

Submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability

Meridian acknowledges the Ngunnawal people as the Traditional Custodians of the land on which we work and live, and we pay our respects to Elders, past, present and emerging. We honour the lesbian, gay, bisexual, transgender, intersex, queer, and asexual activists and advocates whose courage, determination, and strength have helped to make this a more just society. We celebrate the rich diversity of people's bodies, genders, identities, sexualities, and relationships.

Introduction

Meridian welcomes the opportunity to contribute this submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.

Meridian is an LGBTIQ+ community-controlled, peer-led organisation that provides health and social support services to our community. We are Canberra's leading organisation providing services to people living with and impacted by HIV and AIDS, people of diverse genders, sexualities and sex characteristics (broadly, the LGBTIQ+ community), and sex workers. We have been advocating for and supporting our community for over 30 years.

Meridian is peer led, and we regularly access guidance from our LGBTIQ+ service users, including through a Service User Reference Group (SURG) established through the Canberra Inclusive Partnership. SURG members, including people living with disability within our LGBTIQ+ community, provide valuable insights and advice based on their lived expertise. We thank Meridian's SURG Members who have contributed and shared their passion with us for this submission to the Royal Commission, and we also thank our key stakeholders, staff, volunteers and other service users who have helped us to create this submission, so that a better quality of life can be experienced by all people living with disability in Australia.

Meridian offers this independent submission to the Royal Commission, in addition to being a signatory to LGBTIQ+ Health Australia's submission, to strengthen the points made in their submission, and to represent our Canberra-based organisation's position and experiences, more specifically.

We also acknowledge the diversity of terms used within our LGBTIQ+ disability community to refer to people with disability, their carers, family members and allies. Meridian adopts a bio-psycho-social-perspective of disability, in alignment with the World Health Organisation. This perspective views disability as a multidimensional, evolving concept and occurs because of the interaction between people with impairments, and attitudinal and environmental contexts that restrict their full and equal participation in society.¹

We recognise that the term LGBTIQ+ does not capture the diversity of identities, sexualities, relationships, bodies and experiences within our communities. However, we also recognise the value of the term when exploring collective experiences of stigma, discrimination, and marginalisation, and when advocating for more inclusive services. We use LGBTIQ+ in this submission to refer to people of diverse identities, sexualities, relationships, bodies and experiences, including but not limited to people who identify as lesbian, gay, bisexual, transgender, queer, agender, non-binary, gender fluid, asexual, pansexual, and people with intersex variations.

Summary of recommendations

- 1 The Commonwealth Government ensures that all national surveys include the ABS Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables.**
- 2 Commonwealth, State and Territory Governments adequately fund both community-controlled LGBTIQ+ peer-led services and mainstream services to deliver accessible, safe and inclusive services and information for LGBTIQ+ people with disability.**
- 3 Government and non-government services ensure that carers and allies of LGBTIQ+ people with disability can easily access LGBTIQ+-specific resources, information, and support.**
- 4 Commonwealth, State and Territory Governments use the ACT COVID-19 Disability Strategy Respite Effect and Recovery Grants as an example of best-practice in providing services to LGBTIQ+ people with disability.**

Understanding the intersectional experiences and needs of LGBTIQ+ people with disability

LGBTIQ+ people are more likely to have a disability than the wider population. The largest studies into the experiences and health and wellbeing of LGBTIQ+ people in Australia found that 38.5% of LGBTIQ+ people over the age of eighteen reported experiences characterised as disability or a long-term health condition, compared to 17.7% of the wider population.¹

Autism spectrum disorder is also significantly more prevalent among trans and gender diverse people compared to the wider population: a gender diverse person is ten times more likely to be on the spectrum than their cisgender peer.²

LGBTIQ+ people experience poorer health and wellbeing than the wider community due to their experiences of discrimination, social isolation, violence, and reduced access to services. This is also true for people with disability. LGBTIQ+ people with disability, therefore, encounter multiple forms of structural discrimination and social injustice, which compounds the impact on their health and wellbeing.

We also know from our lived experiences, and as specialists in LGBTIQ+ community health, that external prejudice and discrimination against our LGBTIQ+ communities often results in internalised prejudice and stigma, which then manifest as lateral violence within our diverse LGBTIQ+ communities. For example, LGBTIQ+ people with disability experience discrimination from both LGBTIQ+ people and people with disability. This further compounds the impact on their health and wellbeing, including contributing to increased risk of psychological distress.³ Compared to LGBTIQ+ people without disability, LGBTIQ+ people with disability experience:⁴

¹ The study used a different, and more inclusive and comprehensive measure of disability compared to that used by the Australian Bureau of Statistics, from which the percentage of the wider population with disability was extracted.

- Twice the rates of anxiety and psychological distress
- Higher rates of crime, victimisation and violence, particularly LGBTIQ+ women and people with intellectual and learning disabilities
- Increased risk of family violence and violence from carers and support workers, particularly people with an intellectual disability
- Reduced access to services. This is even greater for trans and gender diverse people, as they experience greater discrimination when accessing services than lesbian, gay, and bisexual people with disability.

LGBTIQ+ people with disability also have less freedom to express their sexuality and gender identity and have poor access to relevant and appropriate information and support relating to sex, sexuality, and relationships. This can result in increased risk of sexually transmitted infections (STIs), and reduced capacity to develop respectful, intimate relationships.

Having LGBTIQ+ culturally informed, accessible and competent support systems in place, including the choice of LGBTIQ+ peer-led services, for people living with disability within the LGBTIQ+ community, is fundamental to the eradication of violence, abuse, neglect, and exploitation of LGBTIQ+ people with disability.

"Ask for my name and pronouns – don't just go by what's on my medicine."
(Meridian service user)

It is vital that program designers and service providers understand how intersectionality, and associated stigma and discrimination, impacts on the minority stress experienced by LGBTIQ+ people with disability. Minority stress refers to the unique, stressful and hostile factors related to sexual and gender minority identities, such as homophobic and transphobic victimization, expectations of rejection, hiding and concealing and internalised homophobia that have a negative impact on LGBTIQ+ people's health.⁵ Impacts of minority stress are compounded for people with intersectional minority identities, for example, our First Nations LGBTIQ+ people and forcibly displaced, asylum seeking and refugee LGBTIQ+ people. LGBTIQ+ people with disability will, wherever possible, assess a service for safety and accessibility, and many LGBTIQ+ people will choose not to access, or to disclose their identities to, a service where it is assessed that the service is not LGBTIQ+ culturally safe or accessible. Health services, faith-based school settings, community services, residential care facilities, and women's refuges are examples of where this LGBTIQ+ survival strategy may be implemented because of the stress of potentially experiencing misgendering, prejudice, ignorance, discriminatory policies and practices and inappropriate questioning. Inability to safely access essential services reinforces stigma, shame, and isolation for LGBTIQ+ people.

"I have a connective tissue disorder that affects me in multiple ways, all the time and with no end in sight.. I'm also a parent, a partner and a queer person with a disability and these intersecting identities can be confusing to people who don't expect a person to be more than one thing. I experience incessant minority stress, in response to other people's negative reactions to me. It's hard to be a parent in LGBTIQ+ spaces, hard to be disabled in LGBTIQ+ spaces, and hard to be queer in disabled spaces: who do we ask for help?"
(Clarry, Meridian service user)

Greater visibility of LGBTIQ+ people with disability and their carers, family and allies, whilst working together across society to eradicate fear, ignorance, discrimination and prejudice against LGBTIQ+ people, is essential in improving the health and wellbeing of all LGBTIQ+ people with disability. It is also crucial to have LGBTIQ+ culturally informed, accessible and competent support systems in place, including the option for LGBTIQ+ people with disability to access LGBTIQ+ peer-led services. These services and support systems are fundamental to the eradication of violence, abuse, neglect, and exploitation of LGBTIQ+ people with disability.

How Meridian promotes inclusion of LGBTIQ+ people with disability

Meridian operates a fortnightly psycho-social support group called "Disabili-Tea" for LGBTIQ+ people who identify as having a disability. This program has been designed by and for LGBTIQ+ with disability. Disabili-Tea aims to reduce the social isolation, minority stress and marginalisation experienced by members of our LGBTIQ+ community with disability. Disabili-Tea is the only regular event in Canberra that centres accessibility and the experiences of LGBTIQ+ people with disability, providing an opportunity to build connection and community for many people who were previously unable to do so. Disabili-Tea is facilitated by peers and is guided by group members. Each session includes a shared morning tea followed by an activity relevant to health and wellbeing, such as mindfulness, cooking, employment, yoga and simple AUSLAN.

Meridian provides case work support to people living with and impacted by HIV and AIDS, many of whom live with disability. Being a member-driven organisation, our work is always responsive to cultural and social change, and the continuing transmission of HIV in Australia informs our current and future directions.

Meridian's Silver Rainbow Training program delivers LGBTIQ+ cultural competence training to our local aged-care sector. Our Elder's Dance Club provides opportunities for senior LGBTIQ+ community members to come together in a social, active and fun way on a monthly basis. These programs are further examples of successful initiatives for both mainstream services and LGBTIQ+ communities to enhance LGBTIQ+ resources, information sharing, cultural safety, and opportunities for social connection.

It is vital that professionals receive adequate LGBTIQ+ knowledge and skills to work with our communities, and that they are confident to deliver inclusive and responsive services for and with LGBTIQ+ people with disability.⁶

"Sometimes I just want to feel like everyone else and go to a mainstream service...and feel respected... but also have my identity seen as a risk factor too, and risk factors correlated with my identity."
(Meridian service user)

Meridian delivers LGBTIQ+ cultural-awareness and inclusivity training for organisations, including schools, non-government agencies (including disability services), and businesses throughout the ACT and surrounding regions. Feedback from training participants regarding Meridian's LGBTIQ+ cultural awareness education is consistently positive, reflecting the value of this training to our broader community. Adequate training, resources and supports are a must have for all service providers who engage with and design policies and procedures for our LGBTIQ+ community, including LGBTIQ+ people with disability. Culturally sensitive support and safety are fundamental needs of LGBTIQ+ people with disability.

"It's really really hard to focus on clinical pathways or care steps when you are there trembling because they've not used the right pronoun or name...to achieve health outcomes, use user-informed language."
(Ken, Meridian service user)

Meridian strongly supports the co-design and promotion of accessible, capacity-enriching, culturally competent, and safe spaces for LGBTIQ+ people with disability. Opportunities to connect, participate, share information and grow in strength together are protective factors for LGBTIQ+ people with disability against the negative impacts of abuse, violence, neglect, and exploitation.

Recommendations

1 The Commonwealth Government ensures that all national surveys include the ABS Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables.

It is estimated that people of diverse sexual orientation, sex characteristics, and gender identity make up 11% of Australia's population,⁷ however, national data on LGBTIQ+ people is severely lacking. There is even less data available about the health status of people living with disability in LGBTIQ+ communities. As was described in LGBTIQ+ Health Australia's response to the Royal Commission's Promoting Inclusion Issues Paper, the lack of visibility of LGBTIQ+ people with disability in national population-based data sets with relevant data indicators, makes it difficult for evidence-based public policy to be implemented to address the needs and issues of people with disability in LGBTIQ+ communities.

"There are big gaps in existing services, for example, in the post-gestational mental health services space: when LGBTIQ+ is not visible, or not given space, this is heartbreaking. And that is not said lightly as someone with two cardiac conditions." (Ken, Meridian service user)

LGBTIQ+ populations need to be recorded in the National Census and in the Australian Bureau of Statistics (ABS) Survey of Disability, Ageing and Carers through applying the ABS Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables (2020) to both surveys.⁸

Additionally, Meridian recommends that the ABS Standards are used (as a minimum) by community organisations, government, academic, and private-sector organisations in their own statistical collections to improve the comparability and quality of data.⁹

2 Commonwealth, State and Territory Governments adequately fund both community-controlled LGBTIQ+ peer-led services and mainstream services to deliver accessible, safe, and inclusive services and information for LGBTIQ+ people with disability.

LGBTIQ+ people with disability experience multiple barriers to accessing LGBTIQ+ services, disability services, and health services. These barriers include discrimination, ignorance, physical access barriers, inaccessible sexual health information, and exclusion from both disability and LGBTIQ+ services and social engagement.¹⁰

"My NDIS service provision was delayed due to the NDIS wanting to see legal evidence of my gender change. I advocated for change to this intrusive requirement and quoted back to the NDIS statements from their own policies, but this advocacy effort came at a significant personal cost, given the impacts of my disability on my functioning and energy levels. Eventually I was able to provide sufficient evidence to the NDIS, to obtain services, but this was only after I had to dig my heels in to protect my privacy."
(Clarry, Meridian service user)

Our LGBTIQ+ community members need to be able to exercise choice with regards to the services that they access. Peers understand peers and can provide non-judgemental, safe, understanding services that are relevant to the LGBTIQ+ context.

"Having options is important to me."
(Meridian service user)

People living with disability in the LGBTIQ+ community need to be able to choose whether to access mainstream support services, or an LGBTIQ+ peer-led service. When there are no obvious indications that a service is LGBTIQ+-affirming, and there is no LGBTIQ+ disability-accessible peer-led service available, service users have no choice but to risk encountering ignorance, prejudice and discrimination in the mainstream system. The mere prospect of this risk is enough to elevate mental distress for most LGBTIQ+ people and their loved ones. Services need to be culturally safe for LGBTIQ+ people with disability (socially, emotionally, physically, and spiritually safe). Service providers need to be trained to confidently and competently recognise and understand LGBTIQ+ intersectionality, and work to alleviate the impacts of minority stress, discrimination and exclusion experienced by LGBTIQ+ people with disability.

"Inclusive means that you rock up and they won't turn you away. Affirming is when services are actively welcoming."
(Shane, SURG member)

Key strategies for ensuring LGBTIQ+ people with disability have access to safe, inclusive and relevant services include:

Include LGBTIQ+ people with disability, and their carers and allies, in the design and delivery of programs, policies, and research. Co-design is essential for maximising the safety, accessibility, benefits and relevance of support options for people living with disability within the LGBTIQ+ community.¹¹

"Some services can only be provided by mainstream agencies, for example cleaning, and I was fortunate in one instance when I was allocated a female helper from an agency who happened to have a wife herself. This was a random coincidence, but that helped me feel more comfortable receiving disability support services from an LGBTIQ+ peer."

(Clarry, Meridian service user)

Provide LGBTIQ+ education and training to mainstream services. Both Meridian and LGBTIQ+ Health Australia support the development of nationally consistent, regular, and targeted education and training for mainstream services to raise the competence and confidence of service providers in working with the intersectionality of issues faced by LGBTIQ+ people with disability. Access to safe, culturally competent, and accessible LGBTIQ+ peer support and mainstream services enables LGBTIQ+ people with disability to be informed and supported to make safe reports of violence, abuse, neglect, and exploitation - especially when these crimes relate to a person's LGBTIQ+ identity.

"A lot of disability services promote themselves as wanting to be more inclusive, welcoming of trans disabled people and embracing of diversity, but then they don't change their intake forms to be inclusive of trans and gender diverse clients."

(Clarry, Meridian service user)

Ensure LGBTIQ+ people can physically access services and service information. Meridian understands that both mainstream services and LGBTIQ+ peer-led services need to be physically accessible to LGBTIQ+ people with disability, otherwise their freedom of choice is limited further.

"I need to know the access issues – how will I get into the building?"

(Ken, Meridian service user)

Provide access to LGBTIQ+ peer support and opportunities for social connection with other LGBTIQ+ people. LGBTIQ+ people with disability need to be able to access peer-led psycho-social support and opportunities for socialisation with other people living with disability within the LGBTIQ+ community. LGBTIQ+ people with disability have far less freedom, relative to LGBTIQ+ people without disability, to express their sexuality or gender identity. This is even more so for LGBTIQ+ people with intellectual or learning disability. Whilst social support networks are a protective factor against ill-health, disability and

depression among LGBTIQ+ people, we know that LGBTIQ+ people with disability can experience abuse and neglect through experiences of discrimination and exclusion within both LGBTIQ+ communities and mainstream disability communities. This abuse and neglect results in greater social isolation and reduced social support for LGBTIQ+ people with disability.¹² Opportunities for social connection, mutual understanding, sharing of information, respect, support, relationships, visibility and celebrating strength and resilience lead to personal empowerment and better health outcomes.¹³

Ensure that LGBTIQ+ people's sexuality and relationships are visible in sex and relationship education resources and that these resources are accessible to LGBTIQ+ people with disability and their carers and allies. Neglect of LGBTIQ+ people with disability includes the absence of access to information about LGBTIQ+ specific contexts and needs in sex and relationship education and resources. This invisibility places LGBTIQ+ people with disability at increased risk of STIs and reduces their capacity to develop respectful, intimate relationships. People living with disability in LGBTIQ+ communities need to be visible in sexual health information and need to have access to opportunities for social connection to break down isolation and build resilience in the face of societal discrimination, ignorance, prejudice and stigma. All people with disability are entitled to equal access and opportunity to experience sexual intimacy and sexual expression. Meridian, along with other community organisations have called on the National Disability Insurance Agency (NDIA) to develop a comprehensive sexuality policy for people with disability¹⁴ and Meridian supports the federal court ruling that NDIS funding can be used by clients to access specialist sex therapy and sex worker services.

Publicly adopt and display explicit values of respect, inclusion, and welcome for LGBTIQ+ people with disability. Meridian supports the principles relating to LGBTIQ+ people's inclusion and personal rights articulated in the NDIA's LGBTIQ+ Strategy¹⁵. We see immense benefits to these principles being adopted and enacted by all individuals, community services and government agencies interacting with LGBTIQ+ people with disability. The principles are that every participant should be:

- Treated with dignity and respect
- Accepted, without judgement or fear of disrespectful behaviour
- Understood as having autonomy over their own body and how it is described
- Respected for their choices, needs, and relationships and not asked intrusive questions.

"It's super intimate for anyone to receive personal care services, like showering, but as a trans person I worry about the carer's potential disrespect, disgust and other reactions towards me and my body. Gender dysphoria is something that tends to happen more for me in reaction to other people's negative judgments of my body and my gender expression. Anticipating the reactions of personal carers feels a lot like a person feels when they have a periodic house inspection coming up: often it turns out fine, and then I have to work to let go of all of the stress that I have built up because of the uncertainty leading up to the visit."

(Clarry, Meridian Service User)

Culturally competent service engagement with LGBTIQ+ people with disability is vital in eliminating violence, abuse, neglect and exploitation of LGBTIQ+ people with disability. Through successfully engaging LGBTIQ+ people with disability, both peer-led and mainstream services can create important, life-saving opportunities to both identify and report on crimes of abuse, violence, neglect, and exploitation to authorities.

3 Government and non-government services ensure that carers and allies of LGBTIQ+ people with disability can easily access LGBTIQ+-specific resources, information, and support.

Carers and allies of LGBTIQ+ people with disability need access to LGBTIQ+ information and resources to be able to understand and better support their loved ones. Often LGBTIQ+ people with disability are dependent on the care and support of others, and if a carer is not LGBTIQ+ culturally competent, or is prejudiced against LGBTIQ+ people, the LGBTIQ+ person with disability will have very little choice but to suffer through this ignorance and discrimination-based abuse and neglect.

SURG members have reported to Meridian that having LGBTIQ+ information and resources available to carers, family members, and allies, reduces the emotional and psychological labour expected of LGBTIQ+ people in having to “explain” or “educate” their loved ones about their identity.

“Transitioning impacts on relationships. Education is needed so that family and friends can be taught how to treat you – it would be good if you could refer your family and friends to an education hub – even if it's just online.”

(Shane, SURG member)

Meridian appreciates the valuable role that carers and allies have in supporting LGBTIQ+ people with disability, and in challenging broader societal discrimination against our LGBTIQ+ community. Meridian is proud to be able to provide services, information and referral options to carers and allies of LGBTIQ+ people with disability, and we recommend greater national visibility and availability of LGBTIQ+ information and support options for carers and allies of LGBTIQ+ people with disability.

4 Commonwealth, State and Territory governments use the ACT COVID-19 Disability Strategy Respite Effect and Recovery Grants as an example of best practice in providing services to LGBTIQ+ people with disability.

“Many people with disability feel particularly anxious about having to undergo individual assessments to access support services, even if you are ‘disabled enough’ to get to an assessment stage. People with disability fear that they may be assessed as needing less help than they actually need, particularly if their disability is not actually visible enough at the time of the assessment.”

(Clarry, Meridian service user)

Meridian recently wrote to Emma Davidson, Minister for Mental Health and Disability, to commend her and her staff on implementing the ACT COVID-19 Disability Strategy Respite Effect and Recovery Grants. Meridian had received a tremendous amount of positive feedback from service users living with disability in the ACT's LGBTIQ+ community, who accessed this grant program.

Service users told us that they profoundly appreciated being trusted that they needed this grant, not only by the organisation supporting them, but also by the ACT Government. They also provided the following feedback:

- The grants were accessible because they were not linked to a cumbersome bureaucratic framework and assessment process.
- They appreciated the ease of access resulting from not having to prove their disability status with medical evidence or other challenging and disempowering evidentiary processes.
- They did not get lost trying to navigate a complex system.
- They value the deepening of linkages and networks formed through connection to the support organisation who was administering the grant.

LGBTIQA+ people with disability are typically habituated to having to navigate frustrating, bureaucratic service systems to prove their entitlement to essential human services. Meridian commends the ACT Government for conceptualising and implementing the valued, accessible, respectful, and capacity-building ACT COVID-19 Disability Strategy Respite Effect and Recovery Grants program. Meridian would like to see the broader disability service system founded on similar principles of ease of access, trust, and respect for LGBTIQA+ people with disability.

Our Hopes for the Future

This is what Meridian's service users have told us their hopes are for the future of LGBTIQA+ people with disability:

"My ultimate goal, and hope for LGBTIQA+ people living with disabilities, is to experience a world where they don't have to hope they will be met with understanding and acceptance.

My hope is that they don't even need to think or fear repercussion before they speak about themselves. Imagine a friend coming up to you and nervously telling you they are heterosexual, or neurotypical, it sounds bizarre doesn't it? My hope is that those within the LGBTIQA+ community who are living with disabilities are able to speak about their experiences and know with confidence that nobody will be shocked, appalled or inappropriately curious by what they hear.

One of the most intimidating aspects of living with a disability is meeting new people or being in a new environment and being fearful of how others may react to you. I believe a lot of the stigma around LGBTIQA+ people, especially those living with a disability, stems from lack of knowledge and understanding, which is why I would love to see us sharing our knowledge, our experiences, but also be willing to listen and answer the genuine questions that will undoubtedly come up.

I don't want people to feel as though they need to change to fit into the majority of society or have to dim their authentic self to be accepted, but rather the majority takes the time to learn and understand different people that don't make up the majority.

This will require time and will also require both sides to come to the table and be willing to open our hearts and speak and also to open our ears and listen. I am realistic, and sadly I don't believe I will see it in my lifetime, but if we start now, and consistently promote and encourage education we could break down some of the barriers. My hope is that in doing this it will pave the way for people in the future to feel like they are part of, and belong to the greater community, rather than being marginalised and isolated."

(Shane, SURG member)

"When interacting with education contexts, as a parent, people can be constantly surprised that (a) you have a disability and (b) that you don't conform to gender norms. In employment contexts potential employers don't expect a lot of work from a person like me, without a lot of adaptations being put in place. This can be a limiting assumption. I'd like to be regarded as an individual, with adaptations negotiated and flexible, depending on my needs, not depending on an employers' assumptions of what I might require. COVID has created more flexible work options for many people, but disabled people are still pushed to the side regarding work opportunities despite the greater flexibility associated with remote and work from home opportunities." (Clarry, Meridian service user)

"I don't have to have a queer or trans person care for me, that would of course be most comfortable, but having a service provider who is a true ally is what I would like to see as the default. I also think there are often power imbalances related to classism and racism in the disability care sector, and that is also something I would like to see changed for the better. There is also heaps of burn out in the medical and caring professions and I would like to see this changed so that there is better care in place for the carers." (Clarry, Meridian service user)

Endnotes

- 1 O'Shea, A., Latham, J. R., Beaver, S., Lewis, J., Mountford R., Rose M., Trezona, A. and Frawley P. (2021). *More than ticking a box: LGBTIQ+ people with disability talking about their lives - understanding experiences in healthcare and community to improve services for all: findings and recommendations from a Victorian research project*. <https://iht.deakin.edu.au/wp-content/uploads/sites/153/2021/03/More-than-ticking-a-box-uploadfile.pdf>
- 2 de Vries, A. L., Noens, I. L., Cohen-Kettenis, P. T., van Berckelaer-Onnes, I. A. and Doreleijers, T. A. (2010). Autism spectrum disorders in gender dysphoric children and adolescents. *Journal of autism and developmental disorders*, 40(8), 930-936. doi: 10.1007/s10803-010-0935-9
- 3 Leonard, W. and Mann, R. (2018). *The everyday experiences of lesbian, gay, bisexual, transgender and intersex (LGBTI) people living with disability*. LaTrobe University. <https://www.disabilityrightswa.org/wp-content/uploads/2018/09/GAFLA-Report-Final-Version.pdf>.
- 4 Leonard and Mann, 2018.
- 5 Meyer, I. H. (2003) Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674-697. doi: 10.1037/0033-2909.129.5.674.
- 6 O'Shea, 2021.
- 7 Australian Institute of Health and Welfare. (2018). *Australia's health 2018*. Australia's health series no.16. AUS 221. AIHW. <https://www.aihw.gov.au/reports/australias-health/australias-health-2018/contents/table-of-contents>
- 8 Meridian. (2020). *Minimum standards for data collection of sex, gender, variations of sex characteristics and sexual orientation*. https://meridianact.org.au/wp-content/uploads/Meridian_Data_collection_v2.pdf
- 9 Meridian, 2020.
- 10 O'Shea, 2021.
- 11 O'Shea, A., Latham, J. R., McNair, R., Despott, N., Rose, M., Mountford, R. and Frawley, P. (2020). Experiences of LGBTIQ+ people with disability in healthcare and community services: Towards embracing multiple identities. *International Journal of Environmental Research and Public Health*, 17(21), 8080. doi: 10.3390/ijerph17218080
- 12 O'Shea, 2021. Leonard, 2018.
- 13 O'Shea, 2021.
- 14 Disabled People's Organisations Australia. (2019). *Joint position statement: A call for a rights-based framework for sexuality in the NDIS*. <https://dpoa.org.au/joint-position-statement-a-call-for-a-rights-based-framework-for-sexuality-in-the-ndis>.
- 15 NDIS. (2020). *LGBTIQ+ Strategy: Our bodies, our genders and our relationships*. <https://www.ndis.gov.au/about-us/strategies/lgbtiqa-strategy>
- 16 O'Shea, A., Latham, J. R., Beaver, S., Lewis, J., Mountford R., Rose M., Trezona, A. and Frawley P. (2021). *More than ticking a box: LGBTIQ+ people with disability talking about their lives - understanding experiences in healthcare and community to improve services for all: findings and recommendations from a Victorian research project*. <https://iht.deakin.edu.au/wp-content/uploads/sites/153/2021/03/More-than-ticking-a-box-uploadfile.pdf>
- 17 de Vries, A. L., Noens, I. L., Cohen-Kettenis, P. T., van Berckelaer-Onnes, I. A. and Doreleijers, T. A. (2010). Autism spectrum disorders in gender dysphoric children and adolescents. *Journal of autism and developmental disorders*, 40(8), 930-936. doi: 10.1007/s10803-010-0935-9
- 18 Leonard, W. and Mann, R. (2018). *The everyday experiences of lesbian, gay, bisexual, transgender and intersex (LGBTI) people living with disability*. LaTrobe University. <https://www.disabilityrightswa.org/wp-content/uploads/2018/09/GAFLA-Report-Final-Version.pdf>.
- 19 Leonard and Mann, 2018.
- 20 Meyer, I. H. (2003) Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674-697. doi: 10.1037/0033-2909.129.5.674.
- 21 O'Shea, 2021.
- 22 Australian Institute of Health and Welfare. (2018). *Australia's health 2018*. Australia's health series no.16. AUS 221. AIHW. <https://www.aihw.gov.au/reports/australias-health/australias-health-2018/contents/table-of-contents>
- 23 Meridian. (2020). *Minimum standards for data collection of sex, gender, variations of sex characteristics and sexual orientation*. https://meridianact.org.au/wp-content/uploads/Meridian_Data_collection_v2.pdf
- 24 Meridian, 2020.
- 25 O'Shea, 2021.
- 26 O'Shea, A., Latham, J. R., McNair, R., Despott, N., Rose, M., Mountford, R. and Frawley, P. (2020). Experiences of LGBTIQ+ people with disability in healthcare and community services: Towards embracing multiple identities. *International Journal of Environmental Research and Public Health*, 17(21), 8080. doi: 10.3390/ijerph17218080
- 27 O'Shea, 2021. Leonard, 2018.
- 28 O'Shea, 2021.
- 29 Disabled People's Organisations Australia. (2019). *Joint position statement: A call for a rights-based framework for sexuality in the NDIS*. <https://dpoa.org.au/joint-position-statement-a-call-for-a-rights-based-framework-for-sexuality-in-the-ndis>.
- 30 NDIS. (2020). *LGBTIQ+ Strategy: Our bodies, our genders and our relationships*. <https://www.ndis.gov.au/about-us/strategies/lgbtiqa-strategy>

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