1569).

While the numbers regarding unsafe sexual encounters were similar in many ways among both heterosexual and homosexual male students, the increased risk of sexual encounters between men in the midst of what has been called an 'HIV epidemic' warrants an increased attention on the unique support needs and realities of GBQ males on college campuses. However, research exploring the particular needs of this group is few and far between: "… Understanding the health needs of sexual minority individuals [as a whole] is challenging, as limited large-scale and/or nationally representative data exists" (Oswalt & Wyatt, 2013, p. 1562).

Related to this lack of knowledge is the fact that many of today's GBQ men keep their sexual lives relatively private for fear of judgment and to avoid feelings of shame. Specifically, technology has contributed to a hidden culture where today's GBQ students can not only facilitate sexual encounters, but find friendships and participate in mutual recognition among fellow members of the community without having to do so in public (Gudelunas, 2012).

GBQ men, technology and the emergence of cyber-cruising

Today's college students are known as digital natives who have grown up with technology at their fingertips (source?). According to Kalish (2014), "the availability of wireless technology impacts the social and sexual scene of today's young adults," (p. 8) and GBQ men are no exception.

Gudelunas (2012) discussed, "the needs and motivations that bring gay men online to [social networking sites], how they manage multiple identities online and the resulting gratifications of their online activity" (Gudelunas, 2012, p.348). This includes the emergence of a cyber-cruising culture among the GBQ population as a whole and an important facet of the 'hookup culture' for college-aged GBQ men. Gudelunas (2013) argued, "cruising is the moment of visual exchange that occurs on the streets and in other places of the city, which constitutes an act of mutual recognition amid the otherwise alienating effects of the anonymous crowd" (Turner as cited in Gudelunas, 2013, p. 360). The use of both web-based and mobile social media networks for gay men have moved the once-taboo practice of cruising online, and within easy grasp of GBQ college students, where "gay men can still hail one another within anonymous crowds in order to both solidify their real and imagined social networks as well as find partners for practical, sexual practices" (Gudelunas, 2013, p. 360).

There are many different social media applications and websites designed specifically for sex-seeking members of the GBQ community (and its many subcultures) such as Manhunt, Adam4Adam, and more. The most popular and most frequently-cited website among members of the community is Grindr (Gudelunas, 2013). The GPS-enabled website allows GBQ men to connect with other GBQ men in their immediate vicinity, and requires only the simple creation of a profile featuring a default image and basic information (Gudelunas, 2013). Proven to be a major success, the social media app featured 500,000 users from within the United States alone in 2013 (Gudelunas, 2013). Knowledge regarding these social media applications is important to anyone with aninterest in health among

GBQ students, as "87% of focus group respondents and 92% of intercept interview participants said that they belonged to at least one other social network was primarily designed to facilitate sexual encounters" (Gudelunas, 2013, p. 356). As mentioned by Gudelunas (2013), one of the 'essential' features of these applications is a "sliding scale of anonymity provided" (p. 359). "Respondents appreciated having control over when and under what circumstances they would provide identifiable characteristics," (Gudelunas 2013, p. 362) allowing users to remain anonymous if they did happen to come across another user that they knew in real life.

Conclusion

As you can see, the sexual exploration of GBQ students is happening out of sight from college administration and other parties that have an interest in their health, instead taking place privately and in the palm of the students' hand. As noted above, it is important to understand the unique needs of GBQ students if health officials and other institution leaders are to assist this high-risk group with making through their college years safe and sound. An understanding of those specific needs has evolved greatly and is much more advanced compared to the 1960s and 1970s, but must continue to evolve for the sake of student sexual health efforts.

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Transgender & Gender-Nonconforming Health:
Medical Transitioning & Common Health Concerns

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Many, but not all, transgender and gender nonconforming (GNC) people undergo medically-assisted procedures to adapt their body to align with their gender identity. Medical transitioning procedures include hormone therapy and gender-affirming surgeries and mean that GNC people are dependent upon the medical system for identity expression. GNC people are not only patients when transitioning— all require routine care in a safe and affirming environment. However, a large percentage report being refused care and about half have to teach their physician about medical transitioning, leading many to seek hormones outside of the supervision of a healthcare professional. A major contributing factor to these harrowing statistics is that lack of trans-specific education in medical curricula, resulting in doctors who are unprepared to sensitively and appropriately care for this patient population.

Obviously, medical education about these issues needs improvement. This project research combines GNC-specific medical information with transitioning patients' anecdotal evidence to create illustrated educational materials for medical students. Some of the topics covered by this research includes: explanations of queer identity labels and related terminology, current problems in medical education and healthcare that affect GNC patients, the effects of and criteria for medical transitioning (hormone therapy and gender-affirming surgeries), common GNC-specific health concerns, myths pertaining to transitioning, respectful physician-patient interaction, and guidelines for physicians to begin/maintain hormone therapy. By having a more inclusive medical curricula that covered transgender/GNC health, physician will be both cultural sensitivity and clinical competent, leading to better patient-physician interactions and improved health for this patient-population.