The Struggle You Can't See

Experiences of Neurodivergent and Invisibly Disabled Students in Higher Education

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6. Intersectional Considerations

As much as this book so far has sought out studies that directly represent students' voices about their own experiences, it is important to note that even the studies I have gathered here do not unproblematically represent all neurodivergent and invisibly disabled students. Of course each study only includes a small sample of students as interviewees, but more importantly, where the demographic distributions of participants are noted, patterns are present that compromise how representative I can claim that this data truly is. In particular, in studies where neurodivergent students were interviewed, participants are frequently described as predominantly white. In fact, a significant number of interview studies with autistic students and those with ADHD had almost entirely or entirely white participants.[1] Neither, of course, is race the only additional marginalized identity that students may have that compounds and changes their experiences of being disabled or neurodivergent in higher education. Unfortunately, however, not all of these intersections are necessarily fully represented or examined in the main body of literature on students' experiences.

This study would be remiss not to examine how students' experiences may vary depending on their other marginalized identities. This chapter will move outside of the main body of literature considered for this book, to include studies of how having other characteristics and identities may alter the experiences of disabled and neurodivergent students. I will discuss how students in my examined categories may be affected by their intersections with race and ethnicity, with gender, and with LGBTQ+ identities. Also to be considered, by way of conclusion, is how trauma may impact students due to their experiences with

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[1] Graves et al., 2011; Randolph, 2012; Schaffer, 2013; Cullen, 2015; Grabsch et al., 2021.

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marginalization, and how all of these intersections may contribute to or mitigate trauma as well.

Intersections with Race and Ethnicity

It is worth noting that, while white participants are generally overrepresented across the majority of studies of higher education experiences, it seems to be mainly around neurodivergent students that this issue is most severe. Studies of student veterans with traumatic brain injuries, psychiatric disabilities, or both tend to be among some of the most racially and ethnically diverse, as do studies of students with traumatic brain injuries in general: Kain et al. (2019) being one example of the former, and Childers and Hux (2016) of the latter. This disproportionality in participants highlights an established and relevant concern: the constructed whiteness of many categories of disability, and in particular of neurodiversity. Kearl (2021) presents a powerful summation of the ways that autism in particular has been socially constructed as a categorization available primarily to white people, while autistic people of color are systematically more likely to be misdiagnosed, diagnosed late, or not diagnosed at all. Clinical studies by Mandell et al. (2002, 2007, 2009) have demonstrated disparities in the age at diagnosis and types of initial misdiagnosis of autism by race, Kearl (2021) notes, while Harry and Klinger (2006) and Losen and Orfield (2002) have helped to identify the racial disparities that occur in placement of students in special education. Black autistic students, in particular, are more likely to be diagnosed with emotional disturbances or intellectual disabilities, because of stereotypical beliefs associating these conditions with Black people, while autism is associated predominantly with whiteness (Losen & Orfield, 2002; Harry & Klinger, 2006). As Kearl (2021) notes, this tendency can be connected to narratives of white innocence and dehumanizing perceptions of Black people in which educators and diagnosticians are unfortunately culturally immersed, which can lead us to classify the same autistic behaviors in white young people as a quirky, harmless, and intellectually-oriented neurodivergence, and in Black young people as violently erratic, threatening, and deficient intellectual conditions and behavioral problems.

Similarly, studies by Morgan et al. (2013, 2014) demonstrate that children of color are less likely to be diagnosed with ADHD or receive medication as treatment than are white children from the ages of nine months through early adolescence; Black children were found to be 69% less likely to be diagnosed, Latino/a/e children 50% less likely, and those from other racial and ethnic groups 46% less likely. While Morgan et al. (2013) speculate that the disparity may partially arise from Black and Latino/a/e parents' reluctance to seek out psychiatric treatment or accept psychiatric diagnoses and medications for their children, which is a reasonable assumption based on prior studies, the similar disparities around diagnosis of autism are also acknowledged. As with autism, another contributing factor may be that what is perceived as a legitimate support need in a white child is at risk of categorization as an inherent behavioral problem in a child of color, and particularly in a Black child due to pervasive anti-Black stereotypes and attitudes. Subsequent studies by Morgan et al. (2015, 2017) have also demonstrated that children with minoritized racial identities are actually less likely than white children to be enrolled in special education or identified as having disability support needs across a wide variety of categorizations, including learning disabilities, speech and language disabilities, health conditions, and emotional disturbances. These observations contradict assumptions that students of color are overrepresented in special education, which have been pervasive for some time. This, too, has likely created well-intentioned hesitancy on the part of educators and parents around the diagnosis of support needs in children of color, for fear of participating in an epidemic of stereotyping pathologization. Parents of children of color in general and of Black children in particular face a troubling double bind when it comes to diagnosing many types of invisible disability: justified fear of negative labeling and misdiagnosis by white-normative educators on one side; consistent patterns of actual underdiagnosis and insufficient support on the other.

Regardless of the reasons for the disparities, one fact remains: neurodivergent and invisibly disabled students of color, particularly Black students, are consistently less likely to be diagnosed prior to or even during higher education. As discussed in previous chapters, this means that they are significantly less likely to be able to access necessary supports and succeed academically, even in comparison to other students with similar needs. It also means that, worse still, less information is available about what their specific needs are. As Crenshaw (1991) noted when elaborating on her originated concept of intersectionality, not only are members of a marginalized community who bear another marginalized identity at risk of having their particular struggles overlooked by that community's advocacy for justice, but the injustices faced by those multiple identities may themselves compound each other.

As Crenshaw also notes, however, 'Intersectional subordination need not be intentionally produced; in fact, it is frequently the consequence of the imposition of one burden that interacts with preexisting vulnerabilities to create yet another dimension of disempowerment' (p. 1249). Likewise, the intersectional subordination of neurodivergent and invisibly disabled students of color that results from their under- or non-representation in these narratives was surely not an intentional omission on the part of researchers—but it is almost certainly a direct consequence of the ways that these students' experiences are impacted by racial and ethnic identities. These students are less likely than their white counterparts to have been correctly diagnosed or diagnosed at all by the time they reach university, meaning they may not be aware of their conditions. Even if they are, they may feel even more alienated from a disability identity than white neurodivergent and invisibly disabled students tend to, given that those types of disabilities in particular are so often rhetorically associated with whiteness. Of course it is reasonable that students of color in these categories would be less likely to put themselves forward as study participants and engage with researchers about their experiences, as a result. Unfortunately, however, this not only means less information is available about serving this student population, but it precludes broader, instructive knowledge of the ways in which neurodivergence and invisible disabilities specifically exacerbate the inequities associated with racial minoritization, and vice versa. Much as it would be preferable to hear from all students in their own voices, and much as we are limited in doing so by whose voices are available, to not address this gap would only perpetuate the existing problems.

To this end, a number of issues deserve particular attention that arise from those studies that do include the narratives of students of color. Cameron and Greenland's (2021) study of two female students of color with dyslexia in the United Kingdom, one south Asian and one Black and multiracial, provides the beginnings of some insight into the compounding issues that may be at work for many students. For example, the authors make specific note of the interviewees' repeated focus on finding 'the right words' to describe their experiences, and how it seemed to be emblematic of their perceived need to live up to exacting expectations in general:

> Lianne: it's interesting that you say 'I'm not putting in the right words' cos you said that a lot in your writing. That you feel like your words are not right. Do you think that you started to feel that you weren't clear when you started your course, or have you always felt like that? Like your words are not right?
>
> Riya: I've always felt like that to be honest, because, especially when I am in the groups, I'll always end end up saying something I try, I don't want to say, or not not want to say, it just doesn't sound right, and I have to rephrase it, and and, if they, what happened I'd go back by myself and tell myself that I'm stupid? [sort of thing]. (pp. 777-778)

On one side, they felt a sense of hypervisibility, and the need to prove themselves amid the 'model minority' stereotypes and cultural pressures for Asian students in particular, which is also noted in Young's (2012) dissertation on Chinese-American students with ADHD. On the other side, they were likely to experience self-consciousness and stereotype threat around fears of perceived or actual academic inadequacy, especially common for Black students in particular, which is also noted with regard to the Black participants in Childers and Hux's (2016) study of students with mild TBI. The participants in Cameron and Greenland (2021) also describe experiencing university spaces (as opposed to their own personal spaces) as hostile working environments for them, not only because their own personal spaces have affordances that they can use to adapt for their particular learning needs, but also because university spaces are dominated by white men and oriented toward their expectations. Similar experiences are cited by some interviewees in Pfeifer et al. (2021) around participation in STEM programs, where students of color and women already feel pushed out and marginalized by the demographics and assumptions of the field, and find these experiences only exacerbated by the stigma of a learning disability that requires accommodation. Communication and social challenges that neurodivergent and invisibly disabled students may face can also be exacerbated by an accent, cultural differences in word choice and grammatical construction, and other verbal indications of 'otherness' that may be present for English language learners (ELLs) and international students (Cameron & Greenland, 2021). Students from immigrant families in Young (2012) also describe experiences of cultural alienation from their families and community members, not only because of having been raised in a cultural environment other than that of their older family members, but because of their disabilities, and associated stigma and skepticism that may be present in Chinese immigrant communities and others.

There are also a few additional perspectives on the experiences of students of color in these categories, which would otherwise have been scoped out of the literature for examination. Agarwal's (2011) dissertation, for one, examines a study population of mostly Hispanic (Agarwal's choice of term) disabled students at a predominantly Hispanic-serving institution. The interviewees included students with psychiatric disabilities, chronic illness, dyslexia, ADHD, and unspecified learning disability, as well as visual and auditory disabilities and cerebral palsy. It is also notable that the interview participants were on average significantly older than typical undergraduate college age, with all but one interview participant aged twenty-three or older. In students' narratives, however, the barriers they describe facing are very similar to those found in the other studies examined: difficulties with making social connections and relationships, reluctance to request accommodations for fear of stigma, the need to expend significantly more time and effort on academic work than peers, and feeling that disabilities and particularly invisible disabilities are not well understood by faculty. Where identity does seem to play a more significant role for these interviewees, however, is actually in the supports that are available: Agarwal (2011) notes the high importance of family bonds and relationships in Mexican American cultures, which is the cultural context of the vast majority of the participants in this study, and the student narratives extensively credit emotional and practical support from family members for their college success. According to one interviewed student, for example:

> My parents are from Mexico and they are Mexican American. They are family oriented. They provide family support for my education. They support me with transportation. Sometimes when I feel unmotivated, they give me motivation to keep going, also with providing better life, very supportive with whatever I need. . . My parents are my biggest support. I just do the mental aspect of coming to school and take exams. (p. 147)

Especially in light of the recurring value of family support in students' narratives across other studies, the ethnic identity of these students and its associated cultural orientation is clearly an advantage—especially, it seems, when attending a heavily minority-serving institution. Were these students attending a predominantly white institution, it is possible that discrimination and cultural oppression might have imposed more significant barriers.

This assumption seems to be in line with factors observed by Banks (2014) and Booth et al. (2016) in studies of barriers to university transition for young African American men with learning disabilities. Here, stereotype threat magnifies the threat of stigma associated with disclosing disabilities and seeking accommodations. A recurring thread in the young men's narratives is their own, and their families', concerns about race-based negative judgments and stereotypes of their academic abilities if they disclose a need for additional support, leading to shame and embarrassment about help-seeking. Banks (2014) also notes lack of awareness of postsecondary disability services—either that they exist or that they would be available for students with learning disabilities—as a frequent barrier to receiving necessary academic supports. This is especially the case when Black students with invisible disabilities are so likely to have been underidentified and underserved in primary and secondary schooling, including not receiving adequate services for transition to higher education (Banks, 2014). A similar lack was also notably observed in Yamamoto and Black's (2015) study of Native Hawaiian students with learning disabilities facing the transition to higher education, as well as acute feelings of shame and stigma associated with past special education and individualized education plan (IEP) experiences. Similar threads also unite Yamamoto and Black (2015), Booth et al. (2016), and Agarwal (2011) in terms of students' particularly strong family orientations in these studies, with the strongest motivation for postsecondary attendance most often being to support family financially, to live up to family's pride and expectations, or combinations of the two. All of these studies demonstrate and recognize the need to support students in higher education in ways that honor these cultural values and the strengths that they contribute.

Little other information exists on the specific barriers faced by neurodivergent and invisibly disabled undergraduate students of color, with the notable exception of one category: students with psychiatric disabilities. A more robust literature has emerged on racial and ethnic disparities in utilization of college mental health services, which in turn has implications for this category. Certainly, psychiatric disabilities and other mental health struggles are in evidence in students of color, just as in white students, and some evidence suggests students of color may face additional, specific challenges. Kundu (2019) finds that low-income, racially minoritized students are at elevated risk of psychological burnout in college, due to the combination of academic stress with racial battle fatigue and other stressors related to discrimination. In examination of data from the U.S. national Healthy Minds Survey, Lipson et al. (2018) find that Arab American or Arab international students were significantly more likely than other racial demographics to meet criteria for mental health problems, while Han and Pong (2015) note the findings of prior literature that Asian American college students complete suicide at higher rates than those from other racial and ethnic groups, and Canty's (2022) dissertation links mental health challenges for Asian American students at an elite institution to academic stress and impostor syndrome. In spite of these particular concerns, however, students of color have been generally found to underutilize mental health services compared to their white peers, albeit to differing degrees by specific identity. Reasons also vary, but a recurring hypothesis across studies is that cultural norms from families, communities, and countries of origin tend to increase fear and avoidance of stigma for mental health help-seeking.

There is reasonable evidence for this assumption. Miranda et al. (2015) does find that students of color in college counseling were less likely than white students to have been treated previously, less likely to follow through on recommendations, likely to experience worse symptoms, and likely to cite more barriers to treatment, and among these barriers stigma did feature prominently, alongside financial concerns and lack of time. Among other factors, Barksdale and Mollock

(2009) also previously found that negative familial attitudes toward help-seeking had a significant impact on mental health help-seeking for African American students, especially compared against peer attitudes, and especially for women. Masuda et al.'s (2012) study also bears out prior findings that stigma and desire to conceal symptoms were significant factors for African American college students in not seeking out mental health help. Familial and cultural stigma emerge even more strongly as a consideration from an in-depth focus group study by McSpadden (2022) of community college students with predominantly Dominican, Puerto Rican, African American, or African familial origins, or combinations of these. Focus group participants reported negative cultural attitudes in family and home cultures about mental health help-seeking and discussion, as well as frequent preferences for religion or cultural support, fear of racially-bound stigma arising from treatment that might affect life prospects, mistrust of therapy as a practice and associated confidentiality, discomfort with reaching out for help and feeling that it displays weakness, past negative experiences with institutions and staff that decrease trust in counseling services, lack of awareness of services especially as commuters, and discomfort with the idea of mixing treatment with the school setting. Choi and Miller (2014) and Han and Pong (2015) both find, as did prior research, that cultural barriers and stigma are significantly related to the underutilization of mental health services for Asian American and Asian international students, with Choi and Miller (2014) noting that evidence of stronger Asian cultural values was associated with greater stigma avoidance, while greater acculturation to European cultural values was associated with less. Canty (2022) also notes that Asian American students were most likely to attribute their reluctance to seek help to cultural factors in their upbringing.

There is also substantial evidence, however, that the impact of perceived stigma on the help-seeking of students of color is more complex than has been assumed. For example, Cheng et al. (2013) find that African American, Latino American, and Asian American college students perceived varying levels of social stigma around help-seeking, and had internalized that stigma to varying degrees, with greater perceived and internalized stigma corresponding to greater psychological distress and more experiences of racial discrimination. They also find, however, that African American students tended to have lower internalized stigma the stronger their ethnic identity. Similarly, Lipson et al. (2018) find that African American students were likely to perceive the most social stigma around mental health but also have the least internalized stigma. This possibly suggests that strong community bonds and skepticism of the discriminatory attitudes of others may actually buffer the stigma around mental health help-seeking for many African American and Black students, rather than cultural attitudes increasing it. On a similar note, Ramos-Sánchez and Atkinson (2009) find that Mexican American college students were actually more likely to utilize counseling and other mental health services the more enculturated and closer to first-generation they were, which the authors attributed to stronger values in their home culture of interpersonal relationships and support. Among student-athletes, furthermore, the only ethnic group in which Tran (2022) found internalized stigma to correspond to service underutilization was, in fact, white student-athletes. The greater barriers for Black and African American students in various studies tended to center around concern that services would be insufficiently culturally responsive to understand and support their needs (Busby et al., 2021; Samlan et al., 2021), perceptions that their condition was not sufficiently severe to warrant treatment (Busby et al., 2021), lack of time (Busby et al., 2021), and financial concerns (Busby et al., 2021; Samlan et al., 2021). The most significant predictor of help-seeking in Latino/a/e college students in Menendez et al. (2020) was trauma experiences, possibly indicating that help-seeking is seen as a last resort only for cases of severe psychological harm. Perceptions that their symptoms were not sufficiently severe to warrant help-seeking were also more significant than stigma for Asian American students in Kim and Zane (2016), along with greater perceived barriers to treatment and less perceived likely effectiveness than for white students. Gender was also a highly significant factor across multiple ethnic groups in a number of studies, with men less likely to seek treatment than women.[2]

It is apparent that multiple layers of discrimination do affect neurodivergent and invisibly disabled students with other marginalized identities, but of course this is not the only way that students' racial and ethnic identities impact their experiences. Cultural values, community,

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[2] Barksdale & Mollock, 2009; Ramos-Sánchez & Atkinson, 2009; Han & Pong, 2015; Lipson et al., 2018; Tran, 2022.

and identity offer students affordances, support, pride, and comfort that help to bolster them even through specific challenges that may await them in higher education, and possibly more so when they are able to attend institutions that are not predominantly white. It is important to keep in mind that a strong sense of culture and identity is an asset, not a deficit, even when the surrounding culture centers whiteness and marginalized students with other identities. It is as critical to look for ways that students of color can be helped to draw on these supports as it is to eliminate the additional barriers that may be imposed on them.

Intersections with Gender

Overall, there have been some indications that women with disabilities are more likely to graduate from colleges and universities than men (Pingry O'Neill et al., 2012), although gathering precise statistics about higher education students with disabilities is complicated in ways previously discussed. If this is accurate, however, it would also be in line with trends in the general population of college students (National Center for Education Statistics, 2022). Furthermore, a number of other gendered factors may complicate students' experiences, depending on diagnosis and individual symptoms.

As neurodivergence is more likely to be recognized for what it is in white people than in people of color, it is also often more likely to be recognized in men than in women. It is common for neurodivergent young people to display different symptoms and patterns of behavior by gender, often due to associated social pressures and expectations, and diagnosticians are more likely to recognize those presentations that are more common among men. This is particularly true in the case of autistic people, with autistic women more likely to be diagnosed late or not at all (Milner et al., 2019; Cage & Howes, 2020; Krumpelman & Hord, 2021). Several other factors have been suggested as additional explanations for this, including that women may be more motivated to 'fit in' socially (Milner et al., 2019), and specifically seem to be more likely to engage in masking behaviors than men (Lai et al., 2017). A set of strongly gendered stereotypes and expectations are associated with autistic people, as Jack (2014) demonstrates: male 'computer geeks' on one side, emotionally unavailable 'refrigerator mothers' on the other, but with the reality of autistic gender creativity in between. Indeed, discussions of gender and autism are consistently complicated by the relatively frequent occurrence of gender-nonconforming, nonbinary, and transgender identities (or combinations of the three) among autistic people, which has been well documented, and will be discussed further in the next section.

With that said, however, some patterns have been noted of traits that may affect autistic students' experiences by gender, although in most cases the available evidence is limited. There is some evidence of tendencies toward slightly lesser orientation toward patterns and details in autistic women, and toward slightly higher social skills, although these are not unambiguous (Camodeca et al., 2019). There is also some evidence that concurrent mood disorders are most common in autistic women (Kreiser & White, 2015). Socially, autistic women seem to particularly struggle with difficulties in forming and maintaining friendships, and are at greater risk of bullying by peers (Milner et al., 2019; Krumpelman & Hord, 2021). As noted previously, they are also likely to be especially vulnerable in sexual relationships (Milner et al., 2019), and at an even greater risk than other university-aged women of sexual assault (Krumpelman & Hord, 2021). These factors may be related to the fact that, contrary to the general population and disabled students overall, autistic men are actually more likely to persist in college than autistic women, especially if they are enrolled in STEM fields (Wei et al., 2014). Increased likelihood of experiencing emotional disturbances, friendship and relationship difficulties, and sexual assault would certainly make it more difficult for a group of students to finish their degrees.

Similarly to autistic students, there are patterns of characteristics of students with ADHD and dyslexia that vary by gender, and may affect students' experiences. There are some patterns that hold true across both of these categories, as well, although each also has unique patterns. Like autism, both categories are more likely to go unnoticed in women than in men (Hinshaw & Ellison, 2015), likely due to women's having stronger apparent tendencies to develop coping mechanisms, and also to internalize self-blame for their challenges rather than suspecting a disorder (Hoffschmidt & Weinstein, 2003). Hoffschmidt and Weinstein go on to note that these conditions, which they refer to as 'silent learning disorders,' may only surface later in women's lives at major changes of life stage, when suddenly new circumstances render their past coping mechanisms inadequate. Furthermore, there is some evidence that women with ADHD tend to outperform men with ADHD academically (Daffner et al., 2022), and women in both categories appear to demonstrate greater strength in a number of traits potentially impacting academic performance in higher education. For those with ADHD these include fewer memory issues (Kercood et al., 2015) and higher self-determination (Wu & Molina, 2019), and for those with dyslexia they include stronger motivation and time management, and less fear of failure (Tops et al., 2020). University-aged men with ADHD also appear to have more problems than women with 'problematic screen time,' such as excessive gaming impacting academic performance (Hinshaw & Ellison, 2015).

If women in these categories perform better academically, this does impact men more negatively in a number of respects, but it also means that early detection is less likely for women, given that childhood diagnoses tend to result from poor performance in primary and secondary schooling. Otherwise, it is unclear from the existing evidence to what degree, if at all, actual symptoms of these conditions vary by gender. Some studies have found that ADHD appears to cause greater inattention and restlessness issues in women than men (Fedele et al., 2012; Hinshaw & Ellison, 2015; Kercood et al., 2015), but Schepman et al. (2012) finds the opposite to be true. Fedele et al. (2012) also find women with ADHD to have greater impairment across most areas of daily life, but this was derived from a self-report study with minimal corroborating data available, which the authors acknowledge as a limitation—and which may mean that women with ADHD are simply more likely to negatively evaluate their own life skills.

Indeed, it is socially and emotionally where the most pronounced complications appear to exist specifically for women in both categories. Women who already feel marginalized in male-dominated fields like STEM then feel even more undermined by identifying with a condition like ADHD or dyslexia (Pfeifer et al., 2021), and these impacts are compounded even further for women of color (Cameron & Greenland, 2021). Women's romantic relationships appear to be more negatively impacted by ADHD symptoms, especially when those symptoms are more severe (Bruner et al., 2015), and adolescent girls and young women with ADHD are more likely than others to experience relationship violence (Hinshaw & Ellison, 2015). In terms of mental health, ADHD medications are associated with a risk of eating disorder misuse, of which university-aged women are particularly at risk (Gibbs et al., 2016). As with autism, co-occurrence of depression and anxiety with dyslexia is more common in women (Nelson & Gregg, 2012). Negative emotional experiences appear to be more common in women both with and without ADHD than men, although all university-aged people with ADHD appear to have more negative emotional experiences than those without (Kearns & Ruebel, 2011). Women with ADHD are also at elevated risk of suicide and self-harm, and are more likely than men to have experienced trauma in early life, such as childhood abuse (Hinshaw & Ellison, 2015).

Among students with TBI, as well, social and emotional challenges in particular also seem to be more common for women than for men (Mukherjee et al., 2003). All of these patterns, even across other categories, align with data indicating that psychiatric disabilities are more commonly diagnosed in women than in men (National Institute of Mental Health, 2023a), especially eating disorders (National Institute of Mental Health, 2023b). When considering these data, however, it is worth keeping in mind that women are historically more likely to be psychiatrically pathologized for both benign personality differences and physical ailments (Poulin & Gouliquer, 2003). These patterns may also impact some women more than others, or impacts may vary. In the U.S., in particular, white women are more likely to be diagnosed with a psychiatric illness as the result of trauma than are women of any other race or ethnicity who have experienced trauma (Townsend et al., 2020). This could be the result of a buffer effect from ethnic identity, as Townsend suggests, or it may be that women of color are perceived as less vulnerable and therefore underdiagnosed, or a combination of these and other factors. In any case, overall, university-aged women are also more likely to experience significant mental health impacts from trauma history involving sexual assault (Zinzow et al., 2011), and women with common conditions like depression report similar patterns of significant impact on their studies from their symptoms, including in online learning (Orr, 2021). Other marginalized identities, such as race and ethnicity or LGBTQ+ identities, may also compound women's risk factors, as not only major trauma associated with marginalization but even more minor and repeated forms of harm like microaggressions have demonstrable mental health impacts (Boyle et al., 2022).

Interestingly, and perhaps relatedly, one study of college students found evidence of lower self-compassion among students with mental health symptoms and in mental health treatment, and also independently among women (Lockard et al., 2014). Some similar factors may affect both groups, but it is also likely that there is significant overlap between the two, given women's greater diagnosis rates and also their apparent higher likelihood of seeking help for mental health concerns. For example, while women appear to have higher rates of psychological distress than men among student athletes (Sullivan et al., 2019), they also report being more willing to seek help than do men, with no difference between athletes and non-athletes (Barnard, 2016). Masculinity and gender norms appear to be major factors in preventing men from seeking help with mental health issues, and, as noted in the earlier section on race and ethnicity, there is a pervasive pattern of men being relatively unwilling to seek treatment (Assadi, 2021). This is concerning for multiple reasons, but partly because untreated mental health symptoms in men may be more likely than those in women to translate into harm to those around them: for example, symptoms of social anxiety have been linked to an increased risk of attempting sexual assault or other forms of sexual aggression in undergraduate university-aged men (Calzada et al., 2011).

Chronic illness, meanwhile, may not affect women more frequently than men, but it may impact them in particular ways. Chronic pain conditions, for example, have been found to be more common in those with a history of childhood or domestic abuse, of which women are more likely to be survivors (Kendall-Tackett et al., 2003). Struggling to be diagnosed or even believed, whether by peers or by medical professionals, is a common experience among those with chronic invisible conditions, and this is especially true for women, making it more likely they will be hampered in receiving treatment and support (Moss & Dyck, 2003). Certain conditions are also especially gendered, especially stigmatized, or both: for example, myalgic encephalomyelitis (ME), often called chronic fatigue syndrome, is both significantly more prevalent in women and treated with significant skepticism even by medical practitioners (Moss & Dyck, 2003). There are significantly higher expectations of domestic work and emotional caretaking from women in heterosexual romantic relationships than of men, which may impact women's relationships if their health limits their perceived ability to meet those expectations; this may impact university-aged women less than those later in life, but situations vary (Moss & Dyck, 2003). In any case, as in all categories, differences in social expectations and probable life experiences by gender have a major impact on how strongly and in what ways chronic illness affects students.

Intersections with LGBTQ+ Identities

Not only do LGBTQ+ identities significantly overlap with neurodivergence and invisible disabilities, but the considerations of both identities parallel and interact with one another in a number of ways. While Samuels (2003) has rightly cautioned against simplistically conflating the experiences of LGBTQ+ and disabled people, and emphasizes the need to remain mindful of the complexities and nuances of each, there are patterns of LGBTQ+ student experience that will be very familiar after having detailed those of invisibly disabled and neurodivergent students. As with gender, scholars have begun increasingly to place queer theory and disability theory in conversation with one another, bringing an additional lens of analysis to both. Kafer's (2013) *Feminist, Queer, Crip*, for example, argues for the intertwined nature of compulsory heterosexuality and compulsory able-bodiedness as cultural forces, and Walker's (2021) *Neuroqueer Heresies* details the author's bringing the concept of 'queering' discourse into the development of the neurodiversity paradigm. Walker's radical rhetorical expansion of possibilities for neurobiological functioning is fundamentally linked with similar expansions of possibilities for sexuality and gender, and it offers a means of simultaneous and intertwined resistance to both neuro- and heteronormativity.

For our purposes, however, of most interest are the ways that lived experiences of LGBTQ+ identity, neurodivergence, and invisible disabilities interact with each other for students. Perhaps most notably, both types of identities share the commonality that they are invisible unless students choose to disclose them. One of the most commonly mentioned areas of overlap is that in both cases, many students work to consciously manage others' perceptions of themselves, and carefully choose whether, when, and how to disclose information about their identities, because of the risk of stigma and discrimination.[3] Students describe the invisibility of their identities as a 'double-edged sword,' protecting them to a degree from stigma but also obstructing their positive self-identification (Miller et al., 2019), which leads to experiences of what one student describes as being 'closeted twice' (Miller, 2018, p. 337). Depending on context, students may feel the need to pass as those with more privileged identities in multiple dimensions, to manage risk and protect themselves (Miller et al., 2019; Abrams & Abes, 2021).

Even beyond the issue of visibility, as well, the LGBTQ+ experiences of students in both identity groups present curious echoes of recurring themes in invisibly disabled and neurodivergent students' narratives. For example, as disabled students are expected to advocate for their needs to faculty and risk exposure and stigma in the process, the onus to challenge heterosexism, homophobia, and transphobia in the classroom, curriculum, or college environment often falls on LGBTQ+ students, rather than being addressed at the institutional level, but to do so risks unwanted personal exposure (Daniels & Geiger, 2010; Miller, 2015; Bell, 2017). LGBTQ+ students, especially those who are disabled and neurodivergent, are often on an additional cultural learning curve when it comes to adapting to the university environment, creating time disadvantages not unlike those experienced by disabled students generally (Daniels & Geiger, 2010). In fact, Daniels and Geiger (2010) go so far as to propose modifying and repurposing the Universal Design for Learning framework, designed for inclusion of disabled students, as a tool for the inclusion of LGBTQ+ students as well, recognizing the similarities and overlap between the two groups.

Furthermore, the stigma and discrimination faced by each group tend not only to coincide with, but to be compounded by their combination (Miller, 2015; Bell, 2017). For example, the infantilization and desexualization to which disabled people are frequently subject tends to play into dismissals of LGBTQ+ identity as 'just a phase' or 'confusion' (Toft et al., 2019). A recent study, comparing LGBQ+ students

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[3] Daniels & Geiger, 2010; Miller, 2015; Bell, 2017; Miller et al., 2017; Miller, 2018; Miller et al., 2019; Toft et al., 2019; Miller & Smith, 2021.

specifically and disabled students against their peers with respectively more privileged identities, also found that the LGBQ+ group and the disabled group was each significantly more likely to have more negative experiences, such as feeling physically unsafe, not being able to be themselves, not feeling they belonged, and being discriminated against (BrckaLorenz et al., 2020). These negative experiences were significantly higher than for either of those single identity groups for students who identified as both LGBQ+ and disabled. Other studies have also found that some of the discrimination experienced by transgender and gender-nonconforming disabled students parallel those of disabled cisgender women students, creating a useful grouping of disabled 'gender minorities'; the intersections of both sets of identities led to perceptions of weakness and inability by the students who shared them, and increased those students' feelings of being unsafe and at risk of violence (Kimball et al., 2018; Vaccaro et al., 2020).

Another negative commonality of LGBTQ+ and disabled identities is that students regularly experience microaggressions from higher education faculty and staff about both types of identity (Bell, 2017). Several student narratives also describe experiences of family or higher education employees falsely conflating their LGBTQ+ identity with their disability or neurodivergence, or incorrectly assigning responsibility for one identity to the other, to students' frustration (Bell, 2017; Toft et al., 2019). More common types of microaggression from a broader study, however, appear to be denial or minimization of either or both identities, imposing heteronormative and gender normative expectations, misgendering, treating disability as an imposition, structural inaccessibility of spaces and activities to students because of one or both identities, and racist or other intersectional microaggressions, including in white-dominated LGBTQ+ and/or disability-friendly spaces (Miller & Smith, 2021). As the same study points out, all of these types of discrimination are insidiously vague and difficult to pinpoint, although they significantly and negatively impact students' lives. Students with both identities may also be poorly positioned to confront discrimination against one identity because of the impacts of the other: for example, an autistic or psychiatrically disabled student may feel intense discomfort confronting someone else socially for a homophobic remark, or a gender-nonconforming student may find they are not taken seriously about their disability needs because of stigma around their gender presentation (Miller & Smith, 2021). Furthermore, both identities are also similar in their frequent invisibility or stigmatization within the curriculum. As one student notes even of a course with intentionally diverse assigned readings, 'We don't get a gay book,' and the same can often be said for representation of disabled voices (Miller, 2015, p. 388).

Gender identity, in particular, represents another site of potential difficulty that may intersect with neurodivergence and disability. Recognizing and embracing one's identity as transgender, nonbinary, or otherwise gender-nonconforming can be an emotional and demanding journey for anyone at a university student's stage of life, and doubly so for a student already burdened by additional pressures around being invisibly disabled or neurodivergent (Kimball et al., 2018; Cain & Velasco, 2021). Effective and consistent medical transition care can also be extremely hard to obtain, especially in some geographical areas and for students with higher body weights, and can present challenging interactions with other medical conditions (Cain & Velasco, 2021). There is a critical need for specifically trans-aware mental health and medical support on college campuses, and one that, as has already been demonstrated, is not always well met (Cain & Velasco, 2021). Even students who are willing to overcome the obstacles to their appropriate gender-affirming care may still be hesitant, because of fears of how they may be perceived and stigmatized by others (Kimball et al., 2018; Cain & Velasco, 2021). Neither are these fears unfounded, especially for disabled students. Disabled transgender students are at demonstrably greater risk than even disabled LGBQ+ students of direct microaggressions and victimization (Miller et al., 2021), and are more likely to experience significant discrimination, harassment, violence, and economic precarity. As a direct result of this last factor, a significant percentage of disabled transgender college students will at some point engage in sex work, for which they seldom have access to sufficient health and safety resources on campus (Coston et al., 2022).

On the whole, invisibly disabled and neurodivergent students who are also LGBTQ+ are consistently likely to face significantly greater hardships than their non-LGBTQ+ peers, who face significant hardships compared to neurotypical and nondisabled students already. The impacts of these experiences also have implications for how factors like positive disability identity help to support student success. As several narrative studies have shown, rather than being able to have an organic 'identity development' experience as LGBTQ+ or disabled, these students find their identities forcibly shaped and made to shift by discrimination and oppressive environments (Kimball et al., 2018; Abrams & Abes, 2021). Because their marginalized identities are invisible, in particular, students are frequently forced into being perceived through a lens of compulsory heterosexuality and able-bodiedness, making it more difficult to have their needs recognized and supported (Kimball et al., 2018; Abrams & Abes, 2021). It is worthwhile to note, however, that whiteness and physical features still mitigate these impacts, and racial and ethnic marginalization as well as appearance factors, such as body size or obvious disfiguration, compound them (Abrams & Abes, 2021).

Even as these identities develop in whatever form they are able, they may also come into conflict with each other. Students may feel uncomfortable and ill-suited to LGBTQ+ spaces due to their disabilities or neurodivergence, such as when LGBTQ+ gatherings are sensorily or socially prohibitive for autistic students or trigger anxiety in psychiatrically disabled students, or they may feel their LGBTQ+ identity is not accepted in spaces and gatherings for disabled students (Miller et al., 2017; Miller, 2018). For example, one student described his experience with LGBTQ+ spaces on campus:

> I went into the gay youth help thingy center and it was political. It had sort of that angry atmosphere that I just . . . and it was cliquish and so I just thought about going to some of the meetings that they have, but I mean I have anxiety problems and going to something like that alone: that's not great. (Miller et al., 2017, p. 128)

Some students may embrace their LGBTQ+ identity but feel the need to distance themselves from a disabled one (Bell, 2017; Miller et al., 2017; Miller, 2018; Toft et al., 2019), or the other way around (Miller et al., 2017), depending on the student's individual experiences and concerns. Still other students, however, see the two identities as integrated and in conversation with each other; this is especially common in studies with participant groups that skew older, such as mixed undergraduate and graduate student studies, and may be a conclusion at which students increasingly arrive over time (Miller, 2018). Considering the two to be intertwined appears to be especially likely for transgender and otherwise gender-nonconforming autistic students,[4] and for LGBTQ+ students with psychiatric disabilities, particularly anxiety and depression (Miller, 2018). There also seem to be some patterns of co-occurrence that support these impressions. It has been established in the literature that autistic people are substantially more likely than others to be transgender, gender-nonconforming, or otherwise LGBTQ+ (de Vries et al., 2010; Shmulsky & Gobbo, 2019), and there is in fact some evidence of correlation between autism and intersex traits at the biological level (Bejerot et al., 2012). A study of only LGBQ+ disabled students, meanwhile, found mental illness to be the most commonly occurring disability among them (BrckaLorenz et al., 2020), and depression is also a frequently reported factor negatively impacting well-being in LGBTQ+ disabled students (Miller et al., 2021). As with other ways that LGBTQ+ students are underserved, however, treatment for these disabilities seems to be less common even as their occurrence is proportionally higher. LGBTQ+ students with anxiety and depression have been found to be less likely than others to be in treatment, except at high levels of severity of symptoms (Seehuus et al., 2021), and veterans with minoritized sexual orientations have been found to be significantly more likely both to have post-traumatic stress disorder (PTSD) and to have military sexual trauma exposure, but significantly less likely to be receiving services for these as disabilities (Shipherd et al., 2021).

More encouragingly, however, links between the two identities have also been established as positive influences on student well-being. LGBTQ+ pride and strong peer support networks have both been found to support well-being for these students (Miller et al., 2021). Furthermore, when students do choose to disclose one or both of their identities, a commonly recurring reason for doing so is to show solidarity and support for others (Miller et al., 2019). When students feel particularly isolated and excluded based on their identities, especially in disciplines like STEM that tend to have more heteronormative, inaccessible, and unsupportive cultures, in many cases they choose to respond by increasing their personal visibility as a representative of marginalized identities, and advocating for change (Miller & Downey, 2020). Abrams and Abes (2021) and their interviewee characterize this

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[4] Miller et al., 2017; Kimball et al., 2018; Toft et al., 2019; Cain & Velasco, 2021.

type of resistance as 'radical self-love,' and describe the positive impacts for the student of rejecting traditional structures and expectations, and advocating against injustice in spite of the discomfort of visibility and negative perceptions (Abrams & Abes, 2021). As difficult as it can be for students to claim their identities and be visible, and as much as it would be better to be in positive environments where they do not need to advocate to be seen and supported, engaging in these activities can nonetheless serve as one path for students to develop a sense of positive identity that helps to sustain them.

Intersections with Trauma

Some degree of trauma history is common for students with marginalized identities, including disabled students, and the risk is increased for every additional marginalized identity a student has. Increased likelihood of exposure to trauma and posttraumatic symptoms have been linked to race and ethnicity (A.L. Roberts et al., 2011), disability (Harrell, 2017; Liasidou, 2023), sexual and gender minoritization (Coulter & Rankin, 2020), and intersections of all of these (Seng et al., 2012). College students with ADHD since childhood, in particular, have been found to be significantly more likely to have a trauma exposure history and/or PTSD symptoms (Miodus et al., 2021). It is therefore vital, as we consider the ways in which intersecting identities are likely to impact students' experiences, to also consider the ways that students are impacted by trauma.

A personal history of trauma, whether or not the person who experienced it has developed PTSD or not, has multiple significant effects on day-to-day life, especially for college students. Because of the way memory is processed during an extremely stressful or dangerous event, later in life the person who experienced the trauma may have a fight, flight, or freeze response even during nonthreatening events or situations, may relive or reexperience part or all of the initial traumatic event, and may develop coping behaviors like disassociation, hypervigilance, or avoidance, along with numerous other possible changes to mood, cognition, behavior, and sleep (Conley et al., 2019). For students in higher education in particular, there is evidence that a history of trauma significantly impacts academic performance and overall quality of life (Goodman, 2017). This is particularly concerning given that, as we have seen, disabled students are already often at a significant disadvantage in these areas, which the addition of trauma symptoms may well make seemingly insurmountable. In many very real ways, trauma is itself disabling, whether or not the psychological impacts from trauma constitute the student's primary disability. As Liasidou (2023) articulates, trauma and disability are not one another, but they are deeply interrelated, and impact and arise from one another. Furthermore, particularly for marginalized students including disabled students, and especially for multiply marginalized students, higher education itself can be a traumatic experience:

> I'd got myself into such a state about it, and then I just ended up having some sort of meltdown over it. And I think just the stress of it had been building and it's such an intense feeling. The kind of response is to just run away and go well I just don't want to feel like that again. So, I thought I just can't do it [the degree]. (Cage & Howes, 2020, p. 1669)

Even students who begin higher education neurodivergent or invisibly disabled but with no trauma history may not remain without one for long, in the face of peer and faculty stigma and discrimination, insufficient support, and systems that set them up to fail at every turn.

To help mitigate the additional impacts of trauma on students already operating under multiple other burdens, higher education faculty, staff, and administrators may consider a variety of strategies. Being aware of the risk of microaggressions and working proactively to prevent them, gently disrupting students' negative self-talk in support interactions, providing self-service mental health support resources that students can access anonymously and discreetly, developing programming in support of marginalized identities especially with leadership representative of those identities, working to increase staff and faculty diversity, and carefully referring students to appropriate services on campus as need arises have all been suggested as small steps that could be taken to improve the experiences of students with trauma histories (Conley et al., 2019). The availability of robust counseling and other mental health services on campus is also a critical imperative (Goodman, 2017). To faculty in particular, Orem and Simpkins (2015) strongly recommend a thoughtful implementation of the practice of trigger warnings for course content. Rather than avoiding making students engage with any uncomfortable topics, they argue, these warnings deliberately share control of students' experiences in class with the students themselves, providing students the means of recognizing and managing their own mental health needs and allowing them to engage with difficult and sensitive material on their own terms, without being harmed or excluded.

Summary and Conclusions

Neurodivergent and invisibly disabled students are already marginalized based on these identities, but they may also have other marginalized identities that intersect and interact with these in a number of ways. Neurodivergent students of all other races, ethnicities, and genders are less likely than white male students to have their needs recognized and supported appropriately. Students of color, non-male students, LGBTQ+ students, and all combinations thereof may feel excluded and isolated in campus spaces due to those identities, particularly in certain disciplines where privileged identities tend to dominate, and being disabled or neurodivergent only compounds that experience. With each type of intersecting identity, however, the ways that they interact are not simple, and not necessarily negative. Stereotype threat and cultural attitudes may particularly deter accessing supports for students of color, particularly those with psychiatric disabilities—but at the same time, strong racial and ethnic identities and cultural factors can be emotional supports and motivators that increase student success and help-seeking. Women are generally more vulnerable to abuse, violence, and social or emotional challenges, and tend to have lower estimations of their own abilities and less self-compassion, but they are also more likely than men with similar conditions to succeed academically, to seek and receive support, and to express symptoms in ways that do not bring harm to others. Invisible disabilities and LGBTQ+ identities impact students in curiously similar and intertwined ways, and students with either identity experience more negative impacts on their quality of life than students with privileged identities, while students with both experience the most negative impacts of all. They struggle with invisibility and erasure, stigma and discrimination that are sometimes violent, medical and emotional challenges around gender identity and transition, and a climate that is generally hostile to their formation of a positive identity. Their identities may also come into conflict with one another in ways that prevent their receiving full needed support. And yet, many see those identities as deeply interrelated and formative, and claiming and advocating for them can be a source of pride, strength, and community that is sustaining.

Across many studies, students report experiences of being excluded and made to suffer for their marginalized identities, but those identities can also just as often be a valuable and nourishing part of their lives. It is important to recognize and celebrate these critical parts of who students are, and at the same time, to be mindful of the increased likelihood that they have been harmed in ways that will continue to impact them in higher education. Disabled and neurodivergent students are more likely than others to have experienced trauma, and more so with each additional marginalized identity they may have, which has significant and often additionally disabling psychological impacts that affect their success and their quality of life. Inclusive faculty and staff must work to increase their awareness of the needs these factors create, and employ additional strategies to meet them. If we seek to support neurodivergent and invisibly disabled students, we must be committed to supporting all of them, from those who have been at the greatest disadvantage from the combination of factors affecting their lives to those who have been at the least. Inclusive support that is mindful of the intersecting impacts of marginalization, and of trauma, will benefit all students, but it will most benefit those who are most in need.