## Overview

Acknowledging the intersection between queerness and disability is important as those who are both queer[[1]](#footnote-1) and disabled experience queerphobia[[2]](#footnote-2) and ableism[[3]](#footnote-3) differently than those who are disabled but cisgender[[4]](#footnote-4) and heterosexual or those who are queer but non-disabled. In December 2021 CYDA hosted a consultation with 11 participants that sought to understand the intersection between disability and LGBTQIA+[[5]](#footnote-5) identity. The consultation was co-designed by an internal working group of disabled young people, who identified this as a topic that had been poorly researched and therefore in need of deeper exploration.

Many participants in CYDA’s consultation felt marginalised as a result of their disabled identity not being considered in queer spaces, and their queer identity being ignored or erased in disabled spaces. The discussion revealed that most participants agreed that having the option between online and in-person events and being asked their pronouns were important enabling factors in feeling included and being able to participate in things that were important to them. Many participants felt their disability was ignored or infantilised in queer spaces, and the negative perceptions and ableist attitudes towards disability made queer spaces less accessible and welcoming.

The majority of participants acknowledged the need for greater accessibility measures within queer and disabled spaces, and described the major impacts that even small accommodations, such as seeing pride and trans stickers in disabled spaces, could have in making them feel more welcome and accepted. Participants also agreed that establishing spaces specifically for queer and disabled individuals would be extremely beneficial, and that more people who identify as queer, disabled, and both, need to be in leadership positions, both within these communities and outside of them. Young people participating also agreed that those who are queer and disabled need more of a voice, both within the queer and disabled communities, and in the broader community. Participants want queer and disabled groups, events, and spaces to be designed and operated by members of their respective communities.

## Recommendations

### Recommendations for governments:

* The Australian Government should fund collaborative opportunities between disability and LGBTQIA+ organisations to enable disabled and queer people to develop best-practice guides for services and hosting events.
* Governments at all levels create graduate and progression opportunities within the public service to work towards having greater representation of disabled queer people in leadership and decision making roles.

### Recommendations for community services and organisations:

* LGBTQIA+ services and organisations should implement accessibility and inclusion measures so young queer disabled people can access and feel safe in spaces and events on the same basis as their non-disabled peers. This includes, but is not limited to:
	+ Providing a mixture of online and offline events
	+ Installing ramps for wheelchairs and other mobility devices
	+ Having quiet spaces at events, several designated accessible car parking spaces and accessible bathrooms.
* Disability services and organisations should implement accessibility and inclusion measures so young queer disabled people can access and feel safe in spaces and events on the same basis as their cisgender, heterosexual peers. This includes, but is not limited to:
	+ Providing a mixture of online and offline events
	+ Proactively asking for and using preferred pronouns in introductions and communications
	+ ‘Welcome Here’ stickers and other similar symbols to mark spaces as being explicitly queer-friendly
	+ Ensuring that disabled sexuality and gender identity is always acknowledged and respected.
* Disability and LBGTQIA+ organisations and local councils should develop targeted social opportunities and safe spaces for young queer disabled people to meet and network.

## About Children and Young People with Disability Australia

## Children and Young People with Disability Australia (CYDA) is the national representative organisation for children and young people with disability aged 0 to 25 years. CYDA has an extensive national membership of more than 5,000 young people with disability, families, and caregivers of children with disability, and advocacy and community organisations.

## Our vision is that children and young people with disability are valued and living empowered lives with equality of opportunity; and our purpose is to ensure governments, communities, and families are empowering children and young people with disability to fully exercise their rights and aspirations.

## CYDA’s Youth Council is a group of 12 young disabled people that engage in CYDA’s projects and provide lived expertise. The primary focus of the council this term has been on its two working groups: LivedX and NDIS In Control My/Our Way. Additionally, the members have undertaken professional development in media and governance.

## Background to the LivedX consultations

The LivedX consultations were designed to capture the Lived-Experience and Lived-Expertise of young people with disability on topics and issues they value and deemed important. The series brought together young people from around Australia to share their insights, experiences and ideas for a future that embraces young people with disability and enables them to thrive.

The project is a component of CYDA’s Our Voices Our Visions: Youth Advocacy project and is funded by the Youth Advocacy Support Grant from the Australian Department of Education, Skills and Employment.

There were seven sessions held over the course of seven months in 2021 covering:

* Inclusion
* Decision making
* Employment
* Tertiary education: university
* Tertiary education: TAFE and Vocational Education and Training
* LGBTQIA+ people with disability: community
* LGBTQIA+ people with disability: healthcare

A total of 63 participants attended across the sessions. There was representation from many different disabilities, age (15-29) and all states and territories except Northern Territory. Participants included LGBTQIA+ people, people of colour, Aboriginal and/or Torres Strait Islander people, people who speak a language other than English at home, and people who are living in regional, rural, or remote areas.

These consultations have been synthesised into a series of five papers:

* Tertiary Education and Learning
* Financial Security and Employment
* Healthcare Settings for LGBTQIA+ Youth with Disability
* Community Spaces for LGBTQIA+ Youth with Disability
* Inclusion and Decision Making

LivedX has been designed by and for young disabled people. Co-design with young people was integral to this project and consequently LivedX was steered by a working group of the Youth Council.

This policy paper series was written by members of the working group[[6]](#footnote-6), who also participated in the consultation design, topic selection and facilitation, and conducted the data analysis. The working group was supported by Policy and Research team staff, however as a principle, the decisions were made by the young people involved.

## Background on intersectional experiences of LGBTQIA+ people with disability

The intersection between LGBTQIA+ identities and disability/disabled identity is significant yet understudied and unreported on, with queer intersectionality being a known data gap in national surveys of disabled individuals[[7]](#footnote-7). This issue is also partially caused by the general lack of quantitative data on queer young people in Australia[[8]](#footnote-8).

Despite the lack of national, consistent data collected through formal government mechanisms, we know the intersection between queer identities and disability is significant. In a survey[[9]](#footnote-9) of queer young people in Australia (n= 6,418), almost 40% of participants reported having a disability or long-term health condition, and young people with disabilities were much more likely to list queer issues as being of personal concern than their non-disabled peers (20.6% as compared to 9.6%).[[10]](#footnote-10) Another study found that some queer groups, such as gender diverse individuals, have higher rates of autism and other neurodevelopmental/psychiatric diagnoses, than cisgender individuals do[[11]](#footnote-11). Further, a national youth survey conducted by Mission Australia in 2021 found that a larger percentage of gender diverse young people reported having a disability than cisgender respondents did (34.8% of gender diverse respondents compared to 9.3% of cis men and 6.7% of cis women).[[12]](#footnote-12)

The intersection between queer and disabled identities is important to consider because the needs and experiences of queer disabled individuals differ from those of cisgender heterosexual disabled individuals and non-disabled LGBTQIA+ individuals. These individuals experience both queerphobia and ableism differently to their non-disabled or cisgender peers, along with experiencing different types of discrimination compared to those who are just queer or disabled in isolation. For instance, some studies suggest that around one third of autistic individuals have their gender identity questioned because of their autism. Further, longstanding notions that disabled people aren’t gendered or sexual leads to the invisibility of queer disabled people, and historical practices of medicalising both disability and queer identity have functioned to delegitimise both[[13]](#footnote-13).

These findings are an example of how the experiences of queer disabled individuals are distinct, and why considering the intersections between the two groups is important. As such, the LivedX consultation, designed and delivered by young people, aimed to provide a platform for young people to share their intersectional experiences, with a particular focus on community spaces and events.

## Young LGBTQIA+ people with disability’s perspective on community spaces

CYDA has reviewed, analysed, and collated the participants’ ideas into five key themes that emerged throughout the consultations.

| Key theme | Theme description |
| --- | --- |
| Identity | How young people with disability define themselves  |
| Enablers | The factors that enable or support young people with disability to live the lives they would like to live  |
| Barriers | The factors that inhibit or prevent young people with disability to live the lives they would like to live  |
| Solutions | How organisations, government, and the community can contribute to the greater social movement young people with disability want to see in the world |
| Social Movement | How organisations, government, and the community can contribute to the greater social movement young people with disability want to see in the world |

## What young people said

### Identity

Throughout the consultation, many participants shared that they felt that their disabled identity was not acknowledged in queer spaces, leading to feelings of alienation from their non-disabled queer peers and spaces feeling inaccessible.

“I think when I think of queer spaces, I think of cis white gay men having a great time, which [is a] super important part of the queer community, but as a disabled trans person, that isn't my experience and so I often don't feel connected to those spaces and then therefore it's not accessible for me as a disabled person, especially as an autistic person, not feeling like I am actively a part of that space I think has been a big thing for me.”

Although there were numerous descriptions of queer spaces being inaccessible to disabled individuals, the failure to consider intersectional queer identity is worth pointing out specifically. Participants shared feelings of alienation and disconnection that appeared distinct from many of the other factors that can make queer spaces inaccessible for disabled individuals.

“I think often queer spaces think that making the space safe for queer people is them making it accessible and I think a lot of the time queer people think ‘Well, I'm marginalised for my queerness, so therefore making it safe for other queer people involves doing what I need’ and don't have an intersectional approach.”

Such exclusion also created barriers to disabled queer young people who would like to explore their identities through peer interaction, an important part of identity formation. Similar feelings were reported about the exclusion of queer individuals in disabled spaces:

“But yeah, like 40% of autistic people are gender-diverse or trans and it's something like 60 or 70% are queer in some capacity. That's not a coincidence, that is because of our interactions with sexuality and gender. So non-autistic and non-neurodivergent[[14]](#footnote-14) queer people need to understand that and then that needs to validate our queer identity, rather than invalidate it.”

One space in which several participants were able to find community and belonging was on the internet. Many young people mentioned that the shift to online spaces during COVID-19 benefited them significantly and made queer and disabled spaces more accessible for them. However, it is also important to note there were still some accessibility issues in these spaces, and the change wasn’t positive for everybody.

“I guess maybe one thing for me is like what [COVID-19] made not even necessarily queer spaces more accessible but just kind of like community is the push to existing online allowed me to find a community on social media, which was really cool.”

### Enablers

When discussing what factors the participants felt enabled them to participate in both the queer and disabled communities, the two main themes that emerged in discussion were 1) the importance of individuals supports, and 2) the importance of ensuring their identities were respected.

One of the biggest enablers to accessing individual supports, was the ability to have options to either engage with these communities online or in-person. Many participants discussed how much easier it was for them to engage with communities and services online, however, several found engaging online harder and would prefer in-person options.

“I’ve facilitated some queer youth groups, and you get people who are unable to leave their home for whatever reason, or maybe they live in remote or rural areas, so they can’t travel out to the city, so it’s been fantastic because they can literally access these groups that they haven’t been able to in the past.”

With many events and groups shifting online because of the COVID-19 pandemic, many participants shared that they had gotten the opportunity to interact with the queer and disabled communities for the first time. Some participants added that they were worried that in a ‘post-lockdown world’ these online functions would decrease in frequency, and they would become unable to participate in these communities again.

“So, I think we should learn from the pandemic experience that actually obviously it sucks to be in a global pandemic but it doesn't suck that I got to attend things for the first and only time and that shouldn't end just because it's easier and we want to go back to the before times. I think especially in queer spaces that's like just been so apparent to me.”

The increase of online and remote options for engagement also created new, safer avenues to engage with services, as exemplified by the following comment from a young participant:

“I guess for me was when we were like normalising phone calls with health professionals, it was easy where you don't have to go into an appointment and you're committed to that and then you have to pay for it, whereas now I can like organise a phone call [in advance] with let's say a new kind of like healthcare professional before I commit to booking a telehealth appointment and I can be like ‘Oh, what's your experience working with transgender people? And do you consider yourself educated on these issues? And are you accessible and do you provide like gender affirming care?’ And I guess that's been really good because it takes the pressure off of in-person meetings.”

Another important enabling factor for the participants was having their identities respected. Things such as misgendering[[15]](#footnote-15), assumptions about their sexuality or gender identity, or having their identities erased or ignored were all things that made spaces and experiences inaccessible. Participants agreed among themselves that even something as minor as being asked for their pronouns made them almost immediately feel significantly more comfortable. This, in addition to having their gender identities respected, were small courtesies that had major impacts in making spaces feel more inclusive and welcoming, enabling participants to engage within them.

“And so I think what makes them inclusive is no assumptions I guess when you enter the space, when you enter the door or call up for a referral. And like let you define yourself by yourself, so ask me ‘What pronouns do you use, what language do you want me to use for you, how do you identify?’ rather than waiting until I correct them but that I probably don't correct them because I'm dysphoric from being deadnamed[[16]](#footnote-16) and misgendered.”

### Barriers

Throughout the session, participants discussed a range of barriers to engagement with both disabled and queer communities. These included the negative perceptions of disability within queer spaces along with the erasure of disabled sexuality, as well as disabled spaces not being queer-friendly, and the lack of tailored and individual supports for participation.

“I think there's a lot of queer people who infantilise disability, and so I guess – I don't know how to address that, but it needs to be addressed because I've noticed in a lot of queer spaces, when I say, ‘Oh, I'm autistic’, I'll get like ‘Oh, bless. My cousin's autistic. He's so cute.’”

“[…] If you go into a disability provider, there’s nothing on sexual health, there’s nothing on reproductive health, there’s nothing on – they don’t have condoms or anything, or dental dams on their things. It’s almost like there’s this expectation that disabled people and sexual relationships, whether they’re same sex, opposite sex, whatever, who cares, aren’t compatible.”

The impact of infantilisation of disabled people and the erasure of disabled sexuality and queer identity were felt both inside and beyond the queer and disabled community. Participants were concerned that without access for disabled people they would be ‘gatekept’ from expressing their queer identity.

“I think particularly with the context of so many people have come into their queerness or been safe in their queerness for the first time in their lives, recognising how important queer spaces are coming out of lockdown and that if they're not accessible to disabled people, then we're gatekept from our own queerness.”

Another barrier participants faced was disabled spaces not being queer-friendly. This also ties into the infantilisation of disability and the erasure of disabled queer identity. As one participant explained:

“I think often non-autistic people leading autistic spaces use the excuse that autistic people can't handle change, to mean that they don't have to change the ableist or queerphobic things that they're doing.”

This was a common issue described by participants, with others mentioning having their gender identity ignored because people believed that being disabled somehow prevented them from being able to understand their own gender identity. This also plays into the infantilisation and erasure of disabled queer identity discussed above.

Another major barrier preventing queer disabled people from accessing queer and disabled spaces was the lack of supports designed to address the differing needs of individuals. Likely, due to the experiences of COVID lockdowns (and the timing of the consultation where many states and territories were ‘opening up’), the difference between the accessibility of online and in-person spaces was a recurring topic of conversation raised by the participants.

“[A]ll of a sudden, it's been really great and we can interact with different queer people from all over so-called Australia, and then as soon as lockdown ends, people are like, ‘Oh, I'm never going on Zoom again’, and it's really disappointing because for once we've been able to kind of like join spaces that otherwise haven't been great for us.”

While online spaces and meetings worked well for some participants, for others remote appointments were incredibly inaccessible, and made accessing basic services vastly more difficult.

“It is too hard to tell a doctor what is wrong over the phone when they can't see what's wrong. Phones cut out and there is background noise. It is absolute hell for auditory processing issues but providers didn't really care.”

It is important to understand that what can make a space accessible for some can make that same space inaccessible for others. The discussion around this shows that accommodations and supports have to be personalised and individual in order to allow for individuals to truly be included.

### Solutions

Participants discussed various solutions to the barriers they faced. One idea that was raised and widely agreed on was that that queer spaces needed to become more accessible for disabled individuals. The suggestions proposed included having quiet spaces for those with sensory needs and better wheelchair accessibility. One participant also added that certain accommodations should be mandated:

“I don't know if there's a way to mandate accessibility measures, for in-person and online spaces. I don't actually see the government ever doing that but it'd be epic if they could because yeah, we shouldn't have to choose between two inaccessible things and then end up doing none of them. We deserve access to queer spaces.”

There were also discussions about how disabled spaces could become more queer-friendly, with participants discussing how even simple actions such as displaying pride stickers in a disabled space or service could make the space feel more accepting and welcoming.

“The stickers of pride and trans flags on [disabled space] windows help to be informing of welcoming [queer people].”

One idea that gained enthusiastic support from the consultation participants was spaces designed specifically for queer disabled young people. They also thought that having more queer and disabled spaces that focus on hobbies might allow members of these communities to engage with their peers in ways that don’t require significant emotional labour.

“[What] would be cool is a lot of the time there's either queer spaces or disabled spaces. Those spaces are inherently about our identities, which is great, but there's often not spaces that are just like for fun things that we all just happen to share lived experience in. And so I definitely think there should be spaces that are about our identity and talking about that and unpacking and supporting that, but I think it would be cool to see more spaces, specifically for queer disabled people who are about hobbies and things that we're interested in, like a queer disabled Dungeons and Dragons group or a queer disabled writing group or what have you, so you know it will be affirming and accessible but you don't have to like emotional labour every time.”

### Social Movement

Discussion around disabled and queer leadership, correcting the balance of power, and recognising the experiences of queer disabled youth were the main points raised by participants in relation to the social movements theme.

“And I also think both like run by disabled queer people or just like decent queer people but also I think it's not just about the organisers having lived experience because often we don't get that much of a platform in the queer community, but it's about consultation and co-design of events and programs and that sort of thing.”

The topics of disabled and queer leadership emerged frequently in the discussions, which centred around the lack of voice and influence participants have in decisions that affected them directly. It was generally agreed upon that any event or program that would be for them or include them needed to do more to include them in the decision making process.

“I think [we need] more people like us given positions of power in government departments, if possible. So when the pandemic continues but also other crises happen, we don't have to be like ‘You forgot about us’ and them be like ‘Oh, sorry. Whoops’, because there's a person that they're paying to do that. I know we have commissioners and that sort of thing and we've got a chief disabled officer thing in transport, but I don't think it's enough to just have a person, I think it needs to be whole departments or people that actually have power.”

Participants thought that empowering more disabled queer people to gain leadership positions would go some way to correcting systematic power imbalances which see marginalised groups not properly represented within decision making processes.

“Actually have people of those communities as a part of the discussions and decision making so it isn’t just a bunch of older men in suits.”

It was also agreed that disabled and queer leadership could be beneficial in a wide range of contexts. One participant discussed their experiences of running eating disorder recovery groups for disabled and queer youth.

“The first example that came to mind is not one that I've received but I guess one that I've delivered, I suppose, and that's like an eating disorder recovery support group. And so they are completely online and were only started during COVID and I run one for disabled people in recovery and then one for queer people in recovery. And so that's been really great and people who are participants have gotten a lot out of it, so I've been told.”

Participants said that groups run by and for queer and disabled individuals are important for forming a sense of connection and community. Having queer and disabled spaces led by queer and disabled individuals was thought to be beneficial beyond identity-based activities and groups.

## Where to from here?

### Recommendations for governments:

* The Australian Government should fund collaborative opportunities between disability and LGBTQIA+ organisations to enable disabled and queer people to develop best-practice guides for services and hosting events.
* Governments at all levels create graduate and progression opportunities within the public service to work towards having greater representation of disabled queer people in leadership and decision making roles.

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	+ Ensuring that disabled sexuality and gender identity is always acknowledged and respected.
* Disability and LBGTQIA+ organisations and local councils should develop targeted social opportunities and safe spaces for young queer disabled people to meet and network.
1. A community term, used interchangeably with LGBTQIA+ [↑](#footnote-ref-1)
2. ‘Queerphobia’ is an umbrella term for hatred and discrimination against LGBTQIA+ people at individual and systemic levels [↑](#footnote-ref-2)
3. ‘Ableism’ describes the process of negatively stereotyping individuals or groups on the basis of a perceived ‘difference’/ disability and, often, discriminating based on such stereotypes at individual and systemic levels [↑](#footnote-ref-3)
4. “Someone who is not transgender or gender diverse, and who identifies with the sex they were assigned by doctors at birth. Sometimes written as ‘cis’ for short.” [LGBTQIA+ (minus18.org.au)](https://www.minus18.org.au/articles/your-guide-to-words-and-definitions-in-the-lgbtqia%2B-community) [↑](#footnote-ref-4)
5. LGBTQIA+ stands for Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Aromantic/Asexual, with the ‘+’ being an umbrella for all other gender, sexual, and romantic minorities. Detailed definitions available at ibid [↑](#footnote-ref-5)
6. With the exception of the *Inclusion and Decision Making* paper, which was written by Policy and Research team staff, however, it was shaped and approved by working group members [↑](#footnote-ref-6)
7. Australian Institute of Health and Wellbeing. (2020). *People with disability in Australia 2020*. AIHW, Canberra, pages 337-338. Available at: [People with disability in Australia (aihw.gov.au)](https://www.aihw.gov.au/getmedia/ee5ee3c2-152d-4b5f-9901-71d483b47f03/aihw-dis-72.pdf.aspx?inline=true) [↑](#footnote-ref-7)
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13. Egner, J.E. (2019). "The Disability Rights Community was Never Mine”: Neuroqueer Disidentification", Gender & Society, 33(1) pp. 123-147. [↑](#footnote-ref-13)
14. ‘Neurodivergent’ is a non-medical umbrella term for people whose brain works differently. It typically refers to, but is not limited to, conditions such as autism, ADHD, epilepsy and Tourette’s syndrome [↑](#footnote-ref-14)
15. “’Misgendering’ is a term used to describe accidentally or intentionally using incorrect pronouns about or towards a person.” [What are pronouns and why are they important? (minus18.org.au)](https://www.minus18.org.au/articles/what-are-pronouns-and-why-are-they-important) [↑](#footnote-ref-15)
16. “’Deadnaming’ means using a person’s former name without their consent.” [Pride, respect, equality (respectvictoria.vic.gov.au)](https://www.respectvictoria.vic.gov.au/campaigns/pride-respect-equality) [↑](#footnote-ref-16)