

The everyday experiences of lesbian, gay, bisexual, transgender and intersex (LGBTI) people living with disability

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Executive Summary

This report documents the effects of systemic discrimination on the health and wellbeing of LGBTI people with disability. It is divided into two key sections (Sections 4 and 5). The first reviews the national and international research and policy literatures on the impacts of systemic discrimination, disadvantage and social exclusion on the health and wellbeing of LGBTI¹ people with disability and their access to services. The second, smaller section presents preliminary analyses of unpublished data on LGBT people with disability from *Private lives 2: The second national survey of the health and wellbeing of LGBT Australians* (2012).

KEY FINDINGS

The review found that research, policy and practice on the health and wellbeing of LGBTI people with disability in Australia is fragmented, under-resourced and relies on different, sometimes contrary definitions of 'disability'. The review documents higher rates of discrimination and reduced service access among LGBTI people with disability compared with people with disability and LGBTI people without disability; greater restrictions on freedom of sexual expression (particularly for LGBTI people with intellectual disability); and reduced social support and connection from both LGBTI and disability communities. It documents a lack of professional training, resources and support for disability and allied health care workers for LGBTI people with disability. It also found that many disability services and workers are unwilling to address the sexual and gender identity rights and freedoms of LGBTI people with disability.

Framing LGBTI people with disability

Understanding discrimination

The literature review covers the period from 2000 to the present. It identifies three discrete but overlapping ways of understanding how discrimination and disadvantage effect the health and wellbeing of LGBTI people with disability.

- A singular approach – Treats discrimination against LGBTI people (heterosexism) and discrimination against people with disability (ableism) as separate processes
- An additive approach – Discrimination against LGBTI people and discrimination against people with disability are seen as *mutually reinforcing* processes leading to rates and patterns of reduced health and wellbeing unique to LGBTI people with disability
- An intersectional approach – Addresses the impact of *multiple forms of discrimination* on the health and wellbeing of LGBTI people with disability who identify with other minority groups including aboriginal, multicultural, multi-faith, socio-economically disadvantaged and rural.

The review highlights the importance of applying an intersectional understanding of identity and the operations of discrimination, to the design of policies and services that address the diversity of lived experience and needs of LGBTI people with disability. However, it also acknowledges some of the practical constraints of relying exclusively

¹ This review adopts the abbreviations LGBTI as reported in the selected literature. Often people with intersex variations (I) are omitted reflecting the paucity of research addressing their experiences.

on an intersectional approach. It notes that singular and additive approaches when cased within an overarching intersectional framework can be used to highlight:

- The stark health disparities between minority and majority populations including between people with and without disability and between LGBTI people and people who are cisgender and heterosexual (singular); and
- How an inability to consider the ways in which heterosexism interacts with ableism may be contributing to discrimination against LGBTI with disability from both LGBTI and disability communities (additive).

Definitions and their limits

Research, policy and practice on the health and wellbeing of LGBTI people with disability relies on different and sometimes contrary definitions of 'disability'. For example, while *Private Lives 2* demonstrates major disparities in health and service access between LGBTI people with and without disability, the definition of disability used is not consistent with that used by the Australian Bureau of Statistics (ABS). PL2 includes psychiatric conditions, a number of which are not classified as disability and their inclusion may lead to an overestimation of rates of mental ill-health among LGBT people with disability compared to LGBT people without.

The lack of consistent definitions and terminology:

- Complicates comparative analyses between different national data sets and in particular rates of discrimination, and reduced health and service access between LGBTI people with disability and non-LGBTI people with disability
- Hampers efforts to develop policy, programs, training and resources for LGBTI people with disability and consideration of the situation and needs of LGBTI people with disability who identify with one or more other minority populations; and
- Can mask significant differences between people living with different types of disability, particularly between people with intellectual disability (ID) and people with physical disability (PD). While LGBTI people with ID and PD share many experiences, LGBTI people with ID may be subject to additional pressures and stigma.

Violence, discrimination and abuse

The review documented higher rates of violence and abuse against LGBTI people with disability compared with national averages and LGBTI people without disability. The review found:

- Greater human rights violations against LGBTI people with disabilities in countries that criminalise or pathologise LGBTI identities and practices
- National data showing that people with disabilities are more likely to be victims of crime and experience violence and discrimination than those without. The limited national comparative data suggest rates of crime, violence and discrimination are even higher among LGBTI people with disability

- There are very few national surveys comparing rates of violence and discrimination against LGBTI with disabilities versus LGBTI people without or looking at variations in rates of violence among LGBTI people with disabilities. However the available data suggest that:
 - LGBTI people with disability experience higher rates of crime and victimisation than LGBTI people without disability
 - The risks of violence are higher for women with disability and for LGBTI people with ID or LD
 - Trans and gender diverse people with disability experience even greater discrimination when accessing services than LGB people with disability and, in particular, are less likely to access aged care services due to fear and anticipation of discrimination
 - LGBTI people with disabilities are subject to higher rates of discrimination and abuse than LGBTI people without disability (unpublished national Australian data)
 - Restrictions on freedom of sexual expression of people with disability and, in particular, LGBTI people with disability
- National data and in particular surveys from the US and UK show that LGBTI people with disability associated with other minority or marginal populations including women, people of colour, CALD, and older people were at greater risk of victimisation and stigmatisation and reduced access to professional and support services
- LGBTI people with disability may be at increased risk of family violence and violence from carers and support workers. These risks may be even higher for LGBTI people with ID
- LGBTI people with disability experience discrimination from within both LGBTI and disability communities compounding their sense of social marginality and isolation and contributing to their increased risk of mental health problems

Health disparities

LGBTI people with disability's experiences of systemic discrimination are associated with reduced health and wellbeing and reduced access to services. The review found that:

- LGBT people with disability have twice the rates of anxiety and psychological distress than LGBT people without (unpublished national Australian data)
- Large US studies suggest that older LGB people have higher risk of disability than older heterosexuals
- LGBTI people with ID and LD have poorer mental health than LGBT people with disability (inclusive of ID, LD and PD) and are at increased risk of self-harm due to the effects of additional forms of discrimination, stigma and abuse
- Research suggests a higher incidence of autism among TGD people
- Stigma and prejudice against LGBTI people with disability are associated with an inability to include their specific situation and needs in sex and relationships education and resources, placing them at increased risk of STIs and reducing their capacity to develop respectful, intimate relationships.

Social connection

Reduced social connection—including family, service providers and support groups, and mainstream, disability and LGBTI communities—are associated with reduced health and wellbeing for LGBTI people with disability. Conversely, positive and increased social connection across each of these areas is associated with improved health and wellbeing for LGBTI people with disability.

- LGBT people with disability have difficulty connecting with LGBT communities and with disability communities
- LGBT people with disabilities have less freedom to express their sexuality or gender identity. This is even more so for LGB people with ID or LD
- Restrictions on freedom of sexual and gender diverse expression have consequences not only for the sexual health of LGBTI people with disability, but also on their ability to form social and intimate relationships and to connect to mainstream, LGBTI and disability support groups and communities
- Workers are often reluctant, unwilling or lack confidence in addressing the sexuality, sexual expression and gender diverse identities of LGBTI people with disability. Again, this lack of engagement is even more pronounced for LGBTI people with ID and creates barriers for accessing appropriate information, developing intimate and supportive relations, and connecting to LGBTI and disability community and support groups.

Advocacy and support

The report documents a small but growing interest over the past decade in acknowledging and addressing the needs of LGBTI people with disability in government policies, the delivery of disability services, and in the development of inclusive professional practice and individual care and support. These efforts have been driven by decades of lobbying by disability and LGBTI advocacy groups and by a growing interest in diverse, LGBTI-inclusive practice.

- Over the past decade some key Government reports addressing diversity, social inclusion and health inequalities have adopted an intersectional lens
- The emergence of an intersectional policy and program lens has assisted getting LGBTI people with disability and in some cases, those who identify with one or more other minority population, on the policy radar
- In Australia, some disability and LGBTI organisations are beginning to consider the needs of LGBTI people with disability and ways in which they might work together to develop common resources. These include:
 - Sexuality and relationships education training and resources for disability workers, clinicians and educators dealing with LGBTI people with disability; and
 - In Victoria, the inclusion of the diverse needs of LGBTI people with disabilities in LGBTI inclusive family violence training and resources as part of restructuring the family violence sector
- Identify gaps in our current research and programs, including the need for more:
 - Detailed analyses of the drivers of reduced health outcomes between LGBTI people with and without disability
 - Research on how disparities in health outcomes among LGBTI people with disability vary according to type of disability and differences in sexual and gender diverse identity and expression and how these differences are themselves crosscut and shaped by other identities and categories of social inequality including race, CALD, age, and location
 - Evidence-based training, information and resources that address the diversity of needs of LGBTI people with disability

1. Background

Disability results from interactions between a person's impairment, understood as functional limitations, and the social, physical and attitudinal barriers they face.

Addressing disability involves removing these barriers and minimising the negative impacts of impairment on a person's life.²

Over the past twenty years, a compelling and growing body of research has explored the impact of systemic, heterosexist discrimination and abuse on the health and wellbeing of sexual orientation and gender diverse minorities (Bariola, E. et al., 2016; McNair, R. et al., 2016; Leonard et al., 2015; Leonard and Metcalf, 2014; Lyons et al., 2013; Leonard et al. 2012; Rosenstreich, 2011; Conron et al, 2010; UNAIDS 2007; Dodds et al. 2005). The research clearly shows that discrimination leads to higher rates of particular preventable physical and mental health problems among LGBT(I) people compared with the population as a whole. These include higher rates of some cancers; drug and alcohol misuse; depression and anxiety; and self-harm and attempted suicide (Bariola, E. et al., 2016; Cochran and Mays 2007; Corboz et al. 2008). Systemic discrimination has also been linked to LGBTI people's underutilisation of health and allied services, leading to poorer prognoses and health outcomes (Heck et al. 2006; Mayer et al. 2008; McNair et al. 2014; Pitts et al. 2006).

It is only recently that research and policy on the social determinants of LGBTI health have begun to explore the effects of multiple forms of discrimination on the health and wellbeing of vulnerable subpopulations within LGBTI communities. In Australia, this includes research on how heterosexism interacts with racism, ethnocentrism and ageism leading to poorer health and wellbeing for Aboriginal LGBTI people, LGBTI people from diverse cultures and older LGBTI people, respectively. However, within this growing body of work on 'minorities within a minority' (Martino 2017) there is very little research on how multiple forms of discrimination affect the health and wellbeing of LGBTI people with disabilities.

If studies of LGBTI health and wellbeing have only recently begun to consider the added pressures facing LGBTI people with disability a similar case can be made for the lack of consideration of LGBTI people in studies that focus on the health impacts of different types of disability. The majority of critical studies looking at the relationships between disability and health outcomes have focused on disparities in economic status and service access between people living with disabilities and those living without (Kavanagh 2012). The research highlights the negative effects of stigma and systemic discrimination on the health and wellbeing of people living with disability. Little of this research looks at the effects of discrimination on the sexual expression, rights and freedoms of people living with disabilities nor on how limiting the sexual expression of people with disabilities affects their health and wellbeing.

Furthermore, the small number of studies that do address sexual expression assume that everyone is heterosexual or cisgender and in so doing render LGBTI people's lives and relationships invisible. This is particularly true for people with intellectual disabilities (ID) or learning difficulties (LD). According to Wilson et al. (2016) in their narrative review of the research on LGBTI people with ID, 'People with ID have long been seen as either asexual or hypersexual; if they are seen as sexual, they are generally considered heterosexual...' (p.2).

² Adapted from GLHV@ARCSHS, La Trobe University (2016), p.72.

Wilson and colleagues also note that the very small number of studies that do consider LGBTI people are 'either exploratory or descriptive'. Almost none of this research, they argue, has been used in the development of innovative training, education and other interventions aimed at improving the health and wellbeing of LGBTI people with disability (p.1).

2. Aims of the Project.

This review examines the research and grey literatures on the impacts of systemic discrimination, disadvantage and social exclusion on the health and wellbeing of LGBTI people with disability and their access to services. It also includes preliminary analyses of unpublished data on LGBT people with disability from Private lives 2: The second national survey of the health and wellbeing of LGBT Australians (PL2, 2012, n=3853).

Table 1 – List of abbreviations

LGB	Lesbian, Gay, Bisexual	T	Trans or Transgender
SO	Sexual Orientation	GD/GNC/GNB	Gender Diverse/ Gender Non-conforming/ Gender Non-binary
SSA	Same-sex attracted	Q	Queer
Hetero	Heterosexual	I	Intersex
ID	Intellectual Disability	PWD	People with Disabilities
LD	Learning Difficulty	PD	Physical Disability
MCMF	Multicultural and Multi-faith		

The reviews cover the last 18 years of academic research and LGBTI and disability-related policy and program development during which time there has been a slow but steady increase in work on the health and wellbeing of LGBTI people with disability. Over this time, both disability studies and health and wellbeing research and policy have begun to look at how multiple forms of discrimination affect LGBTI people living with disability. At the same time, academics and disability and LGBTI advocates have begun to rethink the relationships between disability and minority sexual and gender diverse identities. This conceptual work is itself part of the development of new, *intersectional* approaches to understanding the effects of multiple forms of discrimination and disadvantage on the health and wellbeing of people who identify with a number of minority populations.

Together, the reviews of the academic and grey literatures and preliminary analyses of data from PL2 provide an introductory map of the state of research, policy and services on LGBTI people with disability. This map will assist those who are calling for the development of evidence-based, theoretically informed LGBTI-inclusive disability policies, programs and services.

The map provides the basis for the next and final stage of this project which will focus on:

- Gathering data on the experience of LGBTI Australians living with disabilities
- The application of the data and current research and theory to the development of LGBTI-inclusive policy and training guidelines for disability services and allied health professionals; and
- Identifying new and emerging policies and programs where inclusion of LGBTI people with disability is vital (E.g. Family Violence).

The final stage will be funded as a separate project through GALFA.

3. Literature Review Methods

The review cast a wide net to map the direction and ‘movement’ of research and policy and program development relating to LGBTI people with disability. The review included academic articles (research-based and theoretical) and grey literature (policy, programs and services). Databases were searched using combinations of terms: disability and sexual orientation and gender identity (lesbian, gay, bisexual, homosexual, SSA, trans, gender diverse, queer, intersex) and health and health inequalities (well-being, discrimination, stigma, social inclusion/exclusion, marginalisation).

The searches identified 96 articles and reports published between the years 2000–2017 with the majority published post 2005 (see Table 2 for a summary of key characteristics)³. Of the 76 research articles and research reports, 23 used qualitative methods, 22 quantitative and a further 7 used mixed methods. A number of the qualitative research articles relied on secondary analyses of existing data sets. The remaining 24 research articles and reports (including Government reports) consisted of theoretical commentary or literature and policy reviews. The academic and grey literature searches clearly demonstrate that original, empirical research on the impacts of discrimination, disadvantage and social exclusion on LGBTI people living with disabilities is extremely limited.

Country of Publication		Sexual Orientation, Gender Identity, Intersex Status	
38	United States	49	Lesbian
23	United Kingdom	47	Gay
22	Australia	43	Bi
6	Continental Europe (Sweden, Netherlands and France)	33	Trans/GD
4	Canada	8	Queer
2	Ireland	8	SO
1	Bangladesh, India and Nepal	4	Homosexual
1	South Africa	4	Intersex
		1	SSA

³ With the exception of Vernon, A. (1999).

Type of publication		Search terms	
49	Research article	55	General health and wellbeing, mental health
27	Research report	14	Social inclusion/exclusion
8	Discussion paper	14	Stigma
5	Literature review	10	Other
5	Book/Book chapter	7	Discrimination
2	Resource guide	8	Crime, violence
		4	Age

The largest number of studies were conducted in the US (40%) followed by the UK and Australia (24% and 23%) with a smattering of studies from Continental Europe, Canada and Ireland. The spread of publications is similar to that reported by Wilson et al (2016) in their review of articles on LGBTI people with ID, but with a reversal in the order of lead countries of publication (the UK ahead of the US in Wilson's review). Like Wilson, this review found that policy and programs often focused on risk reduction, including HIV and that very few articles described policy or programs that supported LGBTI people's identities or promoted their open and free sexual expression. While nearly a third of the studies and reports mentioned trans and gender diverse people with disability, only a small number focused, primarily, on their needs. Even fewer included people with intersex variations living with disability (n=4).

The 96 articles were subject to a thematic analysis and individual articles allocated to one of seven key categories: theoretical critiques (n=12); attitudes (n=14); barriers (n=15); discrimination and vulnerability (n=14); violence and crime (n=8); health disparities (n=16); and advocacy and support (n=17). The seven categories reflect but are not identical to the search terms used. A significant number of articles addressed issues common to more than one of the seven categories. However, articles and reports were allocated to the category that most closely aligned with their primary aim, findings and recommendations. The 96 publications are listed in Table 3 and information is provided on the publication type, methodology, participants (where applicable) and key findings.

4. Results of the Literature Review

The results of the review of the academic and grey literatures opens with an extended discussion of the ways in which discrimination, disadvantage and prejudice have been understood to shape the lives of LGBTI people with disability. These ‘theoretical critiques’ unpick the differing and sometimes contradictory ways policies, programs and services construct LGBTI people with disabilities. These different constructions can lead to very different approaches to addressing the causes and effects of reduced health and wellbeing among this population. These differing understandings and approaches reappear and frame many of the issues covered in the six remaining categories: attitudes; barriers; discrimination and vulnerability; violence and crime; health disparities; and advocacy and support.

4a. Theoretical critiques

Broadly speaking, the academic literature identifies three discrete but overlapping ways in which discrimination and disadvantage have been understood to impact on the health and wellbeing of LGBTI people with disability. The first treats discrimination against people with disability and discrimination against minority sexual and gender diverse identities as separate processes of social marginalisation, stigmatisation and disadvantage. The second looks at how discrimination against people with disability interacts with discrimination against sexual and gender diverse minorities leading to rates and patterns of ill-health and barriers to service use particular to LGBTI people with disabilities. The third explores the ways in which different types of systemic discrimination play off each other, increasing their negative impact on the health and wellbeing of LGBTI people who identify with a number of other minority or marginal populations, including aboriginal, culturally or linguistically diverse, and socio-economically disadvantaged. The first approach can be characterised as singular, the second as additive and the third as intersectional.

Singular

Academic and policy interest in reduced health outcomes for people with disability and LGBTI people was driven, in part, by the rise of social movements and rights-based advocacy and a renewed focus on the impacts of systemic discrimination on the everyday lives of minority and marginal populations. The social model of health, for example, identifies a number of determinants that lead to patterns of health inequality between minority and majority populations. Each of these determinants is understood to function as a relatively independent social gradient along which resources, including health and wellbeing, are distributed. For example, ability can be thought of as a gradient with those with greater abilities at the top enjoying better health and access to resources than those with increasing disability who are pushed to the bottom. Similarly, sexual orientation and gender identity can be thought of as a social gradient with heterosexual and cisgender people at the top enjoying better health and wellbeing at the expense of those who are same sex attracted and trans and gender diverse, at the bottom.

The strength of this approach is that it clearly documents, often in stark fashion, inequalities in health and wellbeing between minority and majority populations. For example, a meta-review of studies that looked at variations in mental health according to sexual orientation commissioned by beyondblue showed significant disparities in mental health between heterosexual and homo/bisexual people (Corboz et al. 2008). According to the review, people who identify as homo/bisexual are more likely to experience anxiety (31%) and depression (14%) than people who identify as heterosexual (19% and 6% respectively). Similarly, large national population studies

such as the ABS show marked variations in health and wellbeing outcomes, including economic outcomes, between Australians with and without disability (Kavanagh 2012).

This approach also has the benefit of shifting the burden of responsibility for reduced health and wellbeing from innate or biological characteristics to socio-political processes. Efforts to reduce disparities in health outcomes between minority and majority populations shift from individual corrective therapies to legislative and social reforms aimed at eliminating the underlying causes of social inequality and discrimination that lead to disparities in health outcomes in the first place. Shakespeare et al. (2006), for example, have championed the social construction model of disability, arguing that much of the discrimination, stigma and disadvantage experienced by people with disabilities has little, if anything to do with particular impairments. Rather, discrimination experienced by people living with impairments is a consequence of dominant *normative* beliefs, practices and social structures that actively exclude, marginalise and devalue them.

While a focus on single, discrete processes of discrimination has foregrounded the health inequalities experienced by a growing number of minority populations, this approach has a number of limitations. At one level, it treats minority populations as separate and discrete. Each minority population is defined in relation to a majority, along a single axis of social inequality. There is little or no consideration of how different processes of social inequality interact and how these interactions may affect the lives and health and wellbeing of people who identify with more than one minority group, including LGBTI people with disability.

At the same time, it tends to treat minority populations as homogenous groups, masking significant variations in health and wellbeing among members of different minority populations. For example, disability research shows significant variations in health outcomes and service needs between people with ID and those with PD. Similarly, large scale population studies show marked differences in health outcomes within LGBTI populations according to variations in sex/gender identity and sexual orientation. Finally, treating minority populations as discrete entities not only masks differences within and between different minorities, but how these differences are themselves cross-cut and shaped by other identity categories and processes of social inequality including race, cultural diversity, age, geographic location and more.

Additive

An additive model addresses some of the limitations of a singular approach to explaining and addressing health disparities between minority and majority populations. This model has been used to look at how *additional* forms of discrimination lead to further reductions in the health and wellbeing of individuals who identify with more than one minority population. Within disability studies and in LGBTI research and policy this has led to a shared interest in how the additive effects of systemic discrimination against people with disabilities and heterosexism shape the lives of LGBTI people with disability.⁴

In disability studies, interest in the impact of the additional stigma and discrimination experienced by people with disability who identified as LGBTI emerged as part of the second-wave of disability studies in the 1990s (Shapiro 1993; Bickenbach et al. 1999; Clare 1999; Vernon 1999). Much of this work was driven by LGBTI people with disability who felt marginalised within both disability and LGBTI communities and who did not find their concerns and needs addressed in disability, LGBTI or relevant health inequalities research, programs or services.

In 2005, the Irish National Disability Authority published a discussion paper on disability and sexual orientation (NDA 2005). It was one of the first reports by a public body to address the lived experience of people with a

⁴ See, for example, Groce et al. 2013 and 'double stigmatisation'; Vernon 1999 and 'triple disadvantage'; and EURFR 2009 and 'double invisibility'.

disability who were LGB. The report acknowledged the general 'desexualisation' of all people with a disability. However, it noted that

the idea of lesbian, gay or bisexual relations among disabled people was a concept unconsidered or, if considered, rejected by the majority of non-disabled people (p12).

According to the report's findings, LGB individuals living with a disability were subject to a complex array of prejudices, where their multiple identities resulted in multiple exclusions (p14).

The second national Australian '1 in 4 Poll' is a recent survey that uses an additive approach (Scope 2013). While the poll was primarily interested in the negative attitudes experienced by people with disabilities, the second iteration added a question on sexual orientation. It found that LGB people with disabilities experienced more difficulty with the negative attitudes of others, but this conclusion received little analytic attention.

A number of articles published over the past 10 years have reviewed the literature exploring the additive impacts of heterosexism and 'ableism' on the lives of LGBTI people with disability. A meta-synthesis by Duke (2011) examined multiple stigmatised identities, and LGBT young people with disabilities. McCann et al. (2016) reviewed the support mechanisms and service responses for LGBT people with intellectual disabilities while Wilson et al. (2016) reviewed the literature on people with ID and LD who identify as LGBTI.

The additive approach is also indicative of an emerging dialogue between disability studies and feminist and queer theory. These interdisciplinary discussions have built on as they have helped develop an understanding of what is common to the particular types of discrimination experienced by each of these groups. Cheng (2009) and Schultz (2009) have looked at some of the common process of othering, discrimination and normalisation that underpin heterosexism and ableism.⁵ Their work has contributed to studies exploring how the intersection of these two forms of discrimination affect LGBT people with disabilities, including the development of oppositional critiques, such as 'cripping sexualities' (Davidson 2016) and 'queercrip' (Nabors 2014, Hirschmann 2013, Diedrich 2017; and Martino 2017).

At the same time, an additive approach has highlighted heterosexist discrimination within disability movements (Vernon 1999) and 'ableist' discrimination within LGBTI organisations and communities (Brothers 2003). Many of the studies reported in this review comment on the ways in which analysis and interventions on the effects of a single type of discrimination can reinforce other forms of stigma and abuse within minority populations. If research on the impacts of limiting freedom of sexual expression on people with disabilities focuses solely on heterosexual expression and fails to include minority sexual and gender diverse identities, relationships and sexual expression, it reinforces heterosexist privilege and the marginalisation of LGBT people with disabilities (for a recent Australian example see Jones and Chivers 2011). Similarly, the failure to include questions on disability in large scale LGBTI health surveys renders LGBTI people with disability invisible. It repeats, at the research and policy level, the social marginalisation of people with disabilities in LGBTI communities and organisations by confirming that it is only LGBTI people without disability and the discrimination they experience that counts and should be counted.⁶

⁵As early as 1999, Vernon offered an analysis of 'simultaneous oppression' in what was then the emerging disabled people's movement.

⁶We see this failure in Private lives (2006), the first national study of the health and wellbeing of LGBTI Australians which, at the time, was one of the largest national surveys of its kind anywhere in the world. Despite including a range of demographic variables Private lives failed to include any questions on disability. At the same time, Cochran & Mays 2007 conducted a similar, population-based study of the health and wellbeing of LGB people in the United States.

Baril (2015) makes a similar argument in their call for a 'composite model of disability' applied to trans identities. They argue that the separation of trans and disability studies has not only failed to recognise areas of commonality but is indicative of the hidden ableism in the trans movement and the cisgenderism inherent to disability studies.

Intersectional

An additive model acknowledges that individuals who identify with more than one minority may be subject to multiple forms of discrimination. For LGBTI people with disability it brings into focus the discrimination they face as members of two stigmatised populations and how these added pressures may place them at increased risk of poorer health compared with people with disability and LGBTI people, respectively.

This model has been described in the literature and in particular in the policy and advocacy space as the *summation* of distinct but overlapping forms of discrimination. The model assumes that the discrimination experienced by individuals who identify with more than one minority group is the summation or layering of the discrimination associated with each of those minority identities. However, the idea that disadvantage and discrimination are additive has come under fire from a new *intersectional* approach to understanding the cumulative and transformative effects of multiple forms of disadvantage (Vernon 1999).

According to an intersectional model, the effects of multiple identities and types of discrimination are mutually constitutive, producing new experiences and ways of being that cannot be reduced to the simple addition of the effects of each of these categories or types of discrimination alone. Molloy et al. (2003), for example, looked at how people with disabilities who were part of other minority populations experienced what they called 'multiple disadvantage'. An intersectional model informs D'Elio's call for a human rights approach to LGBTI health and wellbeing (2015). D'Elio argues for an intersectional model that unpacks the effects of multiple forms of discrimination on sexual orientation and gender identity minorities' rights and freedoms, including the intersections of discrimination based on race, gender, disability, age, class and faith.

An intersectional approach offers a more finely graded analysis of the impacts of multiple forms of discrimination on the lives of people who identify with a number of different minority populations. It addresses some of the limitations of both singular and additive models by considering the diversity of disabilities and sex/gender identities and sexualities among LGBTI people with disabilities and how these are cross cut and shaped by other identity categories and processes of social inequality including race, cultural diversity, age, and geographic location.

A growing number of researchers are using intersectionality to understand not only the mutually reinforcing effects of multiple forms of discrimination but also how belonging to a number of different minority populations can lead to increased resilience and unique and positive ways of being in the world. For example, Fredriksen-Goldsen et al. (2014) have championed The Health Equity Promotion Model that

highlights the heterogeneity and intersectionality of social positions that result in unique networks of interconnected health-promoting and adverse processes...it can shed light on experiences that are common across different subgroups of LGBT people, as well as mechanisms of risk and resilience that may be more likely to operate in a particular subgroup...[emphases added]

The health equity model uses an intersectional lens to explore the potential costs and benefits of belonging to a multiplicity of minority identities. It is a reminder that a singular focus on discrimination and its negative health impacts can hide what is valuable and reaffirming about people's complex and intersecting identities, including LGBTI people with disabilities who identify with one or more other marginal or minority populations.

However, an intersectional approach brings its own set of complications. The capacity to undertake detailed and multilayered intersectional analyses of large population data sets is limited by sample size, statistical power, resources and professional expertise. For many population studies, the sample size is not large enough to allow meaningful or statistically significant analyses of the interactions among a growing or large number of categories of identity or social inequality.

At the same time, intersectional analyses require high powered and complex statistical modelling which in turn requires higher levels of expertise and resources. Multivariate analyses of the compounding and mutually constitutive effects of a large number of categories of identity or social inequality require significantly more resources, funds and statistical power than analyses of the impact of a single variable or even of the intersections of a small number of variables.

Finally, decisions about what categories and variables to include in intersectional or multivariate analyses reveal the overlaps between singular, additive and intersectional models. In multivariate analyses, decisions are made about what categories are the primary focus of analysis and what other, intersecting categories of identity or social inequality are to be included. In this review, the primary categories are minority sexual and gender diverse identities and disability with other intersecting identity categories added to this analysis in accordance with methodological, resource and impact considerations. That intersectional models necessarily involve decisions about what categories of identity and social inequality to add to multivariate analyses suggests that addition and intersectionality are not discrete but rather overlapping ways of understanding the interplay of multiple identities.

4b. Attitudes

Vaughn et al. (2015a) in a US study examined stigma and discrimination directed at lesbians living with a disability. They found that lesbians with a disability felt excluded from disability and lesbian communities. They called for the development and delivery of evidence-based training and resources into both disability and lesbian communities to address overlapping negative attitudes and stigma.

Dispenza et al. (2016) examined subjective health status among LGBT adults living with disabilities in the US. They conducted secondary analysis of an existing data set (n=280) and conducted their own internet survey (n=79). Like Vaughan, they found that LGBT people with disability experienced discrimination and marginalisation within both LGBT and disability communities. They also found that many LGBT people with disability reported that their health depended on being able to express their sexualities and disabilities free from negative attitudes and discrimination (from within LGBTI, disability and mainstream communities). Another US study concluded that LGB people who were deaf or hearing impaired were often excluded from both the 'hearing' gay community and mainstream, heterosexual society (Sinecka 2008).

Rohledder and Swartz (2009), conducted a small, qualitative South African study of sex education for people with learning disabilities. They found that many sex educators believed same-sex attracted people with disability were 'sexually disinhibited' and at increased risk of contracting HIV. Rohledder and Swartz concluded that it is the negative attitudes of health professionals and the lack of sex education that addresses a range of sexual identities and practices in a supportive and open manner that places people with learning disabilities at increased risk of HIV.

Taylor Gomez (2012) describes service responses and the development of education and training materials to support sexual expression for LGBT people with intellectual disabilities. They argue that attempts to limit the sexual expression and freedoms of people with intellectual disability are driven by a deep seated fear of difference and negative and prejudicial attitudes and practices. They argue that freedom of sexual expression is a basic

human right and present examples of how services can use a human rights approach to support people with ID explore their sexual identities and expression.

Another study by Vaughn et al. (2015b) explored the sexual concerns of women with disability and chronic illness from diverse backgrounds. They found that the issues facing women with disabilities became more complex when differences in sexual orientation and gender identity were involved. They concluded that all disability practitioners should receive sexuality and gender identity training.

4c. Barries

McCann et al. (2016) reviewed the support mechanisms and service responses for LGBT people with intellectual disabilities. They identified paternalism, heteronormativity, prejudice and negative attitudes of family members as barriers to LGBT people with ID accessing appropriate care and support. They called for the service system to listen to the voices of LGBT people with disability and to develop practices that challenge the stigma and discrimination they face.

Wilson et al (2016) offer a 'narrative review' of research on the key issues facing LGBTIQ people with ID. They identify six themes in the literature, all of which have a significant impact on LGBTIQ people with ID's quality of life and access to services: marginalisation and vulnerability; education; barriers; attitudes; HIV awareness, education and policy; and positive identity and relationships. They note that very little research has been done on the particular service needs of this population and the barriers they face in accessing services. They also note that what research has been done has not been used in the development of inclusive policy, programs and practices. They call for more research and the development of evidence-based, theoretically informed policy, programs and training to meet the needs of LGBTIQ people with ID.

A small, qualitative Victorian study by Mann et al. (2006) was one of the first to look at the experiences of LGB people who identify with a number of other minority populations ('multiple identity'). LGB respondents with disability described being excluded from mainstream disability services where they said they remained largely invisible, and finding it difficult to connect to gay and lesbian communities. The report noted that LGB people with disability who identified with culturally diverse communities were subject to multiple and intersecting forms of discrimination and experienced greater structural barriers in accessing services.

Table 3 - A thematic annotated bibliography

Publication	Type of publication	Methods	Population/ Sample	Findings
THEORETICAL CRITIQUES (n=12)				
Baril, A. (2015) <i>France</i>	Review article	Trans critique of the separation of trans and disability studies	N/A	The article champions a 'composite model of disability' applied to trans identities. It argues that the separation of 'trans' and 'disabled' people has driven the development of trans studies and disability studies as distinct disciplines. A composite model is presented as a way of looking at areas of overlap and commonality in trans and disability studies, revealing the ableism hidden in the trans movement and the cisgenderism inherent in disability studies.
Cheng, R. P.(2009) <i>United States</i>	Literature review	Queer theory critique	N/A	This review critiques the lack of a consideration of gender and sexuality in disability studies and theory. It offers an overview of sociological theories that do look at the interactions between disability and sexuality and gender including social constructionist, feminist, gender, queer, and resistance theories.
Cornwall, S.(2015) <i>United Kingdom</i>	Research article	Theological commentary on intersex bodies and disability	N/A	The article looks at the role Christian theology can play in challenging medical and pathological definitions of intersex bodies. The article questions normative constructions of the ideal body as able bodied and fitting a binary two sex model. Instead, it argues that what a body is and what a body can do are context dependent and multiple and should not be limited by normative assumptions and singular, universal definitions.
Davidson, M. (2016) <i>United States</i>	Review	Critical commentary on recent 'political' shifts within 'disability studies'	N/A	The review argues that the development of the 'second stage' of disability studies has been driven by social and cultural theory including social constructionism, theories of embodiment and critical race studies. These theoretical engagements have informed the development of 'cripping' as critique of normative assumptions about bodies in disability studies; new areas of study such as the intersection of race and disability; highlighted the failure of approaches that separate medical from social models of disability to deal with caregiving and dependency; and new models of kinship that understand disability not as an attribute of a single body or person but as a matrix of relationships and associations.
Diedrich, L. (2017) <i>United States</i>	Book review	N/A	ID and 'queer'	The review comments on attempts to queer a rights-based approach to ID and focuses on sexual ableism and sexual agency.

Eliason, M. J. et al. (2016) <i>United States</i>	Research article	Secondary analysis of survey data	Older LB women (n=376)	The article examined the responses of women aged 40 to 84 years to the sexual identity questions in the National Health Interview Survey sexual identity questions. The majority chose 'lesbian or gay' (80%), 13 % 'bisexual', and 7 % 'something else'. The women who 'something else' were younger, more likely to have a disability, more likely to be in a relationship with a male partner, and have a significantly lower mental health quality of life score. The article argues for a more detailed analysis of the diversity within the category 'something else' along with reconsideration of the NHIS sexual identity questions.
Hanjorgiris, W. F. et al. (2004) <i>United States</i>	Research article	Theoretical commentary	Gay men living with disabilities or chronic illness	This paper examines the experiences of gay men living with disabilities or chronic illness. It relies on a social constructivist lens and the ways we frame and question disability are socially determined and reflect dominant ableist and heterosexist biases. It identifies commonalities in the experiences of other minority groups (racial and ethnic) and gay men and people with disabilities. The article addresses the implications of focusing on minority discrimination and 'intersectionality' on the practice and services provided by health practitioners to gay men with disabilities.
Martino, A. S. (2017) <i>Canada and International</i>	Research report	Sociological review	Minority sexualities (LGB), disability	A review of some of the research literature and theoretical approaches to addressing the juncture of disabilities and minority sexualities. It examines intersectionality and invisibility, identifying queer disabled people as the 'minority within a minority'. It discusses the relevance of an intersectional lens for making sense of the experiences of queer disabled people and the unique challenges they face when exploring their sexuality, establishing relationships, and remaining sexual. The review also talks of the invisibility and marginalization of queer people with disabilities in both queer and disability communities.
Nabors, N. A. (2014) <i>United States</i>	Book review	N/A	N/A	This review notes the absence of disability from intersectional or integrative theorisations of identity and from identity politics. It argues that even in those rare cases where theories have attempted to include disability in an intersectional model of minority identities (E.g. feminist theory) there is the potential for these attempts to reinforce the very ableist prejudice they critique. The review looks at disability theorists who have begun to explore the commonalities between queer and disability theory and offers a review of Kafer's approach in their book <i>Queer Crip</i> .
Reid-Cunningham, A. R. (2009) <i>United States</i>	Research article	Theoretical commentary	People with disabilities	A theoretical review of the contribution of social, cultural and medical anthropology to the disability theory and studies. It focuses on the application of key concepts from the social sciences and in particular anthropology, to interpretations of disability including 'the other', deviance, and stigma.

Schulz, S. (2009) <i>United States</i>	Research article	Literature review	LGB people with disabilities	This literature review examines psychological theories of disability and sexuality. The review found two major strands: theories that describe the impact of disability on sexuality; and theories about disability and sexual minority identity development (LGB). The review notes a recent shift away from individual and biomedical models that frame sexuality and sexual function among people with disability as impairment, loss or asexuality to more complex cultural and environmental models of sexual identity development. These are affirmative models that focus on the differing abilities, sexualities, and intersecting identities of people with disabilities.
Vernon, A. (1999) <i>United Kingdom</i>	Research article	Critical commentary	The disability movement	This paper argues that the disability movement has failed to address the ways that differences in ethnicity, gender, sexuality, age and class affect the experiences of people with disabilities. Given this failure to acknowledge difference it is not surprising that academics have seen 'simultaneous oppression' as the unique experience of a small cohort of disabled people, rather than as a way to understand the complexities of multiple forms of discrimination that affect many people with disabilities. The paper argues that 'eradicating disability' requires a coordinated attack on all forms of oppression.
ATTITUDES (n=14)				
Abbott, D. & Howarth, J. (2007) <i>United Kingdom</i>	Research article	Qualitative study of staff views and experiences of working with LGB people with ID	Disability workers from different types of disability services (n=71)	The report found that staff lacked confidence in discussing and providing support related to their clients' sexuality. In particular, staff lacked confidence in supporting GLB people's sexual relationships. A lack of clear policy and information and training, combined with some staff's heterosexist prejudice were barriers to the provision of effective and appropriate care and support to LGB people with ID.
Abbott, D. & Burns, J. (2007) <i>United Kingdom</i>	Research article	Qualitative study using semi-structured interviews	GLB people with ID (9 women and 11 men)	Five key themes emerged from client interviews: talk about love; barriers to coming out; discrimination; social isolation; and lack of support. Client data were triangulated with staff interview data (Abbot and Howarth 2007, n=71). Supporting intimate relationships did not feature strongly in staff goals. The authors argue that this could contribute to LGB clients' social isolation and depression and act as a barrier to their forming sexual relationships.

Burns, J. & Davies, D. (2011) <i>United Kingdom</i>	Research article	Descriptive study	Heterosexual women with intellectual disabilities (n=27)	Participants were found to have limited knowledge of homosexuality and in particular lesbianism; to be more familiar with everyday terms such as 'gay'; to have little contact with gay and lesbian people; and to hold stereotypical and often prejudicial beliefs about homosexuals. Traditional gender beliefs associated strongly with more negative attitudes towards homosexuality. The study argued for positive sex education and awareness training among people with ID and service providers.
Dispenza, F. et al. (2016) <i>United States</i>	Literature review	Secondary data analysis (n=280) and internet survey (n=79)	LGBT persons living with disabilities (LGBTPWD)	The study looked at what 'health' meant to LGBTPWD. Some key subjective components of health included physical wellness, emotionality, functionality, and social engagement. Health was seen as operating at the intrapersonal level (an individual's physical, emotional and psychological functioning) and at the level of social interaction (an individual's perception of the quality of their interactions with the wider environment). LGBTPWD reported that their health depended on freedom from discrimination and social barriers, both within LGBT and disability communities, and being able to express their sexualities and disabilities without judgement or prejudice.
Duke, D. S. (2011) <i>United States</i>	Literature review	A synthesis of empirical studies and descriptive and theoretical accounts (n=24 articles and book chapters)	LGBT young people with disabilities (in Australia, Belgium, Canada, NZ, Sweden, the UK, and the US)	This meta-synthesis notes that, while the school experiences of (non-disabled) LGBT youth have been under-documented, the P–12 experiences of LGBT youth <i>with</i> disabilities have been virtually ignored. The lit review highlights the diversity among LGBT young people with disabilities and how most of these young people are subject to multiple forms of discrimination associated with a number of different stigmatised identities.
Hirschmann, N.J. (2013) <i>United States</i>	Research article	Commentary (theoretical)	N/A	The paper examines the relationship between disability and 'queerness'. It argues that the different hostilities directed toward disabled and LGBT people are related because, in different ways, they activate our hidden anxieties about the 'undecidability' of the body and the nature and purpose of human existence. The article argues that feminist and queer theory help identify <i>how</i> this fear works while disability theory helps understand <i>why</i> it exists.

McDonald, K. E. et al. <i>(2007)</i> <i>United States</i>	Research article	Qualitative interview based-study	Disability, race, gender, ethnicity (n=13)	This study examined the different responses to and understandings of ID according to variations in sex/gender and race among low-income men and women of colour with learning disabilities. The study participants' identified a number of overlapping 'dominant cultural narratives': ID is not seen as a legitimate impairment and people with ID are perceived as 'less worthy'; having a disability that is not visible lessens discrimination from within racial and ethnic groups; having a learning/ID disability is at odds with positive gender expectations and exacerbates negative ones; and gender and racial/ethnic narratives have an impact on people with ID. The effects of intersecting form of discrimination can make it difficult for people with ID who are part of other minority populations find an accepting group.
NDA (2006) <i>Ireland</i>	Discussion paper	Literature review	N/A	This report places key findings from the second national Irish survey of attitudes to disability in the context of national and international literature. There is evidence that attitudes to disability are improving in Ireland and worldwide but prejudice and stigma against people with disabilities continue in education and employment.
Rohleder, P. and Swartz, L. (2009) <i>South Africa</i>	Research article	Qualitative interviews (n=4) and one focus group (n=3)	Sex education providers for persons with 'learning disabilities'.	This article highlights a tension between human rights (freedom of sexual expression and appropriate information) and individual moral beliefs regarding legitimate sexual expression (prejudice against homosexuality and promiscuous or uninhibited sexual expression) in sex education for people with 'learning disabilities'. It found that many educators believed that homosexuality and sexual disinhibition placed people with learning disabilities at increased risk of contracting HIV.
Scope (2013) <i>Australia</i>	Research report	Quantitative study	People with disability (n=530 aged 18 to 83yrs)	The national Australian Poll explores the impact of negative attitudes towards disability on the lives of people with a disability. The Poll found that the impact of negative attitudes were greater on the lives of non-heterosexual participants (LGB and 'other') compared with heterosexual participants.
Sinecka, J. (2008) <i>United States</i>	Research report	Case study	One deaf gay man	This paper examines experiences of deaf gay people through the eyes of a 24yo deaf man growing up in the Czech Republic. Being deaf and gay functions as a doubly marginalised identity, a 'minority within a minority' in hearing and heterosexist societies.

Taylor Gomez, M. (2012) <i>Australia</i>	Research article	Commentary	People with ID	This article argues that the historical restriction of sexual expression and freedoms of people with ID stems from a fear of difference. It suggests that freedom of sexual expression is a human right that requires services support the sexual expression of people with intellectual disability. The article gives examples of how services can support people with ID explore their sexual identities and expression.
Vaughn, M. et al. (2015a) <i>United States</i>	Research article	Literature review and commentary	Lesbians with disability	This article explores the dual stigma associated with being a lesbian and having a disability. It looks at the systemic changes required to challenge this stigma and the supports required to deal with its effects. Research suggests that lesbians find it difficult to fit in to disability communities and lesbians with a disability feel excluded from the lesbian community. Implications for education, practice and research are discussed.
Vaughn, M. et al. (2015b) <i>United States</i>	Research article	Literature review and qualitative, focus groups (n=17)	Women with disabilities and chronic illness	The study aimed to explore the sexual concerns of women with disability and chronic illness from diverse backgrounds. It concluded that the sexual concerns of women with disabilities become increasingly complex when researchers consider differences in sexual orientation and gender identity. The paper recommended sexuality and disability training for all disability practitioners.
BARRIERS (n=15)				
Abbott, D. (2013) <i>United Kingdom</i>	Discussion paper	Selective review of qualitative interview data of gay men with ID	Gay men with ID (Stories of 5 of the 11 interviewees).	A discussion of the rights of gay men with ID and the use of powerful, 'intimate stories' to challenge heteronormative assumptions and change people's attitudes. The article notes the failure of current ID support services to provide information on same sex relationships or opportunities to talk about them.
Cook, J.(2000) <i>United States</i>	Research article	Literature review and secondary data analysis (1990 Californian survey of mental health consumers)	Women, LGBT people and people living with HIV experiencing severe mental illness (n=325)	This article explores the impact of severe mental illness on people's sexual identity, behaviour and intimate relationships. It looks at the barriers that women, LGBT people and people living with HIV who also experience psychiatric disability face in expressing their sexuality. The paper recommends ways in which disability and mainstream communities can support mental health consumers to express their sexuality free from stigma and discrimination.
Drummond, J. D. & Brotman, S. (2014) <i>Canada</i>	Research article	Qualitative case study (a single life history)	Gender nonconforming, queer woman	This paper explores the effects of systemic discrimination experienced by Jose, a self-identified gender non-conforming, queer woman living with chronic illness and disability. They include the interactive and cumulative effects of multiple forms of discrimination and how they operate in the health

Fletcher, J. et al. (2015) <i>United Kingdom</i>	Research article	Qualitative study: Interviews	Social work students (disabled, black, ethnic minorities, LGB n=95)	care system and the queer community. The paper recommends that an intersectional model of identity be a part of training for health professionals.
Genke, J. (2004) <i>United State</i>	Research article	Commentary	Gay men	The study found that social work educators placed more emphasis on 'equality of access' than 'equality of outcomes'. This led to a reduced focus on other aspects of the student experience such as inter-group dynamics and progression through the programme into employment. The report found uneven development of equality and diversity policies and practice across sites and advocated for a 'transformational' organisational change approach to aimed at creating institutional cultures where students from minority groups feel welcome and can thrive.
Groce, N. E. et al. (2013) <i>United Kingdom</i>	Research report	Literature review (n=124 research papers)	HIV positive people living with disabilities (only 2 papers on GB men included)	This article provides a theoretical exploration of the connection between aging, chronic illness, and sexual orientation. The reflections are grounded in social work practice with chronically ill and aging gay men. The article highlights resilience (in the 'face of crisis'); the 'double invisibility' this population face as older and gay; mistrust of mainstream medical and social services; and internal and external barriers to receiving effective medical and psychosocial care ('gay ageist oppression'). Some possible strategies to better serve the needs of this population are presented.

Harper, C. et al. (2012) <i>Northern Ireland</i>	Research report	Disability policy and program audit relying on survey (n=44) and focus group data (n=22)	People living with disabilities	The report evaluates the degree to which Northern Ireland meets its obligations under the United Nations Convention on the Rights of Persons with Disabilities. The report identifies serious gaps in policies and programs. It identifies some pressing areas of work including greater awareness of disability issues across government, increased participation of people with disabilities in public life, increased data collection and access to information. LGBTI issues are listed as part of a general anti-discrimination approach.
Kattari, S. K. et al. (2017) <i>United States</i>	Research article	Secondary analysis of survey data	Trans and Gender nonconforming (GNC) people (n= 6456)	Data indicate that although transgender and GNC individuals of all abilities experience gender-based discrimination when accessing social services, those with disabilities experience higher levels of transphobic discrimination in mental health centres, rape crisis centres, and domestic violence shelters.
Mann, R. et al. (2006) <i>Australia</i>	Research report	Literature review and qualitative Interview data	LGB people associated with other minority populations (CALD n=9, Disability n=12, Indigenous n=5)	This report examines issues of health and wellbeing through the intersections of sexuality, CALD background and (dis)ability. Participants identified as a <i>minority within the minority</i> and gave examples of multiple marginalisation experienced in everyday life. Participants also articulated pathways for inclusion that involved the right of multiple minority identities to be visible, welcomed and included.
McCann, E. et al. (2016) <i>United Kingdom</i>	Literature review	Critical literature review (14 papers reviewed)	LGBT people with ID (predominantly gay men)	The report identified paternalism, heteronormativity, prejudice and negative attitudes of family members, workers and organisations as barriers to LGBT people with ID receiving appropriate care and support. The report argues that the service system needs to be more aware and responsive to the voices and needs of LGBT people with ID and provide inclusive practices that challenge the stigma and discrimination they face. The review notes that disability/minority sexuality research is growing but also criticises many of the studies research designs.
Morgan, J. J. et al. (2011) <i>United States</i>	Research article	Literature review	LGBT young people with disabilities	This article documents the negative health impacts of barriers to the development of open sexual identities on LGBT young people with disabilities, including low self-esteem, psychological problems, and suicidal ideation. The article identifies actions that educators can take to support students who identify as LGBT that centre on creating a safe and open learning environment that reduces stigma and prejudice and provides them with appropriate information and resources.
NDA (2005) <i>Ireland</i>	Discussion Paper	Literature, policy and program review	LGB people living with disability	The paper discusses continued barriers to equality and human rights for LGB people with a disability and the negative effects of these barriers on their mental health in light of significant legislative and policy reforms post 1996. Barriers include negative social attitudes; lack of access to mainstream and

				LGBT communities' facilities and support networks; and lack of access to transport and employment. The paper notes the cumulative effects of multiple forms of discrimination on service access and the mental health of LGB people with disability
VEOHRC (2014) <i>Australia</i>	Research report	In depth interviews and focus groups with service providers and people with disabilities (interviews n=27, 13 focus groups, n=61) and a quantitative survey (n=63)	People with disabilities and disability service providers	The report looks at the barriers people with disabilities face in seeking justice as victims of crime. The report argues the police and other sections of the justice system are ill equipped to meet the needs of people with disabilities. National and international studies reveal that people with disabilities are more likely to be victims of crime than other groups in the general population and are particularly vulnerable to violence in service settings. The data also show that women with disabilities and people with cognitive impairment are at increased risk of violence.
Wilson, N. J. et al. (2016) <i>Australia</i>	Research article	Narrative review	People with ID who identify as LGBTIQ	This narrative review of the research literature summarises the key issues facing people with ID who identify as LGBTIQ. It makes recommendations for future research better suited to informing the development of practice, policy and theory that benefits people with ID who identify as LGBTIQ.
Witten, T. M. (2014) <i>United States</i>	Research article	Survey with quantitative and qualitative analyses	Transgender people with chronic illness and disability (n=1963, 81% USA and 85% Caucasian)	The study found that the transgender population was ill prepared to meet the challenges of later life and held significant fears around legal documents and end-of-life (EOL) preparation (E.g. financial and medical power of attorney, burial/cremation choices). Fear of the physical effects of ageing coupled with a fear of health care providers, prevent many trans-identified individuals from seeking the health care that they need as they grow older. The study concluded that health care workers need training on trans-inclusive aged care practice and service delivery.

DISCRIMINATION AND VULNERABILITY (n=14)

Abbott, D. & Howarth, J. (2005) <i>United Kingdom</i>	Research report	Qualitative Interviews with staff and LGB people with [sic] 'learning difficulties'	71 staff and 9 women and 11 men (LGB) with ID	LGB people with ID reported high levels of bullying and public abuse and of discrimination toward people with ID from <i>within</i> the gay scene. Accounts of mental distress, social isolation, self-injury and suicide attempts feature strongly in respondents' narratives. Service staff were reluctant to raise or discuss issues relating to their clients' sexuality. While many staff who identified as LGB were out to some co-workers, few were out to their clients with ID who identified as LGB.
Barrett, C. et al. (2014) <i>Australia</i>	Resource for LGBTI-inclusive aged care services	N/A	N/A	This resource examines the impact of historical, negative social attitudes towards LGBTI people as they age. It provides examples of the additional challenges faced by LGBTI people with disabilities including the impacts of multiple forms of discrimination on their access to appropriate services and their interactions with providers. The resource highlights the importance of professional development and organisational training to meet needs of older LGBTI clients.
D'Elio, F. (2015) <i>Canada</i>	Discussion paper	N/A	LGBTI people [sexual orientation and gender identity discrimination (SOGI)]	The paper champions a human rights approach to addressing discrimination and abuse experienced by LGBTI people. It argues for an intersectional lens that unpacks the ways in which multiple forms of discrimination impact on LGBTI people's wellbeing, including race, gender, disability, age, class and faith.
Leonard, W. et al. (2012) <i>Australia</i>	Research report	Population survey	LGBT people (n=3835)	A report on the findings of the second national survey of the health and wellbeing of LGBT Australians. The report documents the negative impacts of heterosexist discrimination on LGBT people's physical and mental health and on their access to health services and social participation. Nearly 23% of respondents reported having a disability or long-term health condition. The report notes, but does not analyse, health disparities within LGBT communities resulting from the interactions of multiple types of discrimination against LGBT who are part of other minority populations.

Lofgren-Martenson, L. (2009) Sweden	Research article	Qualitative interviews	Young same sex attracted people with ID (n= 13), parents (n= 11) and staff (n=13)	The article discusses the opportunities and barriers to young people with ID expressing LGB or other non-heterosexual orientations. The study found that these young people were often invisible and that parents believed their disability and 'unusual' sexual orientation constituted a double jeopardy. The study listed a lack of resources, a lack of sex and relationships education and the negative attitudes of carers as major barriers LGB young people with ID freedom of sexual expression.
McGee, M. (2014) United States	Research article	Secondary analysis of quantitative survey data (2008)	Young people (16 - 17 yrs) with multiple marginal identities subject to victimisation (n=7091)	Much of the literature on peer victimization experienced by youth focuses on victimisation directed at a single characteristic (e.g. race/ethnicity, disability). The study found that youth with disabilities were more likely to report exposure to peer victimization than youth without disabilities; the relative magnitude of that exposure to peer victimization increased when disability status was combined with sex, race/ethnicity, or sexual orientation. The study highlights the importance of incorporating an intersectional perspective when addressing the impact and their service needs.
Molloy, D. et al. (2003) United Kingdom	Research report	Qualitative study (n=107), focus groups (n=33) and in-depth interviews	LG (n=17)	This research documented the life experiences of a cohort of disabled men and women of different ethnic identities, ages, and sexual orientations. It explored the intersections of identity and disability; personal and social lives; experiences of education, training and work; accessing support and services; discrimination and prejudice and future strategies.
OFMDFM (2013) United Kingdom	Research report (EO, previously the Office of the First Minister and Deputy First Minister)	N/A	People with disability who identify with one or more other minority populations	The report focuses on the effects of multiple and intersecting types of discrimination on people with disability who identify with one or more other minority populations. The report advocates for the collection of disaggregated data to enable an evaluation of the impact of its recommendations on LGBT individuals with disability who are subject to multiple discrimination and disadvantage.
Pallotta-Chiarolli, M. & Martin, E. (2009) Australia	Research article	Qualitative, in-depth interviews	Bisexual young people (n=30) and service providers (n=15)	This study explored the mental health of Australian young people who identify as bisexual. It explored their particular experiences of heterosexist discrimination, relations with family and friends, gay and lesbian social and support groups' and substance use and general health. It argues for recognising and making visible bisexuality as a one form of sexual expression among many and not reducing it to one side or the other of a heterosexist binary model.
Raj, S. (2012) Australia	Research report	Quantitative survey & empirical research	LGBT who identify with a number of other marginal and	The report adopts an intersectional lens and highlights the ways in which people who identify with more than one minority population experience discrimination as multiple and not limited to one identity category. According

Stauffer-Kruse, S. (2007) <i>United Kingdom</i>	Research article	Clinical case study	minority populations (n=400)	to the report, LGBT people with disability often face discrimination both within and outside LGBTI communities; disability discrimination from within mainstream and LGBTI communities and heterosexism from the mainstream. The report highlights a range of issues including access; connecting LGBT and disability communities; residential and institutional care; body image, HIV.
Stoffelen, J. et al. (2013) <i>Netherlands</i>	Research article	Qualitative, interviews	Gay man with a learning disability (GMLD, 21 yrs)	This paper argues that GMLD are doubly marginalised: as gay and as having a LD. It highlights the negative impact on their identity development of parental and carer restrictions on their sexual expression (often seen as limiting sexual risk). The paper makes suggestions for improving clinical practice when working with and caring for GMLD and assisting them explore their sexuality.
Williams, B. et al. (2008) <i>United Kingdom</i>	Research report	Quantitative survey (n=1860) and interviews (n=134)	N/A	The report examines the lived experience of GL people living with mild ID. A number of participants had been institutionalised at an early age (and had same sex encounters) and ten reported being sexually abused in their youth. Participants reported varying levels of support from family and carers about their gay or lesbian identity. The findings highlight specific problems that impact the lives of gay men and lesbians with an ID: the high prevalence of negative sexual experiences; feelings of loneliness; the need for support; being open about their sexual identity in all settings; and their search for a suitable partner.

Wood, E. & Halder, N. (2014) <i>United Kingdom</i>	Research article	Systematic literature review (16 papers describing 43 individuals)	Gender disorders and learning disability	This article is a systematic review of the literature (from 1980 onwards) looking at the association between gender identity disorder (GID) and learning disabilities and autism. The authors note that people with GID are subject to high levels of stigma and discrimination that have a negative impact on their psychological health. There is little information or guidance on appropriate treatment or management for people with GID who have a learning disability or autism. For this population the article suggest an approach that focuses on their wishes and desires.
VIOLENCE AND CRIME (n=8)				
CREA (2012) <i>Bangladesh, India, and Nepal</i>	Research report	Qualitative survey (n=1600) and qualitative interviews (n=157)	Marginal populations of women (lesbians, sex-working women and women with disabilities)	The study examined levels of violence suffered by three populations of marginalised women and the levels of service provision and political support available to them in Bangladesh, India, and Nepal. The study found that all three groups experience a high burden of violence with greatest political support for disabled women, followed by lesbians (with greater support if they identified as 'women'), with little support for sex-working women (seen as 'not legitimate' or 'not deserving').
Eisenberg, M. E. et al. (2015) <i>United States</i>	Research article	Secondary analysis of survey data	LGBTQ, obese and disabled young people (n=120 000+)	The secondary analysis indicated that young people who identified as LGBTQ, were overweight or had some form of disability were more vulnerable to harassment and bullying than their peers who did not have these 'characteristics'. The analysis showed that young people in each of these three groups were also more likely to be the perpetrators of bullying with patterns similar among male and female participants. The article suggests that for some young people whose vulnerable identities may not be visible, bullying may be one way of trying to deny or hide that vulnerability or to seek higher social status in the peer group.
EUAFR (2009) <i>Europe</i>	Research report	Mixed methods (literature review, survey and interview)	LGBT persons	This report documents rates and patterns of homophobic and transphobic discrimination in the Member States of the European Union. It also looks at the impact of discrimination on all areas of LGBT people's lives, from ongoing everyday harassment to discrimination in institutional settings and reduced access to services. The report highlights human rights violations and the plight of vulnerable subpopulations of LGBT people, including LGBT people with disabilities and refugees seeking asylum from countries where homosexuality and gender diverse identities are criminalised.
HMCPSI (2013) <i>United Kingdom</i>	Research report	Review of disability hate crimes	People living with disabilities	The report documents how the UK criminal justice system has dealt with disability hate crime in recent years. It argues that disability is an area where social attitudes are still ill informed and that additional measures are required to address disability-motivated hate crimes (compared with hate

Horsley, P. (2015) <i>Australia</i>	Literature review	Literature and policy review	LGBTI victims and perpetrators of family violence		crimes against other minorities including race, religion and ethnicity). The report notes sexual orientation as one of five areas of hate crime but does not look at how overlapping or intersecting prejudices impact on people who identify with more than one minority identity.
Hughes, K. et al. (2012) <i>United Kingdom and Switzerland</i>	Research article	Systematic review of the international literature	Adults with disabilities		The submission reviewed the research and grey literature on rates and patterns of LGBTI family violence and the barriers LGBTI people face in accessing mainstream family violence services. The submission noted that LGBTI people from other minority or marginal populations may be at increased risk of family violence, including LGBTI people with disabilities and LGBTI people living with chronic illnesses such as HIV. Vulnerable LGBTI subpopulations continue to face additional social stigma and dependence that can place them at increased risk of intimate partner violence. .
Macdonald, S. J. et al. (2017) <i>United Kingdom</i>	Research article	Quantitative analysis	Victims of homophobic, disability and race-related hate crimes (n=3098)		The review aimed to quantify violence against adults with disabilities. It found that adults with disabilities are at a higher risk of violence than non-disabled adults, and that those with mental illnesses are particularly vulnerable. The review found that: available studies have methodological weaknesses; gaps exist in the types of disability and violence they address; and little research has been conducted in low and middle-income countries.

Sin, C. H. et al. (2009) <i>United Kingdom</i>	Research report	Literature review and interviews	People with disabilities (n=30) and service providers (n=9)	This report examines disabled people's experiences of prejudice-motivated physical and emotional violence and hostility. It notes the lack of representative national, population data and comparative analyses of violence against disabled and non-disabled people or among different groups of disabled people. The available data shows higher rates of violence against disabled people compared with non-disabled and higher rates against people with learning disabilities and/or mental health conditions. The report notes that while there is some research on women, older and younger people with disabilities there is little on the experiences of LGBT people with disabilities.
HEALTH DISPARITIES (n=16)				
Bedard, C. et al. (2010) <i>Canada</i>	Research article	Mixed methods including case studies and questionnaires	16 males and 16 females with ID (27 of whom identify as heterosexual)	The article offers a very limited exploration of the relationship between sexual orientation and gender identity and the prevalence of psychosexual issues among people with 'developmental disabilities'. Respondents suggested that resources, training and opportunities were needed to assist people with ID to question and explore sexuality.
Blosnich, J. et al. (2013) <i>United States</i>	Research article	Comparative analyses of existing health data	Sexual minority and heterosexual women veterans (n=1901)	The study found that, compared with heterosexual women veterans, sexual minority women veterans were more likely to experience mental distress and to smoke. Sexual minority women veterans were three times more likely to experience poor physical health than their sexual minority non-veteran peers.
Cochran, S. & Mays, V. (2007) <i>United States</i>	Research article	Comparative data analysis from the Californian Quality of Life Survey (2005)	Sexually active heterosexual and LGB people (n=2272)	This paper found that minority sexual orientation alone is not associated with poorer physical health. However, the harmful effects of HIV infection on gay men and higher levels of psychological distress among LB women are associated with reduced physical well-being. People who identified as heterosexual but had past histories of same-gender relations reported a greater burden of physical health complaints. The paper called for clarification of the ways in which sexual orientation is associated with health outcomes.

Eliason, M. J. et al. (2017) <i>United States</i>	Research article	Secondary analysis of quantitative survey data	LB women with and without disabilities (n=376)	This study identified socio-demographic, health related, and quality of life differences between LB women with and without physical disabilities (PD). A group intervention had modest impact on all women, although more LBPD improved in physical quality of life. The study concludes that health interventions for LB women should consider disability issues in their design, recruitment, outreach activities, and selection of measurement tools.
Fredriksen-Goldsen, K.I. et al. (2013) <i>United States</i>	Research article	Population-based study	LGB older adults aged 50 to 70 yrs (n=96 992)	This paper examines the relationship between sexual orientation and ageing on health outcomes and focuses on disparities in health among LGB adults aged 50 years and older. The study found that, in comparison to heterosexuals, older LGB have higher risk of disability, poor mental health, smoking, and excessive drinking. The paper also documented significant variations in physical health outcomes within LGB populations according to sex and gender, and sexuality.
Fredriksen-Goldsen, K. I. et al. (2012a) <i>United States</i>	Research article	Cross-sectional survey	LGB people aged 50+ (n=2 439)	This paper investigates the influence of risk and protective factors on health outcomes for lesbian, gay male, and bisexual adults, including general health, disability, and depression. Independent predictors of poorer general health, disability and depression among this population included lifetime victimization, financial barriers, obesity, and limited physical activity. Internalized stigma was also a significant predictor of disability and depression. Social support and network size were protective factors against poorer general health, disability, and depression. The study found some distinct differences by gender and sexual orientation. The study recommended the development of tailored interventions to address the distinct health issues facing this historically disadvantaged population.
Fredriksen-Goldsen, K. I. et al. (2012b) <i>United States</i>	Research article	Population-based study	LGB adults living with disabilities (n=82 531)	The study used population data to compare rates of disability between LGB people and the population at large. The study found that the prevalence of disability is higher among LGB adults compared with their heterosexual counterparts and that the average age of LGB adults with disability is significantly lower than that for heterosexual adults. The study concluded that efforts are needed to prevent, delay, and reduce disabilities as well as to improve the quality of life for LGB adults with disabilities.

Gonzales, G. & Henning-Smith, C. (2015) <i>United States</i>	Research article	Secondary data analysis	Older LGB people, heterosexual people (698 men and 630 women in same-sex domestic relationships and large, comparative sample of people in opposite-sex relationships)	The study is one of the first to look at the impact of sexual orientation on the health and wellbeing of older people in long-term relationships. The study found significant disparities in health and disability among older adults in same-sex cohabiting relationships, especially among older women, compared with their married counterparts in opposite-sex cohabiting relationships (little variation between men in same and opposite sex relationships). Women in same-sex domestic relationships are more likely to report poor/fair health, needing help with ADLs or IADLs, functional limitations, and psychological distress compared with their peers in married opposite-sex relationships. The disparities are attributed to differential exposures to discrimination, stigma, and disease over the life course (by sexuality and sex/gender).
Kavanagh, A. et al. (2012) <i>Australia</i>	Research report	Review of Australian data on disability and health inequalities	N/A	The report summarises national Australian data on inequalities in health and access to services experienced by people with disabilities. It includes definitions, risk factors, the social determinants of health inequalities, and discrimination and data on rates of violence, reduced service access and social and community connections for people with disabilities. There is no disaggregation of data according to sexual orientation or gender identity but the report notes 'Disability cuts across age, sex, race and socioeconomic background'.
Kim, H. & Fredriksen-Goldsen, F. I. (2012) <i>United States</i>	Research article	Quantitative population survey data	Hispanic LB women aged 18 years and older	This article investigates elevated risks of health disparities in Hispanic LB women compared with non-Hispanic White LB women, and Hispanic heterosexual women. The article concludes that while elevated risk of health disparities among Hispanic LB women were primarily associated with sexual orientation, elevated prevalence of mental distress among Hispanic lesbians was due to the interactions of heterosexist and ethnocentric discrimination. The article argues that health services and programs are needed that address difference and diversity among LB women.

Leonard, W. et al. (2015) <i>Australia</i>	Research report	Population survey	LGBT people (n=3835)	The report analyses the mental health data from a study of the health and wellbeing of LGBT Australians. The report found that increased risks of anxiety and depression among LGBT people compared with population averages were linked to their experiences of heterosexist discrimination and abuse. It also found marked variations in mental wellbeing <i>within</i> LGBTI communities according to age, sex/gender, gender identity and sexuality. The report noted the increased risk of mental ill-health among LGBT people who identified with a number of minority populations, including LGBT people with disabilities.
McNair, R. & Bush, R. (2015) <i>Australia</i>	Research report	Literature review and quantitative survey data (n=1628) and qualitative focus-group data (3 groups of 4, n=12)	LGBTQ and GD women	The study found a high burden of mental illness (stress, depression and anxiety) among LGBTQGD women with rates varying according to sexuality and gender identity (E.g. lesbian women and female-identified women reported the lowest levels of mental ill-health, while women who identified variously as asexual, 'other', pansexual, bi, intersex, gender queer, agender and trans male reported the highest). The study explored LGBTQGD women's community connections, health seeking behaviours and barriers to their seeking mental health care.
Papworth Trust (2012) <i>United Kingdom</i>	Research report	Statistical review	People with disability	Report covers areas such as employment, health, housing, transport and education.
Pitts, M. et al. (2006) <i>Australia</i>	Research report	Population-based survey	LGBTI people (n=5476)	The study was the first national survey of the health and wellbeing of LGBTI Australians. It looked at factors that impact on LGBTI people's health and wellbeing and access to services including heterosexist discrimination; family and community connection; and drug and alcohol use. The study did not include a question on disability.
Strang, J. F. et al. (2014) <i>United States</i>	Research article	Quantitative analysis	Gender variance (n=400, 6-18 yrs)	A review of research indicates overrepresentation of gender variant clients with comorbid autism spectrum disorders (ASD and ADHD). The authors called for research on the management of gender variance when there is a comorbid neurodevelopmental disorder and for treatment related studies.

Zeluf, G. et al. (2016) <i>Sweden</i>	Research article	Web-based survey	Trans people (n=796, 18 to 94 yrs)	The article explores variations in health needs, risks and outcomes according to differences in gender identity and expression among trans people (E.g. trans masculine, trans feminine, gender non-binary). Nearly a fifth of the respondents reported poor health, over half reported a disability and nearly half reported quality of life below the median. The reviews suggests a number of strategies for improving the health and wellbeing of trans people including eliminating trans discrimination, greater understanding of trans health issues and legal recognition of a gender diverse identities.
ADVOCACY AND SUPPORT (n=17)				
Abbott, D. (2015) <i>United Kingdom</i>	Discussion paper	N/A	N/A	A short commentary on the impact of their 2005 project <i>Secret Loves, Hidden Lives</i> . The commentary discussed difficulties in measuring the impact of the 2005 study's findings and new and better ways of determining the impact of similar research in the future. Possible impacts of the 2005 study were the inclusion of same sex relationships in UK policy that included people with 'learning disabilities' and the provision of powerful first person stories and information that may lessen front line workers' heterosexist assumptions and improve the service they provide to LGB people with ID. The commentary also noted the 2005 report's tendency to lump all LGB people together and to ignore the impact of other, intersecting marginal identities including age, ethnicity, and location.
AHRC (2014) <i>Australia</i>	Research report	Review of research, policy and legislation	LGBTI people living with disability	The report includes information on the effects of multiple forms of discrimination on the lives of LGBTI people with disabilities who identify with other marginal populations. They include increased pressures associated with having to come out twice as both LGBT and as a person with a disability, and increased social exclusion, poorer mental health and reduced service access (compared with LGBTI people and people with disabilities). The report found that many LGBTI people with disabilities are treated as non-sexual or their right to have sexual relationships is compromised by heterosexist and ableist prejudice of carers and support workers. The report documents a lack of appropriate LGBTI-inclusive training for disability workers and fear from within LGBTI communities regarding the impact of religious exemptions on health and disability services provided by faith-based organisations.
Better Health Channel (2013 & 2017) <i>Australia</i>	Resource guide	Fact sheets	N/A	'Fact sheets' providing information on disability and sexual health issues for the general public. The site does not include information on sexual orientation or gender identity.

CDC (2011) <i>United States</i>	Research report	Critique of national health inequality policies/surveys.	N/A	The report documents the absence of indicators of disability status and sexual orientation/identity in the planning objectives of the US Healthy People Series of reports. The report argues that in order to address health inequalities in the US national surveys and recommendations must include indicators of disability and sexual orientation.
Couture, V. (2012) <i>United States</i>	Book review (Nettle and Bolter, <i>Multiple Minority Identities</i> 2012)	N/A	N/A	This review champions an intersectional approach to exploring the lives of people who experience different and multiple forms of marginality and discrimination. It looks at how this approach shapes inclusive professional practice and in particular, its implications for counselling people who identify with a number of different marginal populations.
DHHS (2016) <i>Australia</i>	Discussion Paper	Invited submissions	People with disabilities	The paper invited submissions from individuals and organisations to maximise positive impacts of the NDIS. In particular, it focused on ways of improving active citizenship and the rights, equality and economic participation of people living with disability.
Elderton, A. & Jones, C. (2011) <i>United Kingdom</i>	Research report (Viewpoint)	Descriptive analysis of an LGBT social group	LGBT people with a 'learning disability' (n=16)	The report describes the impact of Mingle, a social group for LGBT people with learning disabilities, on those attending. Respondents felt that the group provided a safe and comfortable space where they could discuss talking about being LGBT, meet other LGBT people with LD, and learn about safe sex. The report noted that there is currently little interaction between Mingle and the wider gay community but hoped this would change over time.
Harley, D. et al. (2000) <i>United States</i>	Research article	Commentary	Disability practitioners, LG disability consumers	The article focusses on the low levels of LG awareness, knowledge and skills amongst rehabilitation practitioners. It makes recommendations for improving disability and rehabilitation practitioners' knowledge of 'alternative sexualities' and the needs of LG people with disabilities focusing on definitions and terminology, and experiences of stigma and identity development.

Jones, C. & Chivers, J. (2011) <i>Australia</i>	Book chapter	N/A	Young people with learning disabilities	The chapter addresses sexuality education in schools with a focus on young people with learning difficulties and develops an educator and classroom program guide.
Lipton, B. (2004) <i>United States</i>	Research article	Literature and policy review	Gay men living with non-HIV chronic illness	The article looks at the effects of 'minority stress' on the health and wellbeing and psychosocial and social service needs of gay men living with chronic illnesses other than HIV. It presents guidelines for the provision of services that respond proactively to their specific needs, and advocates for more inclusive and comprehensive social service and health care systems.
Menon, Y. (2011) <i>United States</i>	Research article	Review of legislation (American with Disabilities Act [ADA])	Individuals with intersex variations	The review looks at whether intersex individuals can be considered 'qualified individuals with a disability' under the ADA using a similar case made regarding the status of 'transgender individuals' under current state laws. It discusses whether federal disability law may be an optimal avenue for advancing the socio-political rights and public perceptions of the intersex community.
Noonan, A. & Gomez, M. (2011) <i>Australia</i>	Discussion paper	N/A	LGBT people with ID	The article discusses the impact of educational and training materials aimed at raising awareness within disability organisations of the existence of LGBT people with ID. The article focuses on the rights of LGBT people with ID including the rights to freedom of sexual expression.
Parliament of Victoria, Family and Community Development Committee (2016) <i>Australia</i>	Research report	Analysis and report on public submissions	People living with disabilities, sexual orientation	The report documents the compounding effects of disability and gender with less emphasis on minority sexual and gender diverse identities. Submissions highlighted the importance of sexuality and relationships education for people with ID, both as a way of supporting their wellbeing and of preventing abuse by raising awareness of what respectful relationships look like. It noted that disability services (and the community as a whole) often ignore sex education for people with disability – physical or intellectual – because they assume they lack sexual desires. The report's recommendations include training for disability support workers that is client-focused, recognises the human rights of people with disabilities, and freedom of racial, cultural, religious and sexual expression.

Pallotta-Chiarolli, M. (2016) <i>Australia</i>	Research report	Qualitative, in-depth interviews	SSAGD young people of multi faith and cultural backgrounds (n=10, 16 to 24 yrs) and community leaders (n=10)	The study argues for a deeper understanding of and engagement with the intersections of ethnicity, religion, class, disabilities, spirituality, age, sexualities and genders in research, policy development, resourcing and implementation. This is particularly pertinent to third generation SSAGD MCMF who embody multiple, mixed and emerging identities.
Richmond, P. (2012) <i>United States</i>	Research report	Literature review	LGBTI young people with disabilities	This review highlights the limited research (quantitative and qualitative) that explores the experiences of LGBT young people with disabilities. In particular, it advocates for more quantitative studies to be undertaken in order to prevent homophobic sexual harassment in special education settings, explore school outcomes for LGBT youth with disabilities and create evidence-based interventions that are culturally sensitive to this minority group.
Smith, L. et al. (2008) <i>United States</i>	Research article	Commentary on counsellor education	N/A	This article argues that disability is not an isolated issue. People's lived experiences of disability are an amalgam of the interactions of multiple and intersecting forms of marginality including disability, class, race, and other dimensions of their cultural identity, including sexual orientation. The paper outlines strategies for intersectional training for counselling students.
Victorian Government, <i>Well Proud</i> (2011) and <i>Rainbow e-Quality</i> (2016) <i>Australia</i>	Resource guide	Input of LGBTI expert advisory group (medical, community, government and academic representation)	LGBTI people	A hard copy (<i>Well Proud</i>) and an updated, more extensive e-Guide (<i>Rainbow e-Quality</i>) to LGBTI-inclusive practice for Health and Human Services. The guides note that LGBTI people with a disability face additional challenges and multiple forms of discrimination that effect the kinds of services and supports they seek, and how they interact with service providers. The e-Guide lists a number of services and providers that are LGBTI and disability inclusive.

A number of studies examined inclusive practice and service responses at the intersection of sexual orientation and disability. Morgan et al. (2011) in the US, documented the negative health impacts of restrictions of freedom of sexual expression on LGBT young people with ID including low self-esteem and psychological problems. Their literature review focused on interventions aimed at supporting LGBT students with disability including the development of open learning environments that reduce stigma and discrimination and providing these students with appropriate information and resources. In the UK, a study by Fletcher et al. (2015) looked at institutional cultures and the experiences of social work students from minority identities including LGB. Like Morgan et al. (2011), they argued for educational cultures where students from minority populations feel welcome and can thrive.

Kattari et al. (2017) in a secondary analysis of existing US survey data, found that while trans and gender non-conforming people faced gender-identity based discrimination when accessing social services those with disabilities experience even greater discrimination when accessing mental health, rape crisis and domestic violence shelters. Witten's (2014) study on trans and gender diversity and ageing found that trans and gender diverse people were fearful of health care providers and did not seek the health care they needed as they aged nor sought advice on end of life preparation. Witten concluded that all health and aged care workers need training on trans-inclusive aged care practice and service delivery.

VEOHRC (2014) reported on the barriers people with disabilities face in accessing the justice system as victims of crime. The report was based on both qualitative and quantitative data with service providers and people with disabilities. The report summarises the findings of national and international studies that show people with disabilities are more likely than other minority groups to be victims of crime and are particularly vulnerable to violence in service settings. The risks of violence are even higher for women with disabilities and for people with cognitive impairment. The report notes that people with disabilities face added barriers in reporting crime, particularly those with ID, and require added supports at all levels of the justice system.

4d. Discrimination and vulnerability

Abbott and Howarth (2005) reported on the lives of LGB people with LD and the attitudes of staff who worked in disability services in the UK. Their study relied on a small number of interviews with LGB people with LD and staff. They found LGB people with LD experienced high levels of mental distress and self-injury, bullying, and abuse and discrimination by strangers. They also found that they were excluded and 'unwelcomed' by the lesbian and gay community. Staff in services were unprepared and reluctant to engage with issues of sexuality. Abbott and his colleagues have continued to publish highly influential articles from the original study (Abbott & Howarth 2007; Abbott 2013; Abbott 2015).

A US study examined the interactions of disability with race and ethnicity and LGBT identity and experiences (McGee 2014). They concluded that exposure to peer victimization among students with disabilities varied by other categories of identity or social inequality and increased considerably if disabled students were also female, of colour, and/or LGBQ.⁷

Raj (2012) examined how discrimination is experienced differently by different vulnerable groups in Australia, according to variations in sexual orientation and gender; disability; age; and ethnic or cultural background.⁸ The study was primarily quantitative and relied on a survey of 400 LGBT people who identify with a number of other minority populations. The report advocates for an intersectional approach, and, like other studies referenced in this

⁷ See also McDonald et al. 2007.

⁸ See also Pallotta-Chiarolli 2016.

review, noted that LGBT people living with a disability often face discrimination both within and outside LGBT communities.

A Swedish study explored the 'invisibility' of young same-sex attracted and bisexual people with intellectual disabilities (Lofgren-Martenson 2009). The study found that the opportunities for young gay and bisexual people to express their sexual feelings, attractions and identities depended on their immediate surroundings and the attitudes and behaviours of those closest to them. A small exploratory study conducted in the Netherlands also looked at the experiences of same sex attracted people living with intellectual disability (Stoffelen et al. 2013). The study found that where prejudice and discrimination limited opportunities for social inclusion and friendships, there was increased prevalence of negative sexual experiences and feelings of loneliness among same sex attracted people with intellectual disability. These negative experiences and limitations were even greater for same sex attracted people with severe intellectual disability.

Wood and Halder (2014) conducted a systematic literature review of the research on the links between gender identity and learning disabilities, particularly autism spectrum disorders. They noted that people with gender identity disorder (GID) and LD are subject to high levels of discrimination and stigma that have a detrimental impact on their mental health.

A number of articles looked at ways of providing non-discriminatory and inclusive services to LGBTI people with disabilities. A report from the Executive Office of the UK Government (2013) argues for the collection or disaggregated data on the health and wellbeing and service access of people living with disability who are part of other minority populations. Such data, the report argues, is crucial to assessing the impact of the implementation of earlier government initiatives aimed at supporting LGBT people with disability who are subject to multiple forms of discrimination and abuse.

Williams et al. (2008) provided an update of their 2001 study for Nottingham local government in the UK aimed at better understanding the lives of people with disabilities, their experiences of discrimination and how better to meet their service needs. The study, like all those cited in this review, found that people with a disability were more likely than people without to experience discrimination and disadvantage and that people with ID reported the least positive experiences and outcomes.⁹ In Australia, Barrett et al. (2014) looked at LGBT-inclusive practice in aged care services and argued that services needed to be able to meet the very different needs of different minority populations within LGBT communities, including LGBT people with disability.

4e. Violence and crime

The European Union Agency of Fundamental Rights (2009) documents rates and patterns of homophobic and transphobic discrimination in the member states of the European Union. The report notes that human rights' violations against LGBTI people in those countries where homosexuality and gender diverse identities are criminalised are even higher among vulnerable subpopulations including LGBTI people with disability. A study by CREA (2012), a feminist human rights organisation located in New Delhi, examined service responses in South Asia to violence against women with disabilities, female sex workers and women who identified as lesbian. The study found that all three groups were subject to high rates of violence and abuse with greatest institutional support for disabled women, followed by lesbians, with little support provided to sex-working women.

Sin et al. (2009) offer a review of UK research and data on rates of violence against people with disability. The review shows higher rates of violence against disabled people compared with non-disabled and higher rates

⁹ Rates of disadvantage among those with surveyed had not changed since 2001.

against disabled people with LD or mental health conditions. The report notes that there is little data on rates of violence against LGBT people with disabilities. A review of the international literature by Hughes et al. (2012) confirmed these findings. Hughes found that adults with disabilities were at increased risk of violence compared with adults without and that the risk of violence was even higher for adults with mental illness.

MacDonald et al. (2017) offered a comparative analysis of survey data of three types of hate-related crime in the north-east of England (n=3098): disability, sexuality and race. While their sample size did not only allow for bi or multivariate analyses, their findings confirmed that disability hate crime is underreported compared with other types of hate crime and that the perpetrator is often an employed carer or family member.

Horsley (2015), in a submission to the Victorian Royal Commission into Family Violence, noted that LGBTI people may experience family violence not only from partners but also from parents, siblings and extended family members. According to Horsley, the limited data suggested that LGBTI people associated with other minority groups may be at greater risk of family violence including LGBTI people with disability and LGBTI people living with chronic illness such as HIV.

Eisenberg et al. (2015) looked at variation in rates of bullying among young people, associated with differences in sexuality, weight and disability. They found that LGB young people with disabilities were more likely to be both victims and perpetrators of bullying than their heterosexual peers who have no disabilities. They concluded that anti-bullying programs need to consider how to address invisible 'vulnerabilities' like sexuality as predictors of increased risk of a young person being both a victim and a perpetrator of peer-based bullying.

4f. Health Disparities

Fredriksen-Goldsen and colleagues have analysed American population data to explore the relationships between sexual orientation, disability and other factors (E.g. age, ethnicity) that impact on health and wellbeing for LGB people (Fredriksen-Goldsen et al. 2013; 2012a; 2012; and Kim & Fredriksen-Goldsen 2013).¹⁰ Each of the articles focuses on the unique intersections of sexual orientation with other social determinants of health such as stigma and discrimination, social support, and social networks.

In one large population study (n=96,992) Fredriksen-Goldsen (2013) found that older LGB people have higher risk of disability, poor mental health, smoking and excessive drinking than older heterosexuals. Fredriksen-Goldsen (2012b) found that the average age of LGB people with disability is significantly lower than that for heterosexuals. In another survey of 2,439 LGB people aged 50 years or older, Fredriksen-Goldsen et al. (2012a) found that internalised stigma and victimisation were independent predictors of disability and depression among this population. At the same time, the study found that social support and network size were protective factors against poorer general health, disability and depression among LGB people over 50 years.

Cochran (2007) offered a comparative analysis of data from the 2005 Californian Quality of Life Survey based on sexual orientation. They found that the effects of HIV infection on gay men and higher levels of psychological distress among LB women were associated with reduced physical well-being. Eliason et al. (2016; 2017) looked at socio-demographic, health related, and quality of life differences between LB women with and without PD. While LB women with disability had overall slightly lower quality of life than those without, they were more likely to record an improvement in physical quality of life following a group intervention. Zeluf et al. (2016) conducted a web-based

¹⁰ Intersectionality has been used to describe the interactions among different minority *identity* categories. However, Fredriksen-Goldsen and others have included in their analyses other social determinants such as social support and networks which are not, strictly speaking, identity categories. This raises further conceptual complexities about what types of categories and social determinants are included in intersectional analyses.

survey of 796 trans people aged 18 to 94 years in Sweden. Over half of the respondents reported a disability and nearly half reported quality of life below the median.

Leonard et al. (2012) reported on the findings of the second national survey of the health and wellbeing of LGBT Australians (n=3853). Unpublished disability data from that survey is included in this report (pp.46-52). According to PL2, 22.7% of LGBT respondents reported a disability or long-term health condition. LGBT people with a disability reported higher levels of psychological distress than those without, with 52% of LGBT people with a disability having a high K10 score compared with 27% of those without. LGBT people with disability also had higher rates of self-reported anxiety and treatment for anxiety than those without (52% versus 23%).

4g. Advocacy and Support

Many of the early studies that advocated for the development of services, training and social supports focused primarily on gay men (Genke 2004; Hanjorgiris et al. 2004; Lipton 2004)¹¹. Lipton (2004), for example, advocates for the development of service guidelines to address the long-term psychosocial and physical health needs of gay men living with chronic illnesses other than HIV.

However, a small number of early studies have looked at sexual minorities more broadly. For example, Harley et al. (2000) look at the lack of lesbian and gay inclusive rehabilitation services. They advocate for disability and rehabilitation practitioners to be trained on the needs of LG people with disabilities and in particular on how experiences of discrimination and stigma affect their identity development.

A number of more recent studies advocate for development of LGBTI training and resources that are specific to different service types and/or types of disability, with significant attention given to LGBTI people with ID and LD. Richmond (2012), in a US report, calls for more research on rates of homophobic sexual harassment of LGBTI young people with disability in special education settings and the development of evidence-based interventions. Smith et al. (2008), in the US, focussed on counselling and safer school environments for students with disabilities who were part of other minority populations, including LGBTI people. They call for intersectional training for counselling students who will be better prepared when working in educational settings to address the different needs of LGBT young people who are associated with different minority groups.

In Australia, Noonan & Gomez (2011) describe service responses and the development of education and training materials to support sexual expression for LGBT people with intellectual disability.

Abbott (2015) offers a critical reflection on how things have changed for LGBT people with disability in the UK since the release of his study *Secret Loves, Secret Lives* a decade earlier. He concluded that ten years on 'we still do not know very much about the experiences of LGBT people with learning disabilities themselves' (p100). The CDC (2011) argue that national surveys of health inequalities in the US should necessarily include indicators of sexual orientation and disability. Abbot and the CDC are indicative of a growing number of researchers and health bodies advocating for more qualitative and quantitative data on the lives of LGBTI people with disability to inform the development of policies, programs and services that claim to be tackling health inequalities.

A report by the Australian Human Rights Commission (2014) documented the increased discrimination and social exclusion experienced by LGBTI people with disability. The report noted that LGBTI people with disability are treated as non-sexual or their sexual freedoms and ability to have intimate relationships compromised by the prejudicial beliefs and practices of carers and support workers. The report advocates for LGBTI-inclusive training

¹¹ Genke 2004 looked at chronic illness & ageing, Hanjorgiris et al. 2004 at chronic illness and mental health, and Lipton 2004 at chronic illness and health services.

for disability support workers and measures to mitigate the possible impact of religious exemptions on the quality of care provided to LGBTI people with disability by faith-based services.

A report by the Family and Community Development Committee, Parliament of Victoria (2016) noted that community and disability services rarely consider sex education for people with disability and in particular people with ID who are often assumed to have no sexual interest or desire. Submissions to the Committee stressed the importance of rejecting these prejudicial beliefs and providing sexuality and relationships education to people with ID to support and improve their wellbeing and prevent abuse by raising their awareness of what respectful relationships consist of.

Nationally and internationally a number of Government policies have advocated for the inclusion of LGBTI people living with disability in programs, services and training. However, the degree to which these recommendations are supported by evidence and conceptual and terminological rigour varies considerably. Some of these policy documents and accompanying resources are listed below.

- Government reports
 - *Disability in the United Kingdom: Facts & Figures* (Papworth Trust 2012)
 - *Living in a Different World: Joint Review of Disability Hate Crime* (HMCPSI 2013) UK
 - *Disabled people's experiences of targeted violence and hostility*, The Equality and Human Rights Commission (Sin et al. 2009)
 - *Homophobia and Discrimination on Grounds of Sexual Orientation and Gender Identity in the EU Member States* (EUAFR 2009)
 - *Health Disparities and Inequalities Report - United States* (CDC 2011)
 - *Equality, Capacity and Disability in Commonwealth Laws - Particular disability communities* (ALRC 2014)
- Strategic plans and discussion papers
 - *A strategy to improve the lives of people with disabilities in the UK, 2012-2015* (OFMDM (2013))
 - *A discussion paper of the Victorian state disability plan 2017–2020* (DHHS 2016)
 - *Family Violence and the LGBTI Community: Submission to the Victorian Royal Commission into Family Violence and the LGBTI Community* (Horsley 2015)
 - *Inquiry into abuse in disability services: Final Report* (FCDC 2016)

- Guides and resources
 - Separate programs on 'disability' & 'sexuality' in Australia (Better Health Channel 2017)
 - *Well Proud: A guide to LGBTI-inclusive practice for health and human services* (2011) Victorian Department of Human Services
 - *Rainbow eQuality Guide* (2016), Victorian Department of Health and Human Services accessible at <http://www2.health.vic.gov.au/rainbowequality>
 - *Sexual Lives and Respectful Relationships Course for LGBTIQ people* School of Health & Social Development, Faculty of Health DEAKIN University (current and ongoing).

5. Private lives 2 data

Private lives is a national survey of the health and wellbeing of LGBT(I) Australians. The first survey was run in 2006, the second, *Private lives 2*, in 2012. The first Private lives did not include any questions on disability.

The total number of respondents in PL2 was 3,853. Respondents came from all Australian States and Territories with a population distribution similar to the distribution of the national population (with a slight overrepresentation of LGBT respondents in Victoria and an underrepresentation in NSW). Participants ranged in age from 16 to 89 years with 48.2% identifying as 'female', 44.4% as 'male', 4.4% as 'transgender' and 3% preferring 'another term' to describe their sex/gender identity (Leonard et al. 2012).

The data was analysed according to sex/gender identity and sexual orientation yielding two distinct data sets (Leonard et al. 2015, pp.8-9).

The survey relied on a definition of disability and types of disability no longer used by the ABS. In particular, PL2 included 'psychiatric conditions', a number of which are not included as types of disability by many disability and professional organisations. Their inclusion under disability in the PL2 study may have led to an overestimation of rates of mental ill-health among LGBT people with disability compared to LGBT people without.

5a. Disability

Nearly a quarter of PL2 respondents reported having a disability or long-term illness (22.7%). Table 5 breaks this percentage down according to the specific types of disability used by the ABS.

Table 4 – Primary type of disability (ABS categories)

Type of Disability	%
Physical or diverse disability	41%
Psychiatric disability	31%
Other (mix physical/other conditions)	22%
Intellectual disability	2%
Sensory or speech disability	3%
Acquired brain injury	2%

Nearly 52 % of respondents who reported having a disability or long-term illness said they didn't experience any restrictions related to their disability.

Disability and sex/gender identity

Table 5 – Disability by Sex/Gender identity

Sex/Gender identity	Yes	No
Male	17.8	82.2
Female	24.9	75.1
Trans male	38.3	61.7
Trans female	33.6	66.4
Other	42.5	57.5
Male	17.8	82.2

Females were more likely than males to report having a disability or long term illness (24.9% versus 17.8%). Rates were considerably higher for trans females and trans males (33.6% and 38.3%).

Disability and Sexual Orientation

Table 6 – Disability by Sexual Orientation

Sexual orientation	Yes	No
Lesbian female	23.9	76.1
Bisexual female	25.9	74.1
Other identified female	31.8	68.2
Gay male	17.6	82.4
Bisexual male	20.3	79.7
Other identified male	27.1	72.9

'Other' identified females reported the highest rates of disability and long-term illness (31.8%) and gay males the lowest (17.6%). Rates were higher among lesbian females and bisexual females (23.9% and 25.9%) compared with gay males and bisexual males (17.6% and 20.3%).

5b. Demographics¹²

Age

Respondents with a disability or long-term illness were older on average than those without (39.5 years versus 37.2 years). The difference was greatest for respondents who identified as male (42.5 years with disability versus 38.3 years without).

Country of birth

There were no significant variations in disability rates by country of birth according to sex/gender identity or sexual orientation.

Aboriginal and Torres Strait Islander

Disability was slightly more common among respondents of Aboriginal or Torres Strait Islander descent (31% versus 22%).

5c. Education, employment and income

Respondents with a disability reported lower levels of **secondary education** than those without. For example, 56% of respondents without a disability had completed year 12 compared with 41% of respondents with a disability.

Table 7 – Employment according to disability

Employment	Disability	
	No	Yes
Full-time	52.3	31
Student	17.6	19.6
Part-time	11.0	11.9
Casual	5.3	5.6
Self-employed	6.1	5.2
None	4.3	18.7

Respondents with a disability were more likely to have no **employment** than those without (18.7% versus 4.3%) and less likely to have full employment (31% versus 53%).

¹² Analysis by religious affiliation was not possible because of the small number of people in many of the denominations.

Those with a disability or long-term illness tend to have lower **incomes** than those without. For example, while 30% of respondents without a disability earned less than \$600 per week, 52% of respondents with a disability earned less than \$600 per week. These differences were true irrespective of sex/gender identity.

5d. Health and wellbeing

General health

- Self-rated health

SF36 categories were used to rate self-reported health on a five-point scale from excellent to poor.

Table 8 – Self-rated health according to disability (SF 36 Scale)

Employment	Disability	
	No	Yes
Excellent	22.6	5.6
Very good	45.6	24.3
Good	24.7	37.3
Fair	6.5	22.1
Poor	0.6	10.8

Nearly 23% of those with no disability rated their health as 'excellent' compared with only 5.6% of those with a disability. While less than 1% of those with no disability rated their health as 'poor' the figure jumps to 11% for those LGBT people with a disability.

There were marked differences in rates of self-reported general health according to sex/gender identity. For example, 67% of females without disability reported 'very good' or 'excellent' health compared with only 27% of females with a disability.

- Weight and height (BMI)

Fewer respondents with disability fell within the normal BMI range compared with respondents without disability, 32% versus 45%. Obesity was more common among respondents with disability than those without, 37% versus 23%.

- Drug and alcohol use

Rates of drug use for non-medical purposes in the past 12 months were almost identical for LGBT people with and without disabilities (44% and 45%).

Mental health and wellbeing

There were noticeable variations in mental health between those people with and without disability in the PL2 sample.

- Psychological distress (K10 Scale) and anxiety

PL2 used the K10 scale to measure levels of non-specific psychological distress. The scale ranges from 0 to 50 with a higher score indicative of poorer mental health. Individuals with high scores (22 to 50) are considered to be at particular risk of a range of mental health problems.

LGBT people with disability were more likely to report high K10 scores and be at increased risk of a range of mental problems than those without disability (52% versus 27%).

LGBT people with disability also had higher rates of self-reported anxiety and treatment for anxiety than those without (52% versus 23%). LGBT people with disability were more likely than those without to report that they 'often' experienced an episode of intense anxiety in the past 12 months (27% versus 10%) and less likely to report not having experienced an episode of intense anxiety in the same period (11% versus 25%).

- Mental health (SF36)

Mental health was estimated using the SF36 mental health subscale, which is scored from 1 to 100 with a higher score indicating better mental health.

Mental health was significantly poorer among respondents with a disability than those without, with a mean score of 60 versus 72.

5e. Health service access and use

Private Health insurance and regular GP

Those LGBT respondents with a disability were less likely to have private health insurance than those without (51% versus 61%). However, respondents with a disability were more likely to have a regular GP than those without (83% versus 73%) and tended to see their GP more often. For example, nearly 19% of LGBT respondents with a disability had seen their GP 12 times or more in the past 12 months compared with 3% of respondents without disability.

Other health service use

Use of health services was generally higher among respondents with a disability. For example, LGBT respondents with a disability were more likely to see a counsellor, psychologist or social worker than respondents without a disability (62% versus 40%) and more likely to access psychiatric services (28% versus 7%).

Table 9 – Other health service use by disability

Health service	Disability	
	No	Yes
Physiotherapist	22.6	30.3
Counsellor/Psychologist/Social worker	39.9	61.6
Community nurse/Nurse practitioner	11.0	21.7
Optician/Optometrist	46.1	46.6
Hearing specialist	3.3	8.8
Dietician	4.4	11.0
Psychiatrist	7.4	28.4
Massage Therapist	41.4	33.3
Naturapath	9.8	10.5
Chiropractor	15.9	14.3
Osteopath	10.4	8.9
Acupuncturist	9.1	9.4
Other alternative health practitioner	7.3	11.0

Screening

Among respondents who identified as female, those with disabilities were less likely than those without to report having had a pap test in the past two years (47% versus 53%). There was a small difference in rates of mammogram screening according to disability among female respondents aged 50-69 years¹³: 54% for those with a disability versus 58% for those without.

Respondents with a disability were less likely to have ever had an HIV test than those without, 59% versus 65%. However, this was not the case for trans males and trans females: 72% of trans males with a disability and 72% without a disability had ever been tested for HIV while 80% of trans females with a disability had ever been tested versus 60% of trans females without a disability.

¹³ 50 to 69 years is the target age range for regular mammogram testing.

5f. Discrimination, harassment and violence

LGBT respondents with a disability were more likely than those without to report having experienced at least one form of harassment or violence in the last 12 months prior to completing the survey: 46% of LGBT people with a disability versus 33% without.

LGBT respondents with a disability were more likely to have been subject to verbal abuse than respondents without disability in the previous year (32% versus 24%); more likely to have 'received written threats of abuse including emails and graffiti' (11% versus 5%); more likely to have been subject to harassment (21% vs 14%); and more likely to have been subject to threats of physical violence or physical assault without weapon such as being punched, kicked, or beaten (13% vs 8%).

Lesbian and bisexual women with a disability in the PL2 sample self-reported higher levels of sexual assault than LB women without disability (5% versus 2%). These figures compare with Australian population averages of 1.5% of women with a disability versus 0.8% for women without a disability (*Personal Safety Survey ABS, 2014*).

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