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Evaluating social inclusion: An adaptable measure for use on college campuses

Kaira Bird
Pacific University, kaira.bird@pacificu.edu

Heide D. Island PhD
Pacific University, island@pacificu.edu

Abstract

Gender and sexual identity discrimination are commonly reported among persons of non-heterosexual or non-cisgender identities. Sexual and gender minority (SGM) students are more likely to experience discrimination, hate crimes, poverty, sexually transmitted infections, anxiety, and depression compared to heterosexual and cisgender individuals. These marginalized experiences create a unique need for education, resources, support, and community. Greater awareness of sexual and gender minorities encourages college students to feel comfortable sharing their experiences, and openly identifying as a sexual and/or gender minority. Consequently, to retain the full breadth of diversity within university communities, centers on campus that provide programming, education, and advocacy for minority students are essential for an inclusive campus climate that nurtures diverse student populations. Given the dearth in empirical instruments to support social inclusion among Sexual and Gender Minorities on college campuses, the purpose of this research was to, 1.) Develop a meaningful measure for use in the evaluation of gender identity and sexuality among college students and their perceived social inclusion through the lens of a social inclusion center; and 2.) Include questions addressing efficacy of relevant social inclusion centers for SGM students, staff, faculty, and their allies. This research focuses on self-report data collected through the Gender and Sexual Inclusion, Knowledge, and Attitude Survey from staff, faculty, and undergraduate students from a small liberal arts college in the Pacific Northwest (N = 218).

Keywords

Social inclusion, Minorities, Marginalized groups, LGBTQIA+, Gender

Peer Review

This work has undergone a double-blind review by a minimum of two faculty members from institutions of higher learning from around the world. The faculty reviewers have expertise in

disciplines closely related to those represented by this work. If possible, the work was also reviewed by undergraduates in collaboration with the faculty reviewers.

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In a recent national survey among sexual and gender minority (SGM) youth, 64% feel unsafe at school because of sexual identity prejudice and 44% feel unsafe as a result of their gender expression (Kosciw, et al., 2012). Sexual and gender minorities often face social stigma early, beginning in school, that affects their global health and well-being. The disparities in mental and physical health among SGMs are often attributed to structural discrimination including increased rates of poverty, homelessness, depression, anxiety, suicidality, interpersonal violence, and sexually transmitted infections (Durso & Gates, 2012; CDC, 2013; National Institute of Allergy and Infectious Diseases, 2016; Mullaney, 2016; Coulter & Miller, 2018; Hunt, et al., 2018; Lim et al., 2018). Sexual and gender minorities are confronted not only by social stigma and health disparities, but also by the many professionals who do not have the education, training, or field-related knowledge necessary to provide adequate, appropriate guidance and services. As a result, roughly one in six LGBTQIA+ people say they have avoided medical care (18%) or calling the police (15%), even when in need, due to fear of discrimination on the basis of their minority identity (Harvard Opinion Research Program, 2017).

Gaps in SGM knowledge range from teachers not knowing how to intervene when they hear discriminatory language (Coulter & Miller, 2018) to intensive care (ICU) nurses not knowing how to respond to severe complications of gender reassignment surgery (Lim, et al., 2018). Stigma, discrimination, and lack of education result in biological, psychological, and social disparities that are largely preventable. According to Gahagan and Subirana-Malaret's (2018) analysis of SGM health issues, lack of culturally competent healthcare "can result in increased costs to society, including reduced life expectancy, a lower quality of life, and higher burden of acute and chronic illness among LGBTQ populations."

Fortunately, researchers are beginning to identify concrete steps that can be taken to maximize wellness of SGM populations (CDC, 2013; Coulter & Miller, 2018; Gahagan & Subirana-Malaret, 2018; Harvard Opinion Research Program, 2017; Hunt, et al., 2018; Lim, et al., 2018; Mullaney, 2016). This acts as a reminder that, as Lim et al. asserted, "identifying as LGBTQ[IA+] is not biologically hazardous to health, enduring social stigma and homophobia is" (2018). Many of the identified steps in reducing disparities confronting SGM communities require resources and efforts to remain visible and accessible to target populations. Implementation of resources for students and educational initiatives for staff and faculty is one pivotal role institutions of higher education play (Taylor, 2015). Social inclusion centers can provide a structured way for institutions approaching such needs.

According to the 2019 GLAAD (Gay and Lesbian Alliance Against Defamation) Accelerating Acceptance report, people ages 18 to 34 are less likely to identify with heteronormative (i.e., heterosexual, cisgender) terminology than previous generations. In fact, one in every six people ages 18 to 34 (16%) identify as a sexual and/or gender minority (GLAAD, 2017) and that number is projected to increase (Newport, 2018). Although SGM populations have achieved greater visibility, reports indicate a decline in overall acceptance of those who identify as a sexual and/or gender minority (GLAAD, 2019). In other words, roughly 20% of the population experiences some level of social exclusion at work, school, in public, and among peers.

Lowered social acceptance is a pressing issue, as demonstrated by a 6% increase in hate crimes against SGMs from 2018 to 2019 (Federal Bureau of Investigation, 2019; GLAAD, 2019). These numbers become more alarming once broken down, indicating a 42% increase in hate crimes against transgender individuals (Kozuch, 2019). Colleges are an important

integrator, as acceptance and social climate are core contributors to SGM students' wellbeing and academic success (Coulter & Miller, 2018; Garvey, et al., 2017; Woodford, et al., 2018). Hatchell, et al. (2017) conducted a longitudinal study of SGM high school students demonstrating that peer sexual harassment victimization precedes depressive episodes. They also found that school belonging mediated this interaction, suggesting schools have the capacity, and perhaps the institutional responsibility, to mitigate disparities in SGM student populations.

In a mixed-methods qualitative study of 60 queer and trans* collegians in the U.S., Pitcher, et al. (2018) identified two primary subsystems for the success of LGBTQIA+ students: LGBTQIA+ resource centers and LGBTQIA+ student organizations. In fact, the majority of participants attributed their academic success to the LGBTQIA+ resource center on their respective campuses. Pitcher, et al., asserted that "if not for the LGBTQIA+ student organizations and the connections made there, some LGBTQIA+ students may not stay at their institutions and might have left higher education all together." Their findings demonstrate the critical role an institution plays in the recruitment, retention, and success of minority students.

Social inclusion and support centers are important for a variety of reasons, as they fill a large need for minority communities. In order to continue institutional growth and strengthen opportunities for external funding, centers require empirical evidence of their efficacy, including basic needs and climate assessments. Empirical evidence is essential for outcome efficacy, so centers can support their mission and the target populations within their communities.

The paucity of empirical literature addressing evidence-based protocols, and resources for sexual and gender minority programs and social inclusion centers on undergraduate campuses, illustrates the need for greater attention in empirical research.

Undergraduate institutions rarely collect gender or sexual identity information in student applications, resulting in information deficits for retention data (Windmeyer, et al., 2013). Beyond basic retention data, there are few assessments available or investigated to evaluate the availability and efficacy of resources for minority students (Garvey, et al., 2017).

Given the dearth in empirical instruments to support social inclusion among sexual and gender minorities on college campuses, the purpose of this research was to

1. develop a meaningful measure for use in the evaluation of gender identity and sexuality among college students and their perceived social inclusion;
2. include questions addressing relevant social inclusion centers for SGM students, staff, faculty, and their allies.

The Center for Gender Equity (CGE) at Pacific University Oregon (PUO) is a social inclusion center we evaluated as a case example for generalization to other colleges' social inclusion centers, especially converging on SGMs. Relative to CGE, we focused on the following empirical questions:

1. Does the community value the social inclusion center in recruitment and retention of SGM students, faculty, and staff?
2. Do SGM feel the social inclusion center provides educational programs relevant to issues important to them?
3. Are there significant differences across members of the community in the perception of the social inclusion center's visibility on campus?
4. Does the campus community feel the social inclusion center contributes to their knowledge, attitudes, and understanding of identities other than their own?
5. Are there significant differences across members of the community in their perception of safety and inclusion on campus?

Methods

Participants. Our sample of the revised Gender and Sexuality Inclusion, Knowledge, Attitude Survey (IKAS) yielded 218 responses from students ($n = 183$), faculty ($n = 22$), and staff ($n = 13$) of PUO. When asked, “What sex were you assigned at birth?” 77% of participants indicated female ($n = 172$) and 23% male ($n = 46$); none of the participants selected the option of intersex.

The gender identities of participants differ from the question of assigned sex (i.e., male, female, or intersex). Representative of PUO’s student population, 70% identified as cisgender female ($n = 153$) and 19% as cisgender male ($n = 41$). For statistical purposes and to maintain participant anonymity, we combined all transgender and gender nonconforming (TGNC) identities ($n = 23$) after the data collection period closed. Due to PUO’s lack of demographic data regarding gender identity, it is unclear whether the TGNC statistic ($n = 23$) is representative of the PUO community.

When asked, “How would you describe your sexuality?” 66% of participants self-identified as heterosexual ($n = 143$); 22% as pan- or bisexual ($n = 47$); 5% as homosexual ($n = 10$); and the remaining 7% as either queer, asexual, or demisexual ($n = 18$). To preserve power, we collapsed sexual minority categories into a single grouping of non-heterosexual and compared those scores to heterosexual students, faculty, and staff. Although we did ask participants to provide ethnic identity information, some categories were small (e.g., African American, Native American, Hispanic) and therefore to preserve individual identities, especially among faculty and staff, we did not report ethnicity by community member or age. See Figure 1 for the demographic composition of the sample.

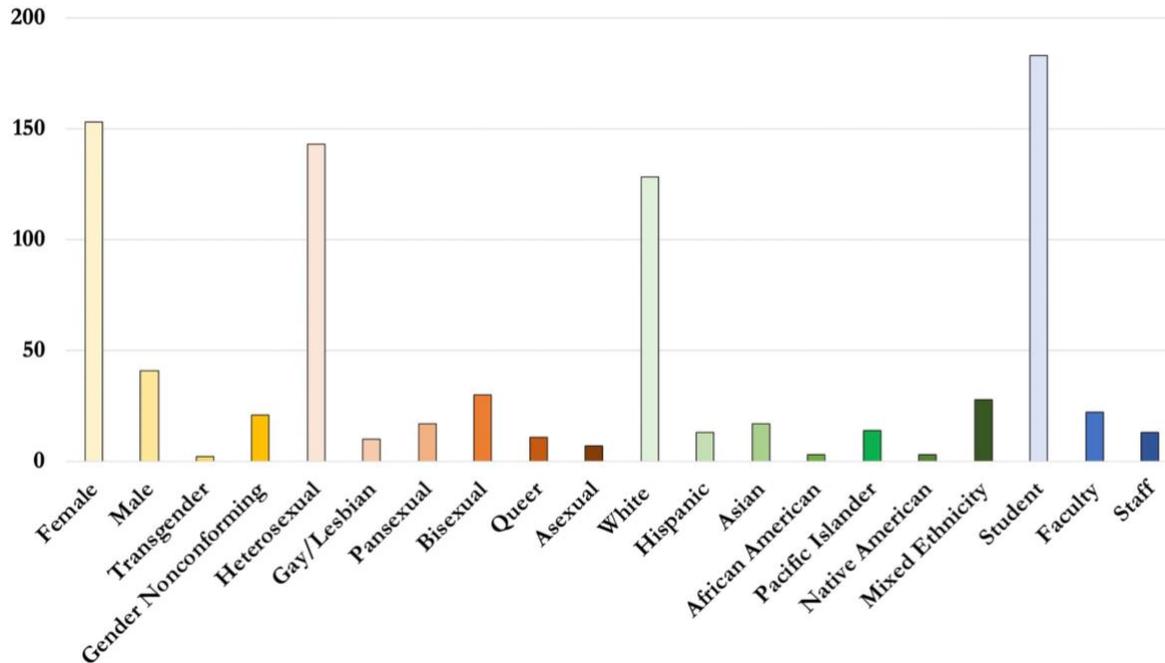
Materials. To complete the program evaluation, we utilized Microsoft® Office; IBM® SPSS® Statistics (Version 26); Qualtrics®; the Gender and Sexuality

Inclusion, Knowledge, Attitude Survey; and various archival data regarding the history of a relevant SGM social inclusion center, the Center’s Advisory Board, stakeholders, programs, and information collected from the founder of the Center.

Gender and sexuality inclusion, knowledge, and attitude survey. The evaluators developed the Gender and Sexuality Inclusion, Knowledge, Attitude Survey (IKAS) in consultation with a social inclusion center’s staff members and founder, a selection of professors, and student stakeholders. It also included questions adapted, with permission, from Warner’s (2002) Diversity and Cultural Awareness Profile© as contributions to the Personal Attitudes and Knowledge subscale.

The questions of the IKAS aim to understand social inclusion centers’ perceived value and contribution to experiences at their respective universities. We revised the IKAS following pilot data collection in spring of 2018 to include demographic questions that better fit the demands of the empirical questions and the needs of SGM inclusion centers regarding target populations and outreach. The IKAS measure includes 69 statements, with a total scale score of 346 points possible. The total scale is comprised of five subscales. These subscales include: 1.) Perceived Value of the Center and Role in Recruitment and Retention, 65 points; 2.) Center’s Implementation of Education, 60 points; 3.) Center’s Visibility and Accessibility, 21 points; 4.) Personal Attitudes and Knowledge, 150 points; and 5.) Perceived University Safety and Inclusion, 45 points. Cronbach alphas were calculated for the sample’s score reliability by subscale, yielding an overall score reliability of $\alpha = .93$. The 13-item Perceived Value of the Center, as well as the 12-item Implementation of Education and Understanding, yielded alphas of .92; while the 5-item subscale of Visibility yielded a poor alpha value of .51, the 30-item Personal Attitudes and Knowledge subscale had an

Figure 1. Sample demographic frequencies



alpha value of .89, and the Perceived University Safety and Inclusion yielded an acceptable alpha value of .72.

Procedure. Research involving human subjects was reviewed and approved by the PUO Institutional Review Board (1172554-2). The IKAS was available via paper copy and digitally on Qualtrics®. All participants opted to use Qualtrics® to record their responses. Participants were solicited through snowball and convenience sampling via email, social media, and verbal communication. Research description was provided and we received informed consent prior to the beginning of participation. Participation was voluntary with no incentive offered. All participant data remains anonymous and confidential through assigned participant ID numbers and/or anonymous survey collection online.

Results

Scores on the domains of the IKAS as well as the Cronbach alpha coefficients were analyzed for comparison. Score reliability ranged from .51 (Visibility and Accessibility) to .92

(Education and Understanding) with a total score reliability for the IKAS of .93. Aside from the Visibility subscale, internal consistency among our samples was good to very good (see Table 1).

In an effort to evaluate the five empirical questions of this study, we conducted univariate analyses of variance (ANOVA) across all subscales of the IKAS relative to gender (female and male), sexual identity (non-heterosexual and heterosexual), and community role (student, faculty, and staff). The first empirical question,

1. Does the community value the social inclusion center (e.g., PUO’s CGE) in recruitment and retention of sexual and gender minority (SGM) students, faculty, and staff?

A one-way analyses of variance revealed significant differences on Perceived Value of the CGE in Recruitment and Retention between gender nonconforming ($M = 50.95, SD = 7.72$) and cisgender ($M = 45.56, SD = 8.03$) participants, $F(1, 194) = 8.12, p = .005$;

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Table 1. Demographic descriptives with Cronbach Alpha Score reliabilities for IKAS domains

Sample Scores Cronbach α	<i>N Total</i> =197 <i>M (SD)</i>	Gender Nonconforming <i>n</i> =155 <i>M (SD)</i>	Cis-gender <i>n</i> =43 <i>M (SD)</i>	Non- heteronorm. <i>n</i> =67, <i>M (SD)</i>	Heteronorm. <i>n</i> =130, <i>M (SD)</i>	Student, <i>n</i> =167, <i>M (SD)</i>	Faculty <i>n</i> =122, <i>M (SD)</i>	Staff <i>n</i> =13, <i>M (SD)</i>
CGE Value $\alpha = .92$	46.18 (8.18)	50.95 (7.72)	45.56 (8.03)	49.78 (7.49)	44.32 (7.93)	45.72 (8.11)	50.87 (7.39)	47.22 (9.13)
CGE Education $\alpha = .92$	41.55 (8.19)	40.43 (8.66)	41.59 (8.07)	42.76 (7.81)	40.91 (8.35)	41.67 (8.11)	41.28 (9.90)	40.18 (6.97)
CGE Visibility $\alpha = .51$	15.17 (2.97)	16.65 (2.39)	14.98 (2.98)	16.52 (2.38)	14.47 (3.00)	14.98 (3.03)	16.94 (2.11)	15.54 (2.38)
Knowledge, Attitudes, $\alpha = .89$	127.62 (13.34)	137.74 (12.02)	126.28 (12.91)	135.34 (10.04)	123.40 (13.06)	126.97 (13.25)	135.23 (6.39)	132.40 (17.43)
Perceived Safety, $\alpha = .72$	35.96 (4.83)	31.32 (5.31)	36.52 (4.51)	36.66 (4.64)	34.55 (4.96)	35.86 (4.76)	36.47 (5.96)	36.89 (4.65)

Note: Respondents were able to skip questions on the survey if they did not want to respond, therefore sample sizes vary by domain.

females ($M = 46.79$, $SD = 7.92$) and males ($M = 43.90$, $SD = 8.81$), $F(1, 195) = 4.19$, $p = .042$; non-heterosexual ($M = 49.78$, $SD = 7.50$), and heterosexual ($M = 44.32$, $SD = 7.93$) participants, $F(1, 195) = 21.71$, $p = .001$. All minority groups perceived the value of CGE in retention and recruitment more favorably than did the majority relative to gender, sexual identity, and sex. By contrast, there were no significant differences across student, faculty, and staff scores on the IKAS subscale of Perceived Value in Retention and Recruitment relative to the CGE.

2. Do SGM participants feel the social inclusion center (e.g., PUO's CGE) provides educational programs relevant and important to them?

There were also no significant differences across any of the groups (Gender, Sexual Identity, Assigned Sex, or Community Role) with respect to the IKAS subscale of Education as it related to CGE's programs (see Table 1).

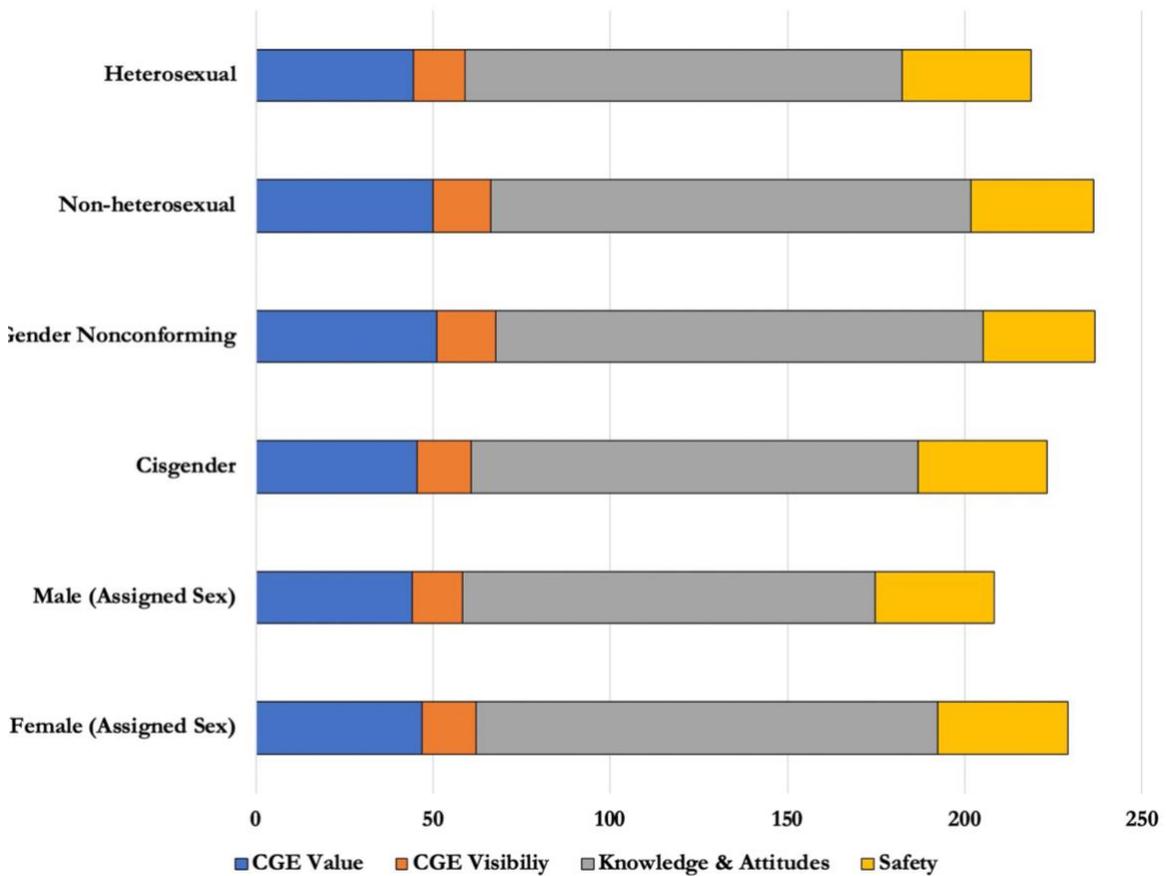
3. Are there significant differences across members of the community in the perception of the social inclusion center's (e.g., PUO's CGE) visibility on campus?

One-way analyses of variance revealed significant differences on the IKAS subscale of Visibility by gender nonconforming ($M = 16.65$, $SD = 2.39$) and cisgender ($M = 14.98$, $SD = 2.98$) participants, $F(1, 192) = 5.82$, $p = .017$; females ($M = 15.39$, $SD = 2.87$) and males ($M = 14.33$, $SD = 3.22$), $F(1, 193) = 4.19$, $p = .04$; non-heterosexual ($M = 16.52$, $SD = 2.38$), and heterosexual ($M = 14.47$, $SD = 3.01$) participants, $F(1, 195) = 23.48$, $p = .001$, as well as across students ($M = 14.98$, $SD = 3.03$), faculty ($M = 16.94$, $SD = 2.11$), and staff ($M = 15.55$, $SD = 2.38$), $F(2, 194) = 3.34$, $p = .038$ (see Figures 2 and 3).

4. Does the campus community feel the social inclusion center (e.g., PUO's CGE) contributes to their knowledge, attitudes, and understanding of identities other than their own?

There were significant differences across all demographic groups relative to the IKAS subscale of Knowledge and Attitudes for the CGE. Gender nonconforming ($M = 137.74$, $SD = 12.02$) participants had higher scores than cisgender ($M = 126.29$, $SD = 2.98$) participants, $F(1, 178) = 13.55$, $p = .001$; females ($M = 130.29$, $SD = 11.56$) scored higher than males ($M = 116.51$, $SD = 14.65$), $F(1, 194) = 35.92$, $p = .001$, and non-heterosexual ($M = 135.34$, $SD = 10.04$) participants scored higher than heterosexual

Figure 2. Significant differences across IKAS domain scores by sexual identity, gender, and sex



($M = 123.40$, $SD = 13.06$) participants, $F(1, 179) = 40.39$, $p = .001$. Faculty ($M = 135.23$, $SD = 7.32$) scored higher than staff ($M = 132.40$, $SD = 17.43$), who scored higher than students ($M = 126.70$, $SD = 13.24$), $F(2, 178) = 3.21$, $p = .04$ (see Figures 2 and 3) on the same subscale.

- Are there significant differences across members of the community in their perception of Safety and Inclusion on campus?

Finally, a one-way analyses of variance revealed significant differences on the subscale of Perceived Safety and Inclusion on the PUO campus. Gender nonconforming ($M = 31.32$, $SD = 5.31$) participants scored lower than cisgender ($M = 36.52$, $SD = 4.51$) participants, $F(1, 180) = 21.80$, $p = .001$. Interestingly, females ($M = 36.55$, $SD =$

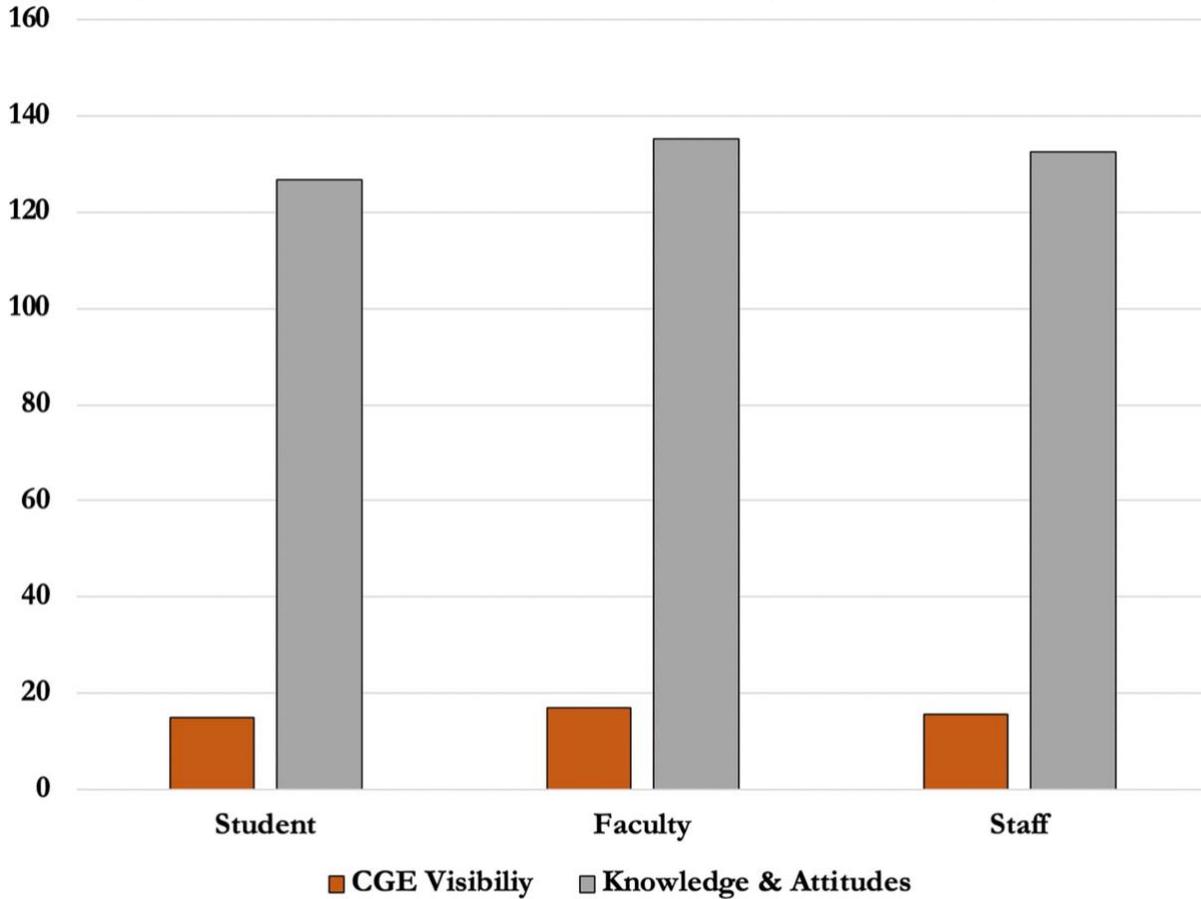
4.54) reported higher scores of perceived inclusion and safety at Pacific than males ($M = 33.65$, $SD = 5.32$), $F(1, 181) = 11.26$, $p = .001$. While non-heterosexual ($M = 33.27$, $SD = 35.83$) participants felt less included and safe than heterosexual ($M = 35.83$, $SD = 37.49$) participants, $F(1, 181) = 7.96$, $p = .005$. There were no significant differences in perceived inclusion and safety on the PUO campus between students, faculty, and staff (see Figures 2 and 3).

These findings can assist the relevant social inclusion center identify target audiences as well as issues they may want to focus their educational efforts on in order to develop a campus climate of inclusive and tolerant personal attitudes.

Discussion

The impetus of this project was to 1.) Develop a meaningful measure for use in the

Figure 3. Significant differences across IKAS subscale scores by PUO community role



evaluation of gender identity and sexuality among a college community and their perceived social inclusion; and 2.) Include questions addressing relevant social inclusion centers for SGM students, staff, faculty, and their allies.

The results of the IKAS measure suggest that the Center is valued among undergraduate students, faculty, and staff. The results also suggest that SGM members of the target population(s) hold higher perceived value of the center, and/or that the Center plays a more significant role in their decision to be part of the university’s community. These findings differ from our pilot study which suggested no significant difference of perceived value between SGM participants and their heterosexual/cisgender counterparts. It is possible that our findings differ from the pilot study due to this distribution yielding a

higher SGM participant response. The data further suggest the Center may play an important role in retention, recruitment, and education of gender equity issues and understanding of those issues that directly affect sexual and gender minorities.

Within the Perceived Value subscale, SGM participants indicated a higher agreement with the Center acting as an outlet to issues important to them. This discrepancy likely pertains to the disproportionate social, biological, and legal obstacles faced by SGM populations in the U.S. Although the Center’s mission is inclusive of all sexual and gender identities, a majority of their programs attempt to focus on minority populations to mitigate disparities in resources available through mainstream channels. This finding suggests that the Center provides particularly

meaningful engagement opportunities for SGM students.

The lack of significant findings for the center's Role in Education and Understanding is a meaningful finding for the center, as it suggests they are equally reaching SGM and heterosexual participants in their programming efforts. This enables the Center to provide education to SGM populations as well as their allies.

SGM participants reported lower Perceived University Safety and Inclusion scores than their heterosexual and cisgender counterparts. This disparity is one for both the Center and the larger university community to be aware of as they continue with programming and strategic diversity planning. It would be reasonable for the Center and the University's administration to take a role in addressing this disparity through further education of staff and faculty on campus regarding the importance of respect and dignity for community members of all sexual and gender identities. The disparity may also be addressed through diversity awareness on hiring committees.

The goal of this project was to develop a measure that could be adapted to meet ongoing evaluation needs at PUO as well as provide a framework for other institutions to adapt and implement in evaluating student inclusion and program evaluation of inclusion centers. This outcome is already underway; Cordima et al. (2020) developed a comprehensive social inclusion measure using the IKAS as a model. Their goal was to address social inclusion across veterans, SGMs, students of color, religious minorities, students with learning and physical accommodations, and nontraditional students (i.e., transfer students) to see how colleges may better integrate these groups into the broader, dominant community.

Although the IKAS has already begun to support further research on the PUO campus, we hope this measure can be adapted for social inclusion centers on other college campuses and organizations to better serve

their communities. In 2015, The American Psychological Association's Division 16 (School Psychology) and Division 44 (Society for the Psychological Study of Lesbian, Gay, Bisexual and Transgender Issues) published a five-part resource series for school administrators, health personnel, and educators to promote resiliency and inclusion in schools. It should be noted, however, to-date there are no published protocols or evaluative resources to gauge the efficacy of such implementation.

The results of this research and the development of the IKAS may help support and cultivate other social inclusion program evaluations. Through needs and climate assessments, universities can continue to establish efficacy and determine target population(s) for funding, resources, and support. One such mechanism is through the use of social inclusion centers which act as a social hub and central location for resources. Centers, such as PUO's CGE, function as determining factors in minority students' decisions to stay at a university as well as their success while at the university and decision to continue in academia as a whole. Through continued data collection with the IKAS or similar measures, as well as establishing a norm for collecting gender and sexual identity demographic data of incoming students, universities may establish more tolerant and inclusive environments for a diverse array of students, staff, and faculty.

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Appendix

Examples of demographic questions that might be used prior to the administration of the IKAS, employing Human Rights Campaign and National Institute of Health phrasing.

Please place a X next to your assigned sex at birth.

	Male
	Female

Please place a X next to the gender to which you MOST identify.

	Male		Trans Male
	Female		Trans Female
	Gender Non-conforming		If unspecified, specify here:

Please place a X next to the sexual identity to which you most identify.

	Heterosexual. A person romantically, emotionally and/or sexually attracted to the opposite sex.
	Homosexual. A person romantically, emotionally and/or sexually attracted to the same sex.
	Pansexual. A person romantically, emotionally and/or sexually attracted to persons regardless of their sex.
	Bisexual. A person romantically, emotionally and/or sexually attracted to both sexes.
	Asexual. A person with limited or no sexual attraction to any persons.
	If unspecified, specify here:

Please place a X next to the religion with which you most identify.

	Christian (i.e., all Christian sects, including Catholic and Unitarian)
	Mormon (i.e., Latter Day Saints)
	Jewish (i.e., including Orthodox and Hasidic)
	Islamic
	Sikhism
	Hindu
	Bahai

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	Spiritualism (i.e., some form of spiritual practice, including Wicca)
	Buddhism
	Nonreligious (i.e., Secular, Agnostic, or Atheist)
	If unspecified, please specify here:

Please place an X next to the racial or ethnic group to which you most identify.

	American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
	Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
	Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” can be used in addition to “Black or African American.”
	Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, “Spanish origin,” can be used in addition to “Hispanic or Latino.”
	Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
	White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
	If unspecified, please specify here: