



## Response to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability Issues Paper

### Executive Summary

Question 8 of the Issues Paper on promoting inclusion of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability addresses the barriers and challenges to inclusion of LGBTIQ+ people with disability.

LGBTIQ+ people with disability experience multi-layered discrimination due to their diverse sexual orientations, gender identity and intersex status. **Applying an intersectional lens is fundamental to designing and implementing effective programs to develop more inclusive society for LGBTIQ+ people with disability.**

LGBTIQ+ Health Australia welcomes the opportunity to respond to the Issues Paper addressing barriers to inclusion of LGBTIQ+ people with disability. The submission highlights evidence-based factors that create exclusive spaces for LGBTIQ+ people with disability, such as lack of feeling of support, psychological distress, violence and harassment against them. It also addresses experience of minority stressors, data collection on LGBTIQ populations with disability, intersectional experiences, the role of self-determined community organisations and the importance of co-design approaches across projects and programs to inclusion of LGBTIQ+ people with disability.

### Introduction

LGBTIQ+ Health Australia (LHA) is the largest national peak organisation working to promote the health and wellbeing of LGBTIQ+ people and communities. LHA is uniquely placed with a diverse membership that spans across states and territories, and includes LGBTIQ+ self-determined community health organisations, LGBTIQ+ community groups and state and territory peak bodies, service providers, researchers, and individuals. LHA is strategically positioned to provide a national focus to improving the health and wellbeing of LGBTIQ+ people through policy, advocacy, representation, research evidence, and capacity building across all health portfolios that are of significance to our communities. We recognise that people's genders, bodies, relationships, and sexualities affect their health and wellbeing in every domain of their life.

LHA has a history of working with disability organisations and individual LGBTIQ+ people living with disability. This has included the NDIA, National Ethnic Disability Alliance (NEDA), People with Disability Australia and Disability Employment Australia. LHA in partnership with Disability Employment Australia, is engaged in an NDIS funded project called Employable Q. The aim of this project is to produce resources for employers within the LGBTI sector to promote the employment of LGBTIQ+ people with disability. Employable Q provides LGBTIQ+ organisations with a range of resources and tools to assist them in becoming more inclusive workplaces for people with disability. This information was delivered via a toolkit targeted towards LGBTIQ+ employers. LHA has also provided a submission to the Royal Commission in August 2020, with a specific focus on employment issues faced by LGBTIQ+ people with disability and presented recommendations. LHA provided an oral presentation to the Royal Commission in the December 2020. We raised issues relating to employment and addressed the experiences of LGBTIQ+ people with disability accessing



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employment and the Employable Q toolkit which helps organisations become more inclusive and accessible.

### Background

Writing Themselves In 4 is a national survey of the health and wellbeing of LGBTQ+ young Australians. It found that LGBTQ+ participants with disability or a long-term health condition were more likely to have felt unsafe or uncomfortable in the past 12 months at their educational setting due to their sexuality or gender identity than those not reporting disability or a long-term health condition. Participants with disability or a long-term health condition felt less supported by classmates (39.3%) than those not reporting disability or a long-term health condition.<sup>1</sup>

Also, reported experiences of high/very high psychological distress were much more common among participants reporting disability or a long-term health condition (90.9%), compared to participants reporting no disability or long-term health condition.<sup>2</sup>

Over half of participants with disability or a long-term health condition (52.7%) reported in the past 12 months experiencing verbal harassment relating to sexuality or gender identity, more than the one-third of participants reporting no disability or long-term health condition.<sup>3</sup>

Participants with disability or a long-term health condition reported experiencing greater levels of verbal (52.7%), physical (15.0%) and sexual (31.7%) harassment or assault based on their sexual identity or gender identity in the past 12 months than those without disability or a long-term health condition.<sup>4</sup>

Restrictions on freedom of sexual and gender diverse expression have on their ability to form social and intimate relationships and to connect to mainstream, LGBTI and disability support groups and communities. Also, 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.<sup>5</sup>

Private Lives 2 also reports the prevalence of disability varied within each of the L, G, B, T populations:

- Bisexual men and women reported higher rates of psychiatric disability (41% bisexual women compared to 31.4% lesbians; 38.5% bisexual men compared to 24.8% of gay men)
- Gay men and lesbian women reported higher rates of physical disability (42.3% of

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<sup>1</sup> Adam O. Hill et al, (2021). Writing Themselves In 4: The health and wellbeing of LGBTQA+ young people in Australia, Available from: [https://www.latrobe.edu.au/\\_\\_data/assets/pdf\\_file/0010/1198945/Writing-Themselves-In-4-National-report.pdf](https://www.latrobe.edu.au/__data/assets/pdf_file/0010/1198945/Writing-Themselves-In-4-National-report.pdf)

<sup>2</sup> Ibid

<sup>3</sup> Ibid

<sup>4</sup> Ibid

<sup>5</sup> Ibid



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lesbians compared to 36.9% bisexual women, 42.2% of gay men compared to 30.8% of bisexual men)

- Trans women had higher rates of psychiatric disability (39.0%) than trans men (16.7%)
- Aboriginal and Torres Strait Islander people had slightly higher rates of disability (31%).<sup>6</sup>

### Health and wellbeing of LGBTIQ+ people with disability

The limited research that is available shows that the health and wellbeing of LGBTIQ+ people with disability is fragmented and under-resourced, and that there are higher rates of discrimination and reduced service access among LGBTIQ+ people with disability, compared with people with disability and LGBTI people without disability. Reduced social connection, including family, services, and support groups, across mainstream, disability and LGBTIQ+ communities, correlates to significantly reduced health and wellbeing for LGBTIQ+ people with disability. Conversely, positive and increased social connection is associated with improved health and wellbeing for LGBTIQ+ people with disability.

### Experience of minority stressors

Research findings identify four 'minority stressors' that challenge LGBTIQ+ people with disability at workplace, including experiences of workplace discrimination, expectations of stigma, internalised cis-heteronormativity and concealment of identity.<sup>7</sup> The literature reflects minority stressors are linked to psychological distress and low job satisfaction rates. Regardless of potential discrimination, there is a need to disclose and develop an authentic sense of self in the workplace for some people. However, disclosure does not necessarily lead to positive outcomes when discrimination in the workplace is high.<sup>8</sup>

The interplay of 'minority stress' with exclusion of LGBTIQ+ people living with a disability in seeking employment is about:

- Uncertainty around disclosure of being part of LGBTIQ+ communities
- Seeing themselves as a burden to an employer as they have so many things to disclose to get their needs met in the employment context and they often make a choice of disclosing one over the other according to the priority of their needs (disability or being part of LGBTIQ+ communities)
- Lack of capacity to be open about sexuality at work in addition to being open about a disability

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<sup>6</sup> William Leonard et al, (2012). Private Lives 2: The Second National Survey of the Health and Wellbeing of Gay, Lesbian, Bisexual and Transgender (GLBT) Australians. Available from: <http://arrow.latrobe.edu.au:8080/vital/access/manager/Repository/latrobe:35653>

<sup>7</sup> Velez, B. L & Ors (2013), 'Testing the Tenets of Minority Stress Theory in Workplace Contexts', *Journal of Counselling Psychology*, p2

<sup>8</sup> Rugins, B. R & Ors (2007), 'Making the Invisible Visible: Fear and Disclosure of Sexual Orientation at Work', *Journal of Applied Psychology*, p1114



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- The concealment of identity that can be very exhausting and conversely compounding burden that goes with being the one to put themselves forward and ask for meeting their needs from the employer.

Particular members of the LGBTIQ+ communities who have a visible identity, for example trans and gender diverse (TGD) persons have additional difficulties such as references and approaching to their previous jobs when they had different names and affirmed gender before their transition.

### **Data Collection on LGBTIQ populations with disabilities**

The Australian Bureau of Statistics (ABS) acknowledges the importance of the national Census in collecting information about the living arrangements, population characteristics, and education and labour force participation of people with a need for assistance to inform the planning and management of disability services and targeted support for those living with disability. Despite this, LGBTIQ+ people with disability are not counted. The recently released NDIS LGBTIQ+ Strategy recognises that it is difficult to obtain an accurate picture of the number of LGBTIQ+ people with disability in Australia due to the lack of national population-based data collections with relevant data indicators.

In comparison, the Survey of Disability, Ageing and Carers (SDAC) provides in-depth information about the details of a person's disability, the activities they need support with, and who supports the person. SDAC uses detailed interview administered questions which are not feasible for inclusion in the Census.<sup>12</sup> Currently, the SDAC does not collect data on LGBTI populations, and thus it cannot be used to determine the prevalence of disability in LGBTI communities. Inadequate data collection practices perpetuate a cycle of invisibility. As data informs evidence-based policy, this exclusion of LGBTI people with disability can lead to adverse public policy outcomes that fail to address the unique needs and experiences of LGBTI people with disability. Together, an LGBTI-inclusive SDAC and the Census will help build a better picture of LGBTI people with disability in Australia, including their employment outcomes.

LHA supports capturing LGBTI populations meaningfully in the national Census, and the ABS Survey of Disability, Ageing and Carers through applying ABS 2020 standard that standardises the collection and dissemination of data relating to sex, gender, variations of sex characteristics and sexual orientation. The standard presents statistical standards for four variables including sex, gender, variations of sex characteristics and sexual orientation and it describes the variables and their associated conceptual issues and definitions. The standard for each variable includes the concepts, definitions, questionnaire modules, classification, coding structure, and output categories to be used in ABS interviewer-based and self-enumerated collections. The 2020 Standard also provides guidance on deriving cisgender (cis) and trans and gender diverse (trans) counts using the sex and gender variables. We also recommend updating the Standardised Disability Flag for mainstream services to reflect the intersectional identities and needs of LGBTI people with disability.



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### **Intersectional experiences**

It is recommended that workplaces have a diversity statement which includes LGBTI people with disability, and a Disability Inclusion Action Plan (DIAP) that addresses intersectionality around LGBTI people with disability. Disability Inclusion Action Plans (DIAP) are a well-established tool for workplaces to commit to removing systemic and attitudinal barriers so that people with disability have a better opportunity to live a meaningful life and participate as full members of the community. This includes supporting them to access meaningful employment. People with disability cite experiencing barriers in accessing information on job opportunities and the recruitment processes, reasonable adjustments to support them to meet their job requirements and professional development opportunities once in a job.

### **Role of self-determined community organisations**

LGBTIQ+ people with disability have been neglected and typically experience stigma and discrimination from mainstream organisations, promoting ableism and ableist attitudes as well as having heteronormative and cisnormative assumptions.

LHA supports the development of nationally consistent, regular and targeted education and training within mainstream services to raise awareness around intersectionality of issues, faced by LGBTIQ+ people with disability and their special needs. Training should ideally be delivered by people with lived experience of disability and consider the impact of multiple minority identities.

LHA stresses the importance of consultation with self-determined community organisations to provide direction and input for program support for the inclusion of LGBTIQ people with disabilities.

LHA can provide opportunities to build connections and collaborate with a broad range of organisations, stakeholders and service providers. Continuous and ongoing engagement and collaboration with self-determined community organisations which are governed and operated by and for affected communities, are often best placed to provide trusted, safe, and affirmative services in potentially sensitive areas of service provision.

### **Co-design approaches across projects and programs for the inclusion of LGBTIQ people with disability**

LHA recognises the importance of having co-design at the heart of the work that is completed across projects and programs. LHA is developing a co-design framework that specifically meets the needs for LGBTIQ+ people who work with us. The framework is important because it creates an agreed definition of co-design, outlines roles, responsibilities and guides co-design facilitators in their work. A specialist consultant in human-centred design has been consulting with LGBTIQ+ staff, LGBTIQ+ member organisations and other health sector experts to ensure that this framework includes an approach which is trauma informed and evidence based.

## LGBTIQ+ Health Australia

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LHA recommends that workplaces co-design a DIAP with employers and key stakeholders, including LGBTI people. Any DIAP is reviewed on regular basis and is published to ensure transparency and uphold accountability. Intersectionality around LGBTI people with disability is considered in this plan.