

our rainbow lives

an introduction to LGBTIQ+
identity, experiences, sexuality,
gender and bodies for people
with intellectual disability and
their supporters



Inclusion Designlab is Inclusion Melbourne’s centre for policy, research and development. Its vision is to bring together people with an intellectual disability, community organisations, and the world’s leading disability researchers to develop cutting edge models of practice, choice and citizenship.

It does this by developing, trialling, and implementing new systems of support and communicating its insights through a range of publications and media. Inclusion Designlab is also a significant contributor to public policy and government inquiries. Its products and services are used by families, collegiate organisations and a range of other sectors.

Visit inclusiondesignlab.org.au for more about our work.

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Rainbow Health Victoria is a program that supports lesbian, gay, bisexual, trans and gender diverse, intersex and queer (LGBTIQ) health and wellbeing through research and knowledge translation, training, resources, policy advice and service accreditation through the Rainbow Tick.

RHV is located within the Australian Research Centre in Sex, Health and Society (ARCSHS) at La Trobe University and is funded by the Victorian government. Previously called Gay and Lesbian Health Victoria (GLHV), RHV has been working for over 15 years to deliver positive change for LGBTIQ communities.

RHV works closely with researchers at ARCSHS on cutting edge research on LGBTIQ health and wellbeing. An integral part of RHV’s work is to build partnerships with government, researchers, community, organisations and service providers to create equity and inclusion.

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an introduction to LGBTIQ+ identity, experiences, sexuality, gender and bodies for people with intellectual disability and their supporters

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How to read this book

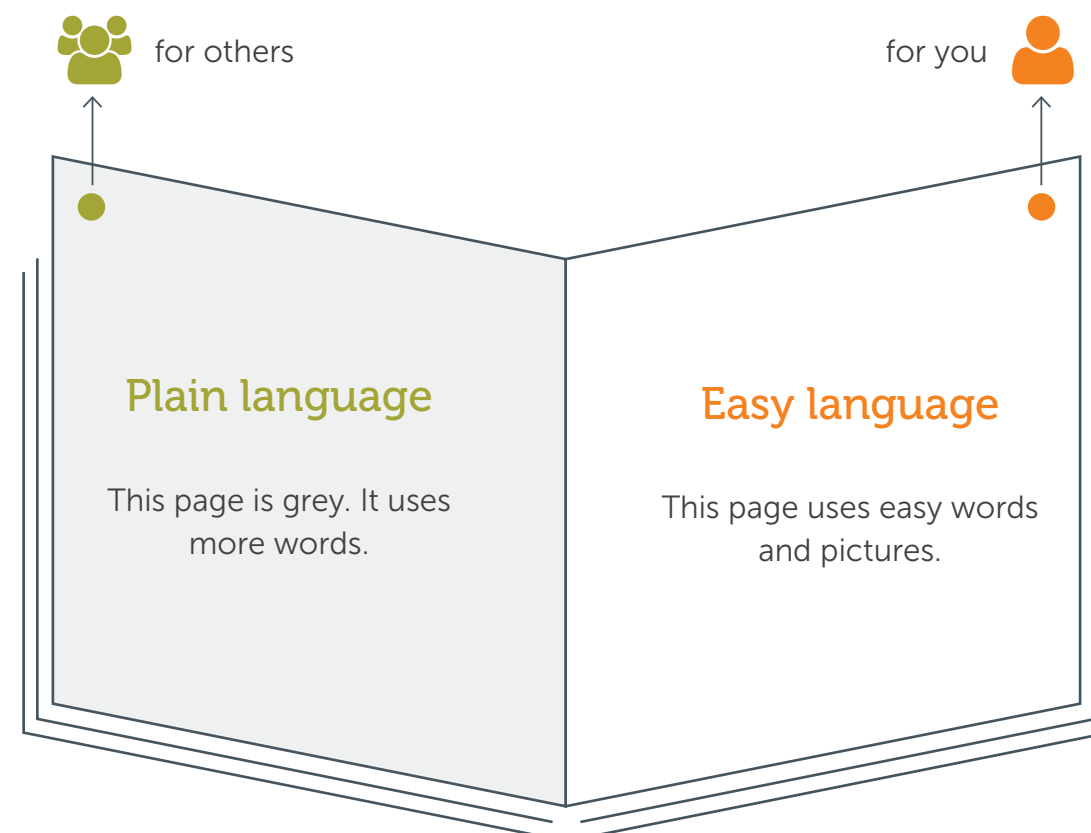
Our Rainbow Lives is designed for supported reading. It works best if a person with a disability and a supporter read it together.

Most of the left-hand pages are written in plain language. The right-hand pages are written using easy-to-read language. This means that the text uses larger letters and there are pictures to assist supported readers.

Supporters should read the left-hand pages before supporting a person with disability to read the right-hand pages. In most cases, the ideas on the left and the right are the same but with more information for the support person to facilitate a conversation around the material.

Our Rainbow Lives is an introduction to what it means to be LGBTIQ+ and how to be supportive of LGBTIQ+ people. It should be used within a holistic sexuality and relationship program at an appropriate point where the necessary foundational education and support has occurred. It may also be appropriate to introduce this content in employment settings – where foundational education has occurred – to help a person with a disability understand standards of appropriate behaviour according to anti-discrimination legislation. NDIS providers have an obligation to provide inclusive services for LGBTIQ+ people and this booklet can help them to do so.

At the end of the book you will find additional resources for supporters as well as a glossary.



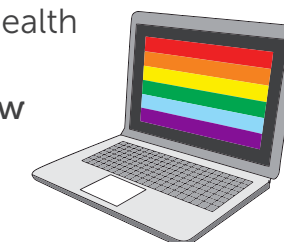
How to read this book

This book is called Our Rainbow Lives. It is a bit different to other books. You can read it by yourself or you can read it with a friend, support person, carer, parent or teacher.

The pages on the **right** use easy words and pictures. The pages on the **left** use more words. Your friend or supporter can read the left page while you read the right page.

This book is all about lesbian, gay, bisexual, transgender, intersex, queer and asexual people! It is OK if you do not know what these words mean now. This book will help you learn about them.

To learn more, contact Inclusion Designlab or Rainbow Health Victoria using the details on the back cover of this book. This book is online at inclusionmelbourne.org.au/rainbow



Lesbian, gay, bisexual, transgender, intersex, queer and asexual people

We all have different identities, sexualities, genders, bodies and life experiences.

The acronym **LGBTIQA+** refers to lesbian, gay, bisexual, transgender, intersex, queer and asexual people as a group. However, LGBTIQA+ people are all different.

Each letter in the LGBTIQA+ acronym represents diverse physical, social and/or political experiences. Some people identify with or have only one letter in the acronym that applies to them, while some people use more than one of the letters to describe themselves or their experiences. Some of the letters—like the B, the T, and the A - can be expanded to include pansexual, gender diverse, and aromantic. More about these later! There are some other letters that are sometimes added to the acronym too. The '+' at the end of the acronym is used to make sure we do not forget these other identities and experiences. Examples of people with diverse sexualities, diverse genders, and diverse bodies can be found throughout history—and in many different cultures throughout the world. Many of these traditional understandings are more inclusive and celebrate these types of diversity (Gilbert, 2012).

Today, as a result of facing similar types of discrimination, LGBTIQA+ people have come together as a community to help each other foster and maintain pride in who they are, to fight for their rights, and celebrate their diversity.

Although the lived experience of LGBTIQA+ people with an intellectual disability is an under-researched area, the need for information and support is clear (Wilson et al, 2018). To meet this need, Our Rainbow Lives has been produced using existing research, practice wisdom, and consultation with people with disability. It is an introduction for people with intellectual disability about the following:

- What it means to be LGBTIQA+ and
- Ways of being respectful of LGBTIQA+ people

This book will be updated and expanded on an ongoing basis.

Please note:

Our Rainbow Lives is an interpretation of pre-existing resources and research. It has been developed with the intention of making the content more accessible for people with an intellectual disability. Every effort has been made to present the material in an easy-to-read format through the use of simple sentence structure, everyday words, clear and meaningful supporting imagery, and the favouring of concrete ideas over abstract ones. Given the complex and conceptual nature of much of the information, we acknowledge that some detail and nuance has been lost in the interest of presenting more accessible messages for the target audience—many of whom may have little to no prior knowledge of these topics.

Supporters can have a conversation about each page with readers and fill in more detail and nuance as the need arises. The support person's text on the left side has been written to help them understand and explain these core concepts. The Rights and Practice Toolkit will also help support persons improve how they support LGBTIQA+ people with intellectual disability above and beyond education. However, further resources and learning will be necessary for a support person to more fully understand all related concepts. For this reason, suggested additional resources are included at the back of this resource.



LGBTIQA+ people



LGBTIQA+ is a short way to say lesbian, gay, bisexual, trans and gender diverse, intersex, queer and asexual. People can use any of the words to talk about different parts of themselves. The first letters of each of these words are used together as 'LGBTIQA+' to mean all of these things at once.

This resource talks about what each word in LGBTIQA+ means. It also talks about ways to treat LGBTIQA+ people well.

LGBTIQA+ does not talk about all of the many different parts of who a person is. A person can be LGBTIQA+ and also have a disability, be Aboriginal, be from any culture and country, and belong to any religion or none of these.

People being the same is OK. People being different is OK.

Attraction, identity and expression

Understanding human sexuality

Human sexuality and attraction are multi-faceted. These concepts require us to understand:

- 1 How people describe their sexuality (i.e What words do they use to describe their identity? Is there a difference in the way they identify publicly as opposed to privately? Do they feel OK about how they identify?)
- 2 To whom people say they are sexually and/or romantically attracted
- 3 With whom people say they have had sexual experiences (and with whom they would like to have sexual and/or romantic experiences).

Smith, Rissel et al. (2003)

For many people, the way they describe their sexuality is the same as who they are attracted to and who they have sexual experiences with. For example, a man may describe himself as gay, be sexually attracted only to men, and have had sexual experiences only with men. A woman may describe herself as straight, only be attracted to men, and have only had sexual experiences with men.

Most people feel romantic and sexual attraction. However, some people only feel romantic attraction. Other people only feel sexual attraction and some people feel neither. People who do not feel romantic attraction may call themselves **aromantic**. People who do not feel sexual attraction may call themselves **asexual**.

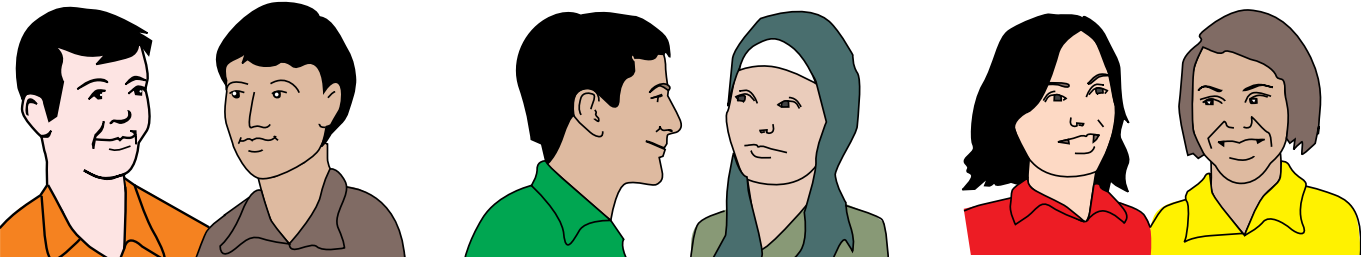
For some people, the way they describe their sexuality to others may be different to who they are attracted to or who they have sexual experiences with. A person may be private about how they describe their sexuality, who they are sexually attracted to or who they have had sexual experiences with. For example, a person may describe themselves to others as heterosexual, be sexually attracted to people of one gender and have never had sexual experiences with anyone. Or they may describe themselves as bisexual, be attracted to people of any gender, and only had sexual experiences with people of one gender.

People can describe their sexuality, talk about how they experience attraction, and express their sexuality in many different ways. This is OK. However, it is important that a person feel comfortable and safe to talk about their sexuality and receive education to be able to explore their sexuality safely if they choose to do so.

It is not OK to assume that a person is asexual or aromantic just because they have an intellectual disability. While some people with intellectual disability are asexual or aromantic, this should not be assumed and is an identity only the individual can claim for themselves. It is very difficult for a person with intellectual disability to make decisions about their sexual orientation or gender identity if they have not had a chance to learn about these things. Self-identification should occur through informed choice, consent, and supported decision making—not influenced or limited by the opinions of others.



Sexual orientation



Often people like other people in a sexy way. This is called **attraction**.

A person can feel attraction only to men, only to women, to people who are neither of these, to more than one of these, or to no one. It is OK to feel attracted to different kinds of people or not. Everyone is different.

A person can choose words to describe who they are attracted to. This is called **sexual orientation**. Some words for this are **lesbian**, **gay**, **bisexual**, and **straight**. There are other words, too.

People who do not feel sexual attraction to anyone are called **asexual**. It is OK to be asexual.

Each person should be able to decide for themselves which words describe their sexual orientation, and choose who they have sexual or romantic relationships with or not.

It is OK to have any sexual orientation. Everyone is different.

Women attracted to women

Lesbian and **queer** are two words that women attracted to women use to identify themselves.

A **lesbian** is a woman whose primary romantic and sexual attraction is for other women. (LGBT National Health Alliance 2015, GLHV 2018). **Gay** is occasionally used by women who are attracted to women to describe themselves.

Queer is an umbrella term that refers to people who do not fit mainstream expectations or strict boundaries regarding sexuality and/or gender. Queer is less specific than **lesbian** in terms of inferring a person's specific gender or sexual orientation. More information about 'queer' is in the glossary.

How a person feels and identifies is different for each person. Only the person can say who they are.

Some women have sex with other women but do not call themselves **lesbian** or **queer** (Richters, Altman et al. 2014).

Some people only feel **romantic** attraction, other people only feel **sexual** attraction and some people feel neither. Women who do not feel romantic attraction may call themselves **aromantic** and women who do not feel sexual attraction may call themselves **asexual**.

In Australia, women attracted to women can be friends, have romantic and/or sexual relationships, get married, and have families if they want to. Sometimes people think this is not OK however in Australia the law protects LGBTIQ+ people from discrimination, including people with disability (AHRC 2014, Australian Human Rights Commission 2015).

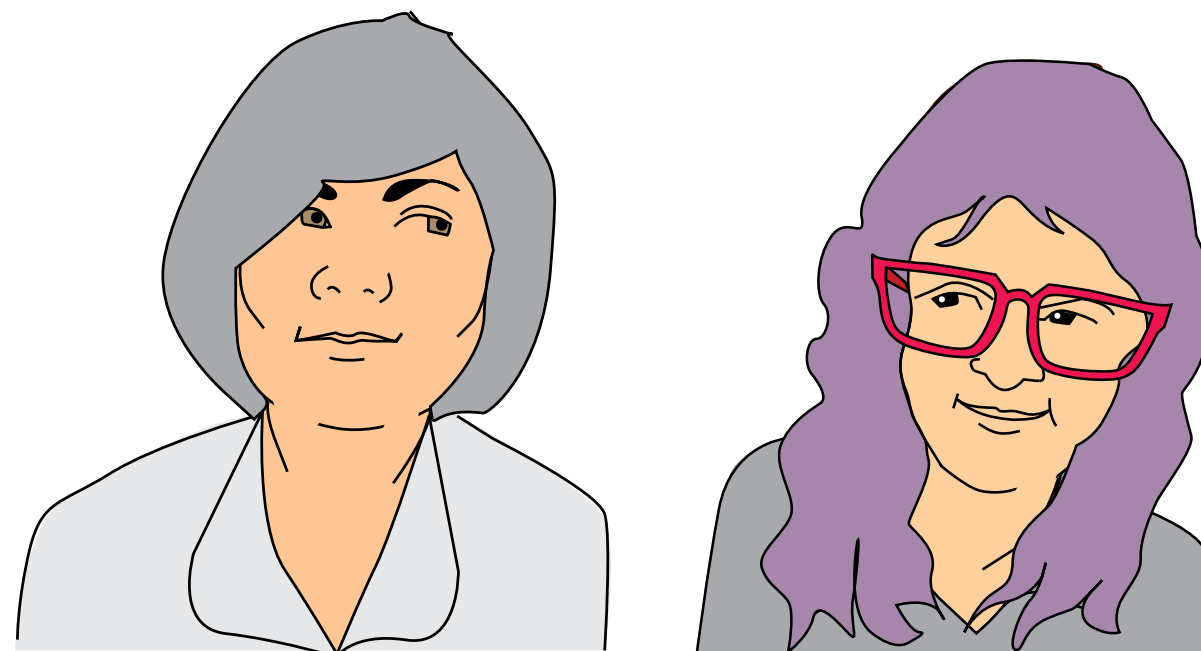
Women with intellectual disability have the same range of sexual attractions as people without disability. However restrictions imposed on their lives often prevent them exploring feelings, meeting other LGBTIQ+ people, and pursuing romantic and/or sexual relationships (Burns and Davies 2011, McCann, Lee et al. 2016, Leonard and Mann 2018, Wilson, Bright et al. 2018).

Furthermore, equitable access to sexual healthcare is a concern for this group, given that women attracted to women access sexual health care at lower rates than other women, and women with disability experience many additional barriers to doing so (Greenwood and Wilkinson, 2013). Same-sex attracted women with intellectual disability need to be able to safely tell their doctor about their relationships and sexual experiences to make sure they receive the right sexual health care.

Women with intellectual disability who are attracted to women have the same rights as everyone else to live fulfilling lives free from discrimination and abuse. To achieve this, they have the right to ask for and receive the following:

- Education about attraction, identity, same-sex relationships, and LGBTIQ+ communities
- Safe spaces in which to explore feelings and attractions
- Environments that are inclusive and celebratory of LGBTIQ+ people with intellectual disability
- Support to meet other LGBTIQ+ people
- Access to LGBTIQ+ inclusive sexual health care and support.

Lesbian



Some women like other women in a sexy way. They are called **lesbians**. It is OK to be a lesbian.

Some lesbian women live together in a loving relationship as girlfriends, partners, or wives.

Men attracted to men

Gay and **queer** are two of the terms men attracted men use to identify themselves.

Gay usually refers to men whose primary romantic and sexual attraction is for other men, although women attracted to women sometimes use 'gay' to describe themselves. (LGBT National Health Alliance 2015, GLHV 2018).

Queer refers to people who do not meet mainstream expectations or strict boundaries regarding sexuality and/or gender. Queer is less specific than 'gay' in terms of inferring a person's specific gender or sexual orientation. More information about 'queer' is in the glossary.

The way a person feels and identifies can be different for each person. Only the person can decide for themselves how they want to identify. For example, some men have sex with other men but do not call themselves **gay** or **queer** (Richters, Altman et al. 2014).

In Australia, men attracted to men can be friends, have romantic and/or sexual relationships, get married, and have families if they want to. Sometimes people think this is not OK however in Australia the law protects LGBTIQ+ people from discrimination, including people with disability (AHRC 2014, Australian Human Rights Commission 2015).

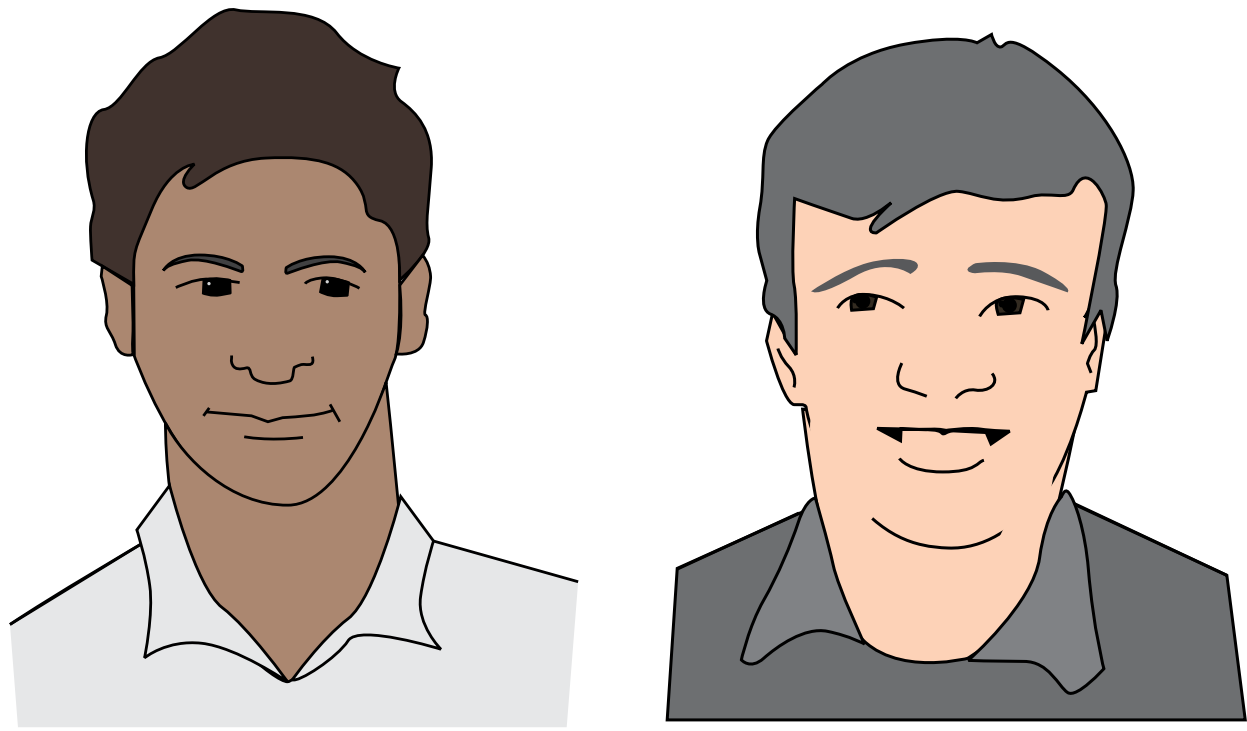
People with intellectual disability experience the same range of sexual attraction as people without disability. However, restrictions on their lives prevent them from exploring feelings, meeting other LGBTIQ+ people, and pursuing romantic and/or sexual relationships (McCann, Lee et al. 2016, Leonard and Mann 2018, Wilson, Bright et al. 2018).

Men with intellectual disability who are attracted to other men need to be able to safely tell their doctor about their relationships and sexual experiences to make sure they receive the right sexual health care.

Men with intellectual disability who are attracted to other men have the same rights as everyone else to live fulfilling lives that are free from discrimination and abuse. To achieve this, they have the right to ask for and receive:

- Education about attraction, identity, same-sex relationships, and the LGBTIQ+ communities
- Safe spaces in which to explore feelings and attractions
- Environments that are inclusive and celebratory of LGBTIQ+ people with intellectual disability
- Support to meet other LGBTIQ+ people
- Access to LGBTIQ+ inclusive sexual health care.

Gay



Some men like other men in a sexy way. They are called **gay**. It is OK to be gay.

Some gay men live together in a loving relationship as boyfriends, partners or husbands.

Bisexual+ (multi-gender attracted) people

Bisexual, **bi**, **pansexual** and **queer** are some of the words multi-gender attracted people use to identify themselves. Sometimes the term **bisexual+** or **bi+** is used to refer to all of these people together. You may see the term **bisexual+ community**.

Bisexual is often used by a person to describe themselves as romantically and/or sexually attracted to people of multiple genders

Pansexual is often used by someone to describe themselves as attracted to people of all genders.

Bisexual and pansexual may seem almost the same but are subjective terms that can mean slightly different things to different people. Therefore it is best to use the term a person uses for themselves rather than use any LGBTIQ+ terms interchangeably.

Queer is an umbrella term that refers to people who do not fit mainstream expectations or strict boundaries regarding sexuality and/or gender. More information about queer is in women attracted to women (pages 10 & 11) and the glossary.

Multi-gender attracted people face different challenges to people who are exclusively attracted to people of one gender. Multi-gender attracted people often experience identity erasure and have their identity invalidated. This is particularly frequent when they are in relationships (Taylor et al, 2019). Dependent on the genders in the relationship, people may make assumptions that they are straight, lesbian, or gay rather than bi+. A person can be bisexual or pansexual regardless of whom they are in a relationship with. Validation of their multi-gender attracted identity, and opportunities to develop stronger connections with bi+ peers, are considered important aspects of supporting a person to affirm (and be proud) of their identity.

The way a person feels and identifies can be different for each person. There are many ways that a person can identify themselves. Only the person can decide for themselves how they want to identify and what is most meaningful to them. For example, sometimes a person will have romantic or sexual relationships with people of multiple genders but do not call themselves 'bisexual', 'pansexual', or 'queer' (Richters, Altman et al. 2014).

In Australia, people can be friends, have romantic and/or sexual relationships, get married, and have families with other people of any gender if they want to.

People with intellectual disability experience the same range of sexual attraction as people without disability. However, people with intellectual disability experience restrictions on their lives that prevent them exploring their feelings, meeting other multi-gender attracted people, and pursuing romantic and/or sexual relationships.

Multi-gender attracted people are underrepresented in sexual health care (McCann, Lee et al. 2016). This is also true for people with intellectual disability. Multi-gender attracted people with intellectual disability need to be able to safely tell their doctor about their relationships and sexual experiences to make sure they receive the right sexual health care.

Multi-gender attracted people with intellectual disability have the same rights as everyone else to live fulfilling lives free from discrimination and abuse. To achieve this they have a right to ask for and receive:

- Education about attraction, identity, romantic and sexual relationships and the LGBTIQ+ communities that is inclusive of bisexual+ people
- Safe spaces in which to explore feelings and attractions
- Environments that are inclusive and celebratory of LGBTIQ+ people with intellectual disability
- Support to meet other LGBTIQ+ people
- Access to LGBTIQ+ inclusive sexual health care.

Bisexual



Some people have sexy feelings for people of more than one gender – such, as men, women and non-binary people. They are often called **bisexual** or **bi**. It is OK to be bisexual.

Some bisexual people are in a loving relationship and often live together with their partner, boyfriend, girlfriend, husband, wife, or spouse.

Sex, gender, and gender expression

To understand gender diversity and intersex status, it is first important to understand that **sex** and **gender** are separate concepts

What does 'sex assigned at birth' mean?

'Sex' is one way to label aspects of the physical body, genetic chromosomes and hormonal composition. Typically, a person's sex is observed and they get a **sex assigned at birth** as either male or female depending mostly on the way their body looks. This common concept of 'male' and 'female' bodies is strongly influenced by medical and social norms.

Intersex people have innate sex characteristics that don't fit medical or social norms for female or male bodies. Intersex people often experience prejudice, discrimination and human rights violations. These include medical interventions to "fix" their sex characteristics and make their bodies appear more typically female or male when they are too young or not fully informed to be able to consent to these. These things are not OK. All people should be in charge of what happens to their own body including people with intersex variations, people with intellectual disability, and people who have both. More information about this is in the section called 'People with Variations of Sex Characteristics (intersex variations)' on page 20.

What is endosex?

If someone is not intersex, they are endosex. An **endosex** person who is someone whose physical sex characteristics are typical for female or male bodies

What is gender?

A person's **gender** is how they feel about themselves as male, female, both or neither. Often, without realising, we assume a person's gender to match the sex they were assigned at birth and to be exclusively male or female based on their physical appearance alone, however this is not always correct.

Often the way a person feels about their gender matches assumptions about the sex they were assigned at birth—but not always. For example, a person might have been assigned female at birth and also feels that they are female (this is called being cisgender). Or they may know themselves to be male, both, or neither. Sometimes people who are neither male nor female may use the term **non-binary** to describe themselves. All of these are OK.

Gender expression

The way a person shows their gender is called **gender expression**. A person might express their gender through their choice of clothing, haircut, how they walk and use their hands, and how they behave (Lorber 1996).

Some people expect males and females to only act in certain ways based on the sex they are assigned at birth. This can

make things difficult for a person who does not feel like their gender matches expectations of the sex they were assigned at birth.

When people are supported to be themselves, gender expression usually shows how a person wants their gender to be perceived by others, but not always! It is OK to have different or diverse gender expression.

People with intellectual disability can be incorrectly assumed not to understand expressions of gender. However, research has shown that individuals with intellectual disability and neurodiverse people can be, and are, gender diverse (Wilson et al, 2018).

A study by Strang, Kenworthy et al. (2014) found that people with Autism Spectrum Disorder (ASD) or Attention Deficit Hyperactivity Disorder (ADHD) were 7.6 and 6.6 times respectively more likely than people without ASD or ADHD to have a gender identity different to that of the sex they were assigned at birth.

What is cisgender?

When someone's gender matches the social norms of the sex they were assigned at birth, they are called **cisgender**.

Most people are cisgender. Without the word cisgender a person might say that some people are transgender and everyone else is normal. This is inaccurate for the same reasons we would no longer consider people without disability as normal and imply people with disability are 'abnormal'.

Sex and gender



When a baby is born, people (like doctors) look at their private body parts and decide their sex. This can be called '**sex assigned at birth**' or just a person's '**sex**'. Words for sex are usually male or female. Sometimes a baby's sex might not be clear.

As the person grows up, they might feel like they are male, female, both, or none of these. The way a person feels about being male, female, both, or none of these is called their **gender**.

They might show their gender in their name, hair, clothes, make-up or in other ways. This is called their **gender expression**.

Sometimes a person's sex, gender, and how their body looks seem to match up. Sometimes they are different and this is OK.

Gender diverse people

Transgender (often shortened to **trans**), **transman**, **transwoman**, **non-binary**, **genderqueer**, **sistergirl**, **brotherboy**, or simply **man**, **woman**, or **person** are some of the words gender diverse people use to identify themselves.

Transgender refers to someone whose gender is different to the social norms of the sex they were assigned at birth. For example a transwoman may know herself as female but was assigned male at birth. For example, a transwoman may know herself as female but have been assigned male at birth. A transman may know himself as male but have been assigned female at birth.

Non-binary is an umbrella term for a range of gender diverse identities of people who's gender is not exclusively male or female. Their gender might be a mix of both, or neither.

Genderqueer refers to people who reject mainstream expectations regarding bodies and/or gender. Someone whose gender identity or expression is fluid or who challenges what it means to be a gendered person may call themselves genderqueer.

Sistergirl and brotherboy are English words for someone who is gender diverse and from an Aboriginal or Torres Strait Islander background. A person's connection with Aboriginal and Torres Strait Islander culture may determine how they identify with these terms. Sistergirls and brotherboys can face racism and social exclusion that is different from other gender diverse people (Kerry 2015).

Just as a person can know they are cisgender from a young age, they can know they are gender diverse from a young age, too. It's also normal for this to happen later in life. A person may change things in their life to better match their gender identity. This can be called gender transition, affirmation or alignment.

They may change their pronouns, clothing, appearance, and/or access medical supports like hormones or surgery. But they may not do all these things because there is no single right way to affirm gender identity or to be transgender.

Being gender diverse does not predict a person's sexual orientation. Some will be heterosexual, others gay, lesbian, bisexual, asexual, or queer.

Trans and gender diverse people often experience difficulty accessing inclusive and nondiscriminatory healthcare. (Strauss et al 2017). Trans and gender diverse people with intellectual disability have the same rights as everyone else to live fulfilling lives free from discrimination and abuse. To achieve this they have a right to ask for and receive:

- Education about being gender diverse, having relationships, identity, their body, and LGBTIQ+ communities
- Safe spaces in which to explore their sense of self, how they want to present themselves, and their feelings and attractions for other people
- Environments that are inclusive and celebratory of gender diversity and people with intellectual disability
- Support to meet other LGBTIQ+ people
- Access to LGBTIQ+ inclusive sexual health care and support.

Gender diverse people with intellectual disability need to be able to safely tell their doctor about their bodies, relationships and sexual experiences to make sure they receive the right sexual health care. They may need support to find a specialist healthcare provider that has training in supporting gender diverse people.

Transgender people



Some people are called male or female when they are born, but when they grow up they might feel like they are the other. This is called being **transgender** or sometimes just **trans**.

Some people feel like they are not just male or just female. This is called being **non-binary**.

These people are all called **gender diverse**. It is OK to be transgender, non-binary, or gender diverse.

Many transgender people change things about their gender to live as the type of person they know they are. This is called a gender transition.

People with intersex variations

Intersex people are born with innate physical sex characteristics that don't fit medical and social norms for female or male bodies. Intersex variations are a natural part of human diversity. They include a range of genetic, chromosomal, anatomic and hormonal variations.

The 'easy language' words on the right page use the common disability sex and relationship education phrase 'private body parts' to concretely describe the complex concepts of these variations in sex characteristics. The easy words also simply say that intersex bodies differ from expectations of male or female bodies because intersex is about biological diversity.

Not all intersex people have the same type of body or life experiences. There are at least 40 different intersex variations. Up to 1.7% of people are thought to be intersex. Some parents will discover their infant has a variation in their sex characteristics at birth, whereas sometimes these are noticed during puberty, in adulthood or when a person is trying to have a baby (Jones et al. 2016). In many cases these variations are diagnosed as medical conditions, so someone might not know the umbrella word 'intersex' applies to them.

Sometimes people who are intersex are bullied and experience discrimination. They might feel shamed and not talk openly about their body, leaving them isolated and without support. Intersex people can be made or pressured to undergo medical interventions to make their bodies look or behave

more like endosex people who do not have intersex variations. All intersex people, including those with intellectual disability, need to be empowered in making their own medical decisions, give informed personal consent and should not be pressured or forced to have medical interventions (Australian Human Rights Commission 2015, Jones et al. 2016).

Intersex and identity

Intersex is primarily about a person's body rather than their identity. Not everyone who has an intersex variation thinks they are intersex, just like not everyone with a disability thinks of themselves that way, or their disability may be invisible to others.

Just as a person who is endosex has a sexual identity and gender identity, so too do intersex people. Most intersex people identify their gender as matching with the social norms of the sex they were assigned at birth. However, like the three people represented in the picture, intersex people may know themselves as male, female, both or neither (non-binary), transgender, or use a different word. More information about this is in the section called 'Sex, gender and gender expression' (Page 16).

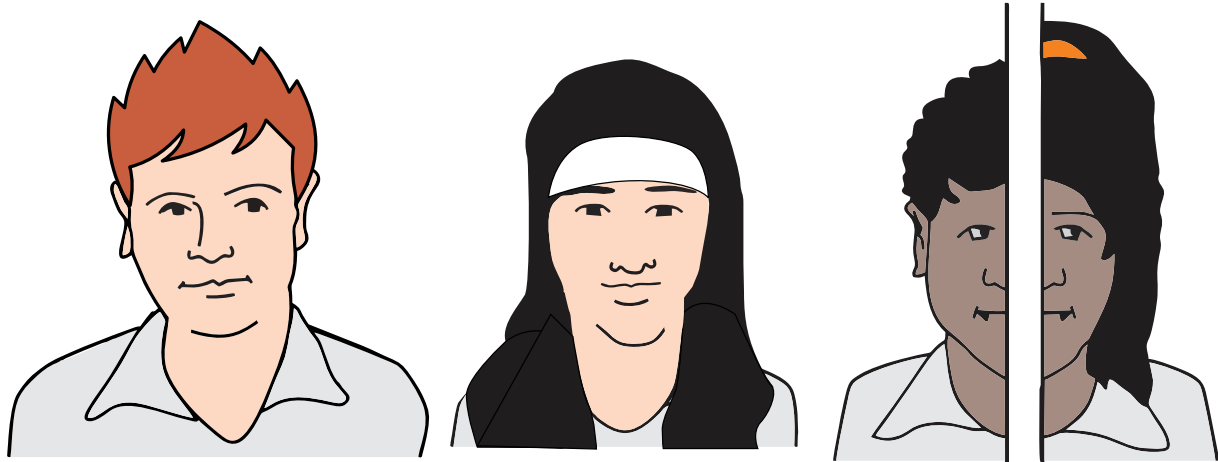
Many people with intersex variations grow up to identify their sexual orientation as heterosexual (straight), while others identify as gay, lesbian, bisexual, queer or asexual, and there are other words too. The identity words a person uses often depend on how a person understands themselves, how they present themselves, and who they have relationships with (Jones, Hart et al. 2016, Leonard and Mann 2018).

More information about this is in the section called 'Attraction, identity and Expression' (Page 8).

Intersex people with intellectual disability have the same rights as everyone else to live fulfilling lives free from discrimination, coercion and abuse. To achieve this, intersex people with intellectual disability have a right to receive:

- Access to supported decision making and informed consent in all aspects of hormonal or surgical interventions, to be free from coercion, or medically unnecessary decisions made for them as children and infants
- Safe spaces in which to explore their body, their sense of self, how they want to present themselves, and their feelings and attractions for other people
- Support to learn about self-determination and bodily autonomy
- Environments that are inclusive and celebratory of intersex people and in which people stand up against discrimination and abuse
- Support to meet other intersex and LGBTIQA+ people
- Support to learn about having an intersex variation, their sexuality, gender identity, having relationships and about LGBTIQA+ communities
- Access to LGBTIQA+ inclusive sexual health care and support.

Intersex people



Some people are born with private body parts that are different from what is expected. Some people grow in ways that are different from what is expected of boys and girls. These people have **intersex variations**.

It is OK to have an intersex variation.

Sometimes people who are intersex are also transgender, non-binary, or gender diverse, but most of the time they are not.

Many people who are intersex are straight, but they can also be gay, lesbian, bisexual, queer, asexual, or none of these.

* The contents of these pages have been developed in consultation with intersex-led organisations. For further information or support please visit:

Intersex Peer Support Australia www.isupport.org.au
Intersex Human Rights Australia www.ihra.org.au



LGBTIQA+ communities and celebrating LGBTIQA+ culture

LGBTIQA+ communities are made up of people who are lesbian, gay, bisexual, transgender, intersex, queer and asexual.

LGBTIQA+ people are often all different from each other and have different life experiences and needs. While many LGBTIQA+ people live safe, healthy, fulfilled lives, some face discrimination and can feel unsafe and unwelcome in certain environments. In response, LGBTIQA+ people have come together to progress their equal rights.

The rainbow flag is a symbol that represents LGBTIQA+ communities. The rainbow flag can be used to let LGBTIQA+ people know that they are safe and welcome. This includes LGBTIQA+ people that have an intellectual disability.

Actively showing support for the LGBTIQA+ communities helps people know that they are welcome and safe.

Showing support for LGBTIQA+ people is often called being an 'ally'. People with and without intellectual disability can be an ally to the LGBTIQA+ communities.

In Australia, each state and territory has a parade or festival to celebrate LGBTIQA+ people and to advocate for their equal human rights. It is important for LGBTIQA+ people with intellectual disability to be given support and opportunities to join in these events if they choose. LGBTIQA+ people with intellectual disability are important members of LGBTIQA+ communities.

LGBTIQA+ people with intellectual disability face additional barriers in living fulfilling lives free from discrimination and abuse so may require additional supports to understand their rights, affirm their identities, and participate in LGBTIQA+ communities.

Supporting people to understand the information in the easy language section of this resource, and applying the information in the Rights and Practice Toolkit are great ways to be an ally to LGBTIQA+ people with intellectual disability.

There is a range of flags used by the LGBTIQA+ community to celebrate its identities and experiences. Some of these are:



The LGBTIQA+ community has a number of annual celebrations:

- ▶ Pride March
- ▶ Wear It Purple Day
- ▶ Intersex Day of Solidarity
- ▶ Bisexual Visibility Day
- ▶ Transgender Day of Remembrance
- ▶ IDAHOBIT*

* IDAHOBIT stands for the International Day Against Homophobia, Biphobia, Intersex Discrimination and Transphobia.

Supporting LGBTIQA+ people



The rainbow flag is often used as a symbol for LGBTIQA+ communities.

You can show that you think it is OK to be LGBTIQA+ by:

- putting up friendly posters
- putting up rainbow flags
- celebrating one of the LGBTIQA+ celebrations. Some of these are: Pride March, Wear It Purple Day, Intersex Day of Solidarity, Bisexual Visibility Day, Transgender Day of Remembrance, and IDAHOBIT.

Talking about being lesbian, gay, bisexual, transgender, intersex, queer, and asexual

Talking openly with all people with intellectual disability about the fact that some people are LGBTIQ+ shows that being LGBTIQ+ is OK. It can reduce the likelihood that people with intellectual disability who are not LGBTIQ+ will perpetuate discriminatory attitudes and behaviours. It can also make it easier for people with intellectual disability who are LGBTIQ+ to feel safe and welcome and enable them to meet other LGBTIQ+ people.

Of course, a person doesn't have to talk about these things if they don't want to. It is OK for a person to be private about their sexuality, gender, and/or sex characteristics if they want to. If a person with intellectual disability is in situations where they feel unwelcome talking about being LGBTIQ+, they can be supported to access services or organisations that celebrate them. There are many organisations, businesses, and community groups that provide safe and inclusive services for people of all sexualities, genders, and diversities of sex characteristics. Some of these organisations have the Rainbow Tick (see page 61 for more information). Not being able to talk about being LGBTIQ+ can be bad for a person's mental health. If a person feels unsafe talking about being LGBTIQ+ then they should tell someone they trust and go somewhere safe. If they need to speak with a safe, trained person confidentially, they can also contact QLife (details at the back of this book). If a person is being directly harmed because of their desire to speak about being LGBTIQ+, they should call the police. If they are experiencing strong opposition from direct support professionals or other NDIS providers, they should contact the NDIS Quality and Safeguards Commission on 1800 035 544.

Who a person is attracted to and their gender can change throughout their life. Some people feel one way strongly their whole life while others feel these things change over time. The way some people feel about the medical care they received in the past can also change the more they learn about it.

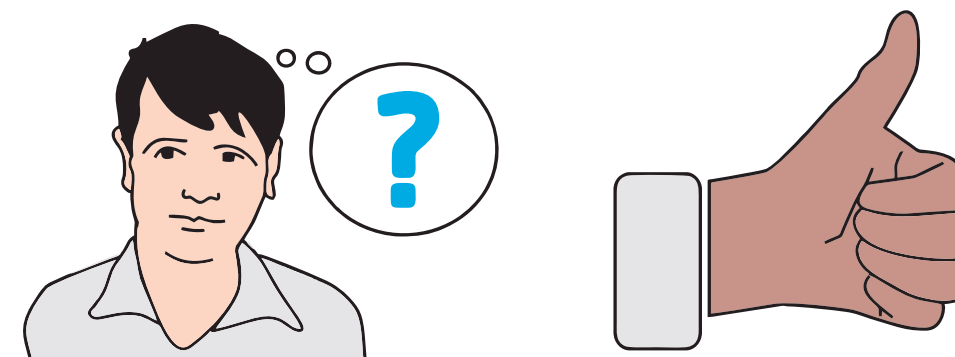
A person's past experiences, including identity, attractions, relationships and sexual experiences do not necessarily determine their future ones. A person's identity can be closely entwined with personal, biological, political, cultural, spiritual, and environmental factors. The way a person feels and what they consider to be acceptable for themselves and others can change according to these influences.

People with intellectual disability often experience pressure to comply with normative ideas about bodies, gender, and sexuality. People with intellectual disability may be labelled as unreliable or unpredictable if they are exploring or changing their mind about their sexuality or gender. Similarly, some people may say that medical details about intersex are too complex. It is OK for people with intellectual disability to get all the information they need and take time to identify and describe how they feel. It is important for them to feel safe and empowered to pursue their own feelings.

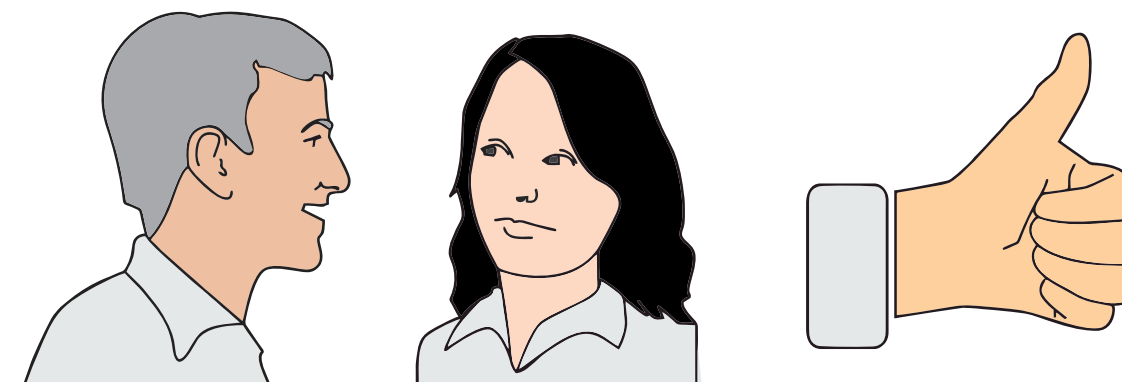
In the past, LGBTIQ+ people have needed to be very private talking about relationships, gender identity, and / or intersex variations in order to stay safe, and to avoid bullying and discrimination. This is changing, however, many people still experience bullying and discrimination. By talking and connecting, LGBTIQ+ people can better learn, share experiences, and heal.

Australia has laws that protect people from discrimination on the basis of their sex, gender, sexual orientation, intersex variations and disability (Australian Human Rights Commission 2015). People with intellectual disability should be encouraged to speak in LGBTIQ+ spaces. It is important that they feel safe and supported to ask questions about being LGBTIQ+, and are empowered to tell their supporters what they need.

Talking about being lesbian, gay, bisexual, transgender, intersex, queer and asexual



You don't have to know whether you are LGBTIQ+ or not. You don't have to talk about it if you don't want to.



A person should feel safe and supported to talk about it if they want to. It is OK to talk about being LGBTIQ+.

Accessing support as an LGBTIQ+ person

It is important for people who are LGBTIQ+ to talk about it with people they trust. This can strengthen a person's understanding, acceptance and celebration of themselves and their experiences and also build a person's resilience to harmful, discriminatory, and shaming messages.

Talking to someone they trust about being LGBTIQ+ can help a person find out new information like the following:

- What being lesbian, gay, bisexual, trans, intersex, queer or asexual means
- Where to meet other LGBTIQ+ people
- About their bodies, their relationships, safe sex, and sexual health.

It can help a person understand that other people share similar experiences to them.

We know that people with intellectual disability face numerous barriers when seeking support in relation to being sexually diverse, gender diverse, and/or intersex.

The people around them may not know what these terms mean or may hold ill-informed or negative views about being LGBTIQ+. Moreover, research into the lives of LGBTIQ+ people with intellectual disability has found that many people have experienced bullying and discrimination when coming out to support staff and that this is a huge barrier to seeking support (Noonan and Gomez 2011, McCann, Lee et al. 2016, Wilson, Bright et al. 2018).

Sometimes support staff don't help LGBTIQ+ people with an intellectual disability to explore or affirm their identity, understand their intersex variation, seek LGBTIQ+ friendly services, or explore opportunities in the LGBTIQ+ communities because they don't know how to – or they are worried that they will get into trouble. An LGBTIQ+ person with intellectual disability can ask their supporters to learn about providing services that meet their needs as an LGBTIQ+ person and NDIS providers have an obligation to provide inclusive services for LGBTIQ+ people with disability.

There is a **Rights and Practice Toolkit** on Page 46 of this book with more information about the roles of services in supporting LGBTIQ+ people with intellectual disability.

Getting support



If you feel like you are LGBTIQ+, it is OK to talk about it with people you trust if you would like to.

You can show them this booklet, and say 'I would like to talk to you about this'.

Coming out as LGBTIQ+

Coming out generally means telling a person or group of people about being lesbian, gay, bisexual, transgender, intersex, queer, and asexual for the first time. Each person can decide for themselves when and to whom they speak to about these things (Corner Youth Health Service 2007, Twenty 10 2018).

Coming out doesn't happen just once in a person's life and can be different each time. Sometimes it will be joyful and affirming. And other times it may feel stressful and scary. Some people will respond in a way that feels positive and welcoming to the person coming out. And others will not. A person can't control another person's reaction to their coming out. However, there are a few things they can do to make sure they are safe and supported regardless of how the other person responds.

Consider some of the following:

- The person can practice what they want to say
- Sometimes it can help to first come out to another LGBTIQ+, person because they know what it is like to come out
- If the person has not told anyone that they are LGBTIQ+ or don't know any LGBTIQ+ people, then they can get support from an LGBTIQ+ organisation
- The person should choose a time to come out that is not a major event (such as someone's birthday) or a religious celebration (such as Christmas, Eid-al-Fitr, etc). That way there are less competing priorities or pressures for the person. That said, sometimes celebrations are a great time to come out, so context is important!

- The person should have a plan in case they don't get the response they are hoping for
- The person may decide to take some information that the other person can read to learn about LGBTIQ+ people. The person they are coming out to may need to learn how to be supportive.

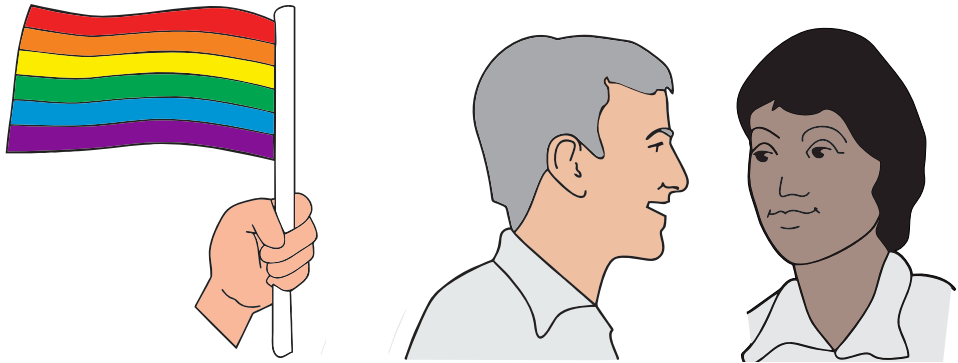
People can sometimes feel like they have to have all the answers when they are coming out. But they don't have to know for sure that they are LGBTIQ+. If this is the case, they may find it helpful to say something like 'I'm not sure exactly how I feel. I would, however, like to learn about being LGBTIQ+'. (Corner Youth Health Service 2007, Twenty10 2018).

Parents, family members, friends, support professionals, carers and advocates can play an important role in supporting a person with disability to come out. They can help them access information and meet other LGBTIQ+ people in the community.

Disclosure and Intersex

As opposed to 'coming out' by sharing with others their internal sense of self, a person will usually officially find out they have an intersex variation when this is 'disclosed' to them by their parents or a medical professional. This will look different for each intersex person and can happen at different points in childhood, adolescence or adulthood. A person may then choose who they do or don't further share this information with, but the concept of 'coming out' is not a perfect fit for this process. Compared to gay, lesbian, bi, trans, and queer experiences, intersex experiences are far less understood in the general community and even within LGBTQ+ communities.

Coming out



When a person tells others that they are lesbian, gay, bisexual, transgender, intersex, queer, and asexual, this is often called **coming out**.



Coming out can be scary. If a person feels scared, they should find someone they trust to talk to. It is OK for everyone to have different feelings about coming out.

A person does not have to come out to anyone unless they want to. It is each person's choice who to tell or not tell.

Dealing with bullying and harassment

Although many LGBTIQ+ people are surrounded by people who support and celebrate them, some people are not.

Some people may only hear negative things about themselves, their relationships, the way they look, and their bodies. This can affect a person’s mental health. For example, LGBTIQ+ people are three times more likely to experience depression than the general community. If a person is feeling sad or depressed, they should talk to someone they trust and get help (Beyond Blue 2018).

In Australia, there are laws to protect a person from being bullied or discriminated against on the basis of being LGBTIQ+. However, on a day-to-day basis LGBTIQ+ people rely on the people around them to foster safe and supportive environments. Each person, whether they are LGBTIQ+ or not, has a responsibility to stop bullying if they see it and, where it is safe to do so. If bullying is allowed to continue, it can get worse and lead to violence. Allies (people who actively support and stand for the equal rights of LGBTIQ+ people) can be in a good position to challenge negative views. Allies can reinforce that being LGBTIQ+ is OK and an important aspect of a person’s humanity (AHRC 2014, Australian Human Rights Commission 2015).

LGBTIQ+ people with intellectual disability face numerous forms of bullying and discrimination. It can come from family, friends, service providers, and members of the general public. For some LGBTIQ+ people, the negative or discriminatory views of the people around them will influence how they feel about being LGBTIQ+. They may

internalise negative attitudes and in turn feel bad about themselves—or even bully others. It is important that an LGBTIQ+ person with intellectual disability tells someone if they are being bullied. And to keep telling people until they get help. If the LGBTIQ+ person is scared for their safety, they should go to the police.

Discrimination can be overt—such as name calling or saying derogatory things about LGBTIQ+ people. Whereas at other times, discrimination is covert (i.e hidden), such as in policies that indirectly restrict LGBTIQ+ people from learning about themselves or socialising with other LGBTIQ+ people.

Other people with intellectual disability may bully someone who is LGBTIQ+ simply because they have not been taught that it is not OK to do so. It is important to create safe supportive environments by teaching all people that bullying LGBTIQ+ people is not OK and how they should respond if they see bullying occur.

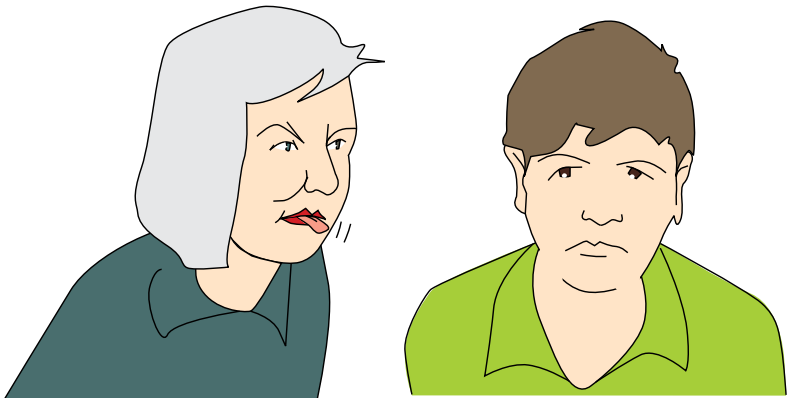
People with intellectual disability may find it difficult to advocate for themselves when encountering discrimination or bullying. Therefore, it is important for you, the support person reading this, to ensure they understand what these may look like—and to reinforce their right to live free of bullying and discrimination. You may also need to support them in reporting instances of bullying or discrimination. All LGBTIQ+ people deserve to be treated with dignity and respect.

If an LGBTIQ+ person with intellectual disability is experiencing bullying, discrimination, or an unsupportive environment from direct support professionals or other NDIS providers, they should contact the **NDIS Quality and Safeguards Commission** on **1800 035 544**.

Dealing with bullying

Some LGBTIQ+ people have things happen to them that are not OK:

- they get called names
- they are made to feel very bad about themselves.



If someone is mean about an LGBTIQ+ person you should:

- tell them it is not OK
- tell them to stop
- go tell someone you trust about it.

Celebrating yourself as an LGBTIQ+ person

LGBTIQ+ people should be able to feel happy and celebrate who they are, as they are. Each person should be able to be themselves. This type of celebration is what the word 'pride' is all about.

The way a person presents themselves will be unique to them. Sometimes other people think they can pick if a person is LGBTIQ+ based on assumptions and stereotypes of what an LGBTIQ+ person looks like, how they behave and where and with whom they socialise. However the only person who can say if someone is LGBTIQ+ is the person themselves.

Sometimes LGBTIQ+ people feel pressure to look a certain way in order to be recognised as being LGBTIQ+. This can mean they don't have to explain themselves to other people and it can make it easier to meet other LGBTIQ+ people. Similarly, LGBTIQ+ people can feel pressure to look a certain way in order to avoid being recognised as LGBTIQ+. A person should be able to look the way that they feel is right for them. It will be different for each person. People with intellectual disability can and should be actively involved in determining how they present themselves. It is important that everyone can express themselves without fear of judgement.

Following the advice in this booklet and talking positively and openly about LGBTIQ+ identities and experiences can help to create environments where everyone feels safe, supported, and happy to be themselves.

Everyone is different



Everyone should be able to be happy to be themselves!

Each person is different. You won't know if someone is LGBTIQ+ unless they choose to tell you.

Actively celebrating LGBTIQ+ people

LGBTIQ+ people do not always know if they are supported by the people around them. Celebrating people who are LGBTIQ+ means creating environments that are actively welcoming and inclusive for LGBTIQ+ people. This can build their confidence, self-esteem and resilience and help them have good lives.

Treating everybody the same usually means that people are treated as heterosexual, cisgender and endosex. This can isolate and alienate LGBTIQ+ people because LGBTIQ+ people will each have different experiences and different needs.

Disability service providers are sometimes worried that if they talk about LGBTIQ+ issues they will get into trouble however they have an obligation to provide services that actively support and are safe for LGBTIQ+ people with disability. Training programs and capacity building frameworks like the Rainbow Tick can help disability services create environments that are celebratory of LGBTIQ+ people. More about this can be found in the **Rights and Practice Toolkit** section of this resource.

For example, it is common that lesbian women with intellectual disability are assumed to be in friendly relationships with their girlfriends rather than in romantic or sexual relationships. A boy who wants to wear nail polish might be discouraged 'so he doesn't get teased' but this is not supporting his right to express his gender as he pleases (Dinwoodie et al, 2020).

Without the people around them actively signaling that they are supportive, LGBTIQ+ people may assume that those people are not supportive (Leonard, 2012). Therefore it is important not to wait until someone comes out to you to talk positively about, and show your support for, LGBTIQ+ people. Individuals can show they are an ally in conversation, through wearing a rainbow lanyard or a badge, by participating in LGBTIQ+ celebration days, and advocating for organisations that support people with disability to show their support.

Being a good friend to LGBTIQ+ people



You can tell your friends you think it is OK to be lesbian, gay, bisexual, transgender, intersex, queer and asexual.

This way they will know you are a good friend to talk to if they want to come out, or if they know someone who wants to come out.

Using affirming language

Language is powerful. It is a way to express our views—as well as our acceptance or non-acceptance—of others

There are many different words used to describe people who are LGBTQIA+. Some of them are empowering and reinforcing while others are derogatory. So keeping up to date with language that is considered to be respectful when talking about LGBTQIA+ people is a good way to show respect. Using offensive or derogatory language can be a barrier for LGBTQIA+ people in coming out and accessing vital support. For example, calling something you don't like 'so gay' can suggest that you think gay people are bad or not likeable. This sends a negative message to people who are gay.

An LGBTQIA+ person may be public about being LGBTQIA+ or they may be private. They may choose to discuss aspects of their relationships, gender identity, and/or body openly with everyone, only with certain people, or not at all. This choice should be respected. With the person's permission, other people should not speak about the person's relationships, gender identity, or body openly with everyone, some people, or not at all.

Sometimes a person may suspect that another person is LGBTQIA+. However, it is very unhelpful for people to gossip about whether or not others are LGBTQIA+. Instead, they should ensure they provide a safe and supportive environment so that the person can say for themselves if they are LGBTQIA+ if they want to.

Being respectful

Don't say mean things about people who are LGBTQIA+.

Don't call something 'gay' in a bad way.



Gossiping about whether other people are LGBTQIA+ is not OK.

Using correct pronouns

Showing respect to LGBTIQ+ people means using the words or terminology that people request. It is respectful to use the pronoun that a person has requested.

Common pronouns when referring to another person are 'she', 'her', 'he', 'him', 'they' and 'them'.

If you are not sure of what pronouns or terminology to use, then it is a good idea to ask them what they want. It might be the first time they have ever been asked this question and they might not know the answer. This is OK. We know that many LGBTIQ+ people do not have the opportunity to express themselves the way that they would like. Explain why you are asking and give them information and time to help make a decision. Remember that it is fine for an LGBTIQ+ person to change their mind.

Sometimes, when a person has used one set of pronouns for some time and then begins to use new pronouns, it can be hard for others around them to get used to this. They may accidentally say the old pronouns. Making mistakes is understandable. If you use the wrong pronoun for a person, it is best to simply say "Sorry, I meant [correct pronoun]" and move on to what else you were talking about without making a big deal about it.

Deliberately using the wrong pronoun when a person knows it is incorrect is a form of bullying and discrimination called **misgendering**—and it is against the law.

A person also has the right to access inclusive and appropriate healthcare where they feel that they (and their body) are treated with care and respect. LGBTIQ+ people with intellectual disability can face barriers to accessible and inclusive healthcare and may require support to do so including supported decision making that includes learning and talking about their bodies.

Talking about transgender people



Talk about transgender people in a nice way:

- Women usually like to be talked about with 'she' or 'her'
- Men usually like to be talked about with 'he' and 'him'
- Some people like to be talked about with 'they' and 'them'.

Sometimes transgender people might have used one of these sets of words, then ask the people around them to start using a different set because it feels better for them. This is OK.

It is OK for people to talk about their private body parts if they are talking with a doctor or in a sexual relationship with the person.

Respecting privacy

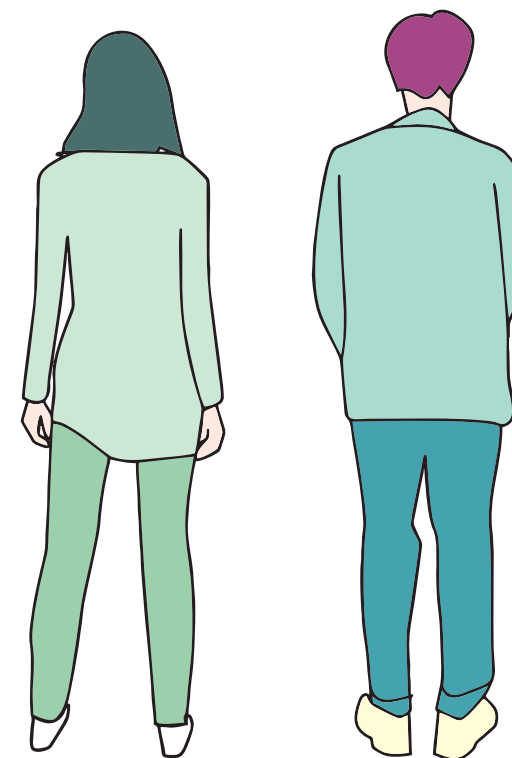
A person's private body parts are private and this should be respected at all times.

Transgender and intersex people can often experience invasive inquiry about their bodies. However, a person's body is nobody's business except their own and should be respected as such.

For people with intellectual disability who receive support with intimate tasks such as going to the toilet, bathing, and getting dressed then the boundaries between public and private can become blurred. People with intellectual disability are entitled to privacy, dignity and respect at all times. It is inappropriate, rude and dangerous to talk about another person's private body parts without their permission. They may be bullied by peers, family members and support staff for not conforming to social norms about bodies.

An exception is that during sexual intimacy it can be helpful for all people involved to talk to each other about what their private body parts enjoy. This can be empowering and mean that each person has a good experience. The purpose of this resource is not to provide education on healthy sexual relationships. If this is an area for which the person requires further education, you may need to seek additional education resources.

Privacy



Everyone's body is different in many ways.

Be private. Don't ask people about their private body parts, or talk about other people's private body parts.

It is OK to talk to a person about their private body parts if you are in a sexual relationship with them.

Help and support for LGBTIQA+ people

Like all people, LGBTIQA+ people with intellectual disability may need help to learn about, talk about and feel happy about being LGBTIQA+. The way a person learns these things will depend on their learning and support needs. LGBTIQA+ people with intellectual disability are also likely to need specific support to meet and build sustained friendships with other LGBTIQA+ people.

Some people will first need to learn that they have the right to be LGBTIQA+ and that they can feel proud of who they are. An LGBTIQA+ person with intellectual disability should be able to rely on their supporters to reinforce this message and facilitate education. And this includes learning about:

- What it means to be an LGBTIQA+ person
- Being an LGBTIQA+ Ally
- Consent and body autonomy
- Respectful relationships
- Safer sex
- Sexual assault
- Dealing with bullying

Sometimes people with intellectual disability are restricted from learning about and celebrating these parts of themselves. This is dangerous or can place a person at increased risk of STI's, sexual assault, and abusive relationships.

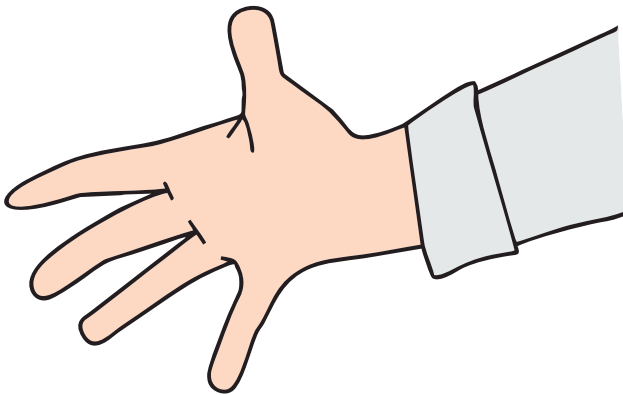
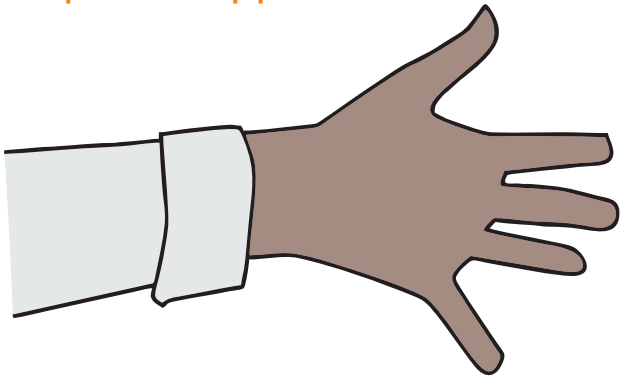
There are many places where an LGBTIQA+ person with intellectual disability can get help and learn more about or celebrating the things in this booklet.

QLife

QLife is Australia's first nationally-oriented counselling and referral service for Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTIQA+) people. The project provides nationwide, early intervention, peer-supported telephone and web-based services to diverse people of all ages experiencing poor mental health, psychological distress, social isolation, discrimination, experiences of being misgendered and/or other social determinants that impact on their health and wellbeing (QLife).



Help and support



If you are LGBTIQA+ you can get help:

- coming out to people
- feeling happy about being yourself
- meeting other people who are LGBTIQA+.



You can call
QLife on
1800 184 527



Glossary

Aromantic:	Someone who does not feel romantic attraction for others.		to describe women who are attracted to men, and men who are attracted to women, however this use does not always take into account differences of sex, gender, gender identity, and other identities.
Asexual:	Someone who does not feel sexual attraction for others.		
Bisexual:	Someone who is romantically and/or sexually attracted to people of multiple genders. The term bisexual+ is often used to describe all multi-gender attracted people, including pansexual people.	Homosexual:	Someone whose primary romantic and sexual attraction is for other people of the same gender.
Cisgender:	When someone’s gender matches the social norms of the sex they were assigned at birth, they are called cisgender.	Intersex:	Someone with innate physical sex characteristics that don’t fit medical and social norms for female or male bodies.
Endosex:	Someone whose innate physical sex characteristics fit the medical and social norms for female or male bodies.	Lesbian:	A woman whose primary romantic and sexual attraction is for other women.
Gay:	Gay usually refers to men whose primary romantic and sexual attraction is for other men, though women attracted to women sometimes use ‘gay’ to describe themselves.	LGBTIQA+:	Acronym referring to lesbian, gay, bisexual, transgender, intersex, queer and asexual. The ‘+’ represents other words beyond these which people use to describe diverse bodies, genders, or sexualities
Gender diverse:	A broader term than transgender or non-binary which encompasses a diverse range of non-traditional gender identities as well as non-conforming gender expressions. It is commonly used to be inclusive of people who are transgender, non-binary, genderqueer, gender fluid, gender questioning, bigender, agender, masculine (masc), feminine (femme), or use terms that reflect both gender and cultural identity like the Aboriginal terms Brother Boy and Sister Girl, as well as many more terms.	Non-binary:	Someone whose gender is not exclusively male or female. Non-binary is both an identity and an umbrella term describing a range of people who exist outside societal expectations that gender is only a binary of male and female.
		Pansexual:	Someone who is attracted to people of all genders. The term bi+ is often used to describe all multigender attracted people—including pansexual people.
Heterosexual:	Someone whose primary romantic and sexual attraction is for people of another gender. It should be noted that this term is widely used	Transgender:	Someone whose gender is different from what is traditionally considered to align with the sex they were assigned at birth*.
			*(See "What does ‘sex assigned at birth’ mean?" on page 16)

Notes

Queer:	An umbrella term that refers to people who do not fit mainstream expectations or strict boundaries regarding sexuality and/or gender. Queer is less specific than ‘lesbian’ or ‘gay’ in terms of inferring a person’s gender or sexual orientation. In the past, queer was used to mean ‘strange’ or ‘peculiar’ and then became a derogatory word for people with diverse genders or sexualities. However, for many LGBTIQA+ and some intersex people, it has been reclaimed and is now used by many people, to signify pride in difference. For these people being queer celebrates safe, inclusive, and non-judgemental ways of existing (Kafer 2005, Minus18 2017, RT Collective, Canadian Lesbian and Gay Archives (CLGA) et al. 2018). However, as is the case for many reclaimed words, it can still be used in ways meant to be derogatory and can cause offence even when unintended. For this reason, queer is best used when reflecting back the language a person uses for themselves—not as a blanket term for all LGBTIQA+ people.
QTIPOC:	Someone who identifies as LGBTIQA+ and as a person of colour. QTIPOC stands for ‘Queer, Transgender and Intersex People of Colour’. It was created by these communities to reflect the unique structural and social marginalisation they experience due to the societal attitudes toward their race and/ or indigeniety—on top of their intersex status, gender identity, and/ or sexuality. QTIPOC people are sometimes consciously acknowledged symbolically by the addition of a brown and black stripe to the rainbow flag.

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Supporters and barriers

This section of Our Rainbow Lives is for staff, volunteers, board members, general members and advocates in organisations that support people with intellectual disability in Australia. It may also be a helpful resource for families, carers, and community members who want to learn more about the regulatory and practice systems that exist in the lives of people with intellectual disability.

It is an introductory overview of the rights, standards, laws, and practices that can be drawn on to ensure LGBTIQ+ people with intellectual disability are celebrated, supported, and empowered in (and by) the organisations that support them.

The content in this Rights and Practice Toolkit is based on three key principles that organisations need to adopt in order to lay the groundwork for LGBTIQ+ inclusive practice:

1

The requirement to uphold the rights of people with disability in all areas of their lives is enshrined in virtually all major disability legislative and regulatory frameworks governing the delivery of services. Therefore, organisations need to be aware of, and committed to, the rights of the LGBTIQ+ people they support—making this commitment explicit in policy.

2

Organisations are responsible for providing training to volunteers and paid staff in how to support people of diverse sexuality, gender, identity, and intersex status—including conflict resolution and ethical standards. It is also important for them to know how to advocate for inclusion within support organisation, health organisations, advocacy groups, families, and wider members of a person's network.

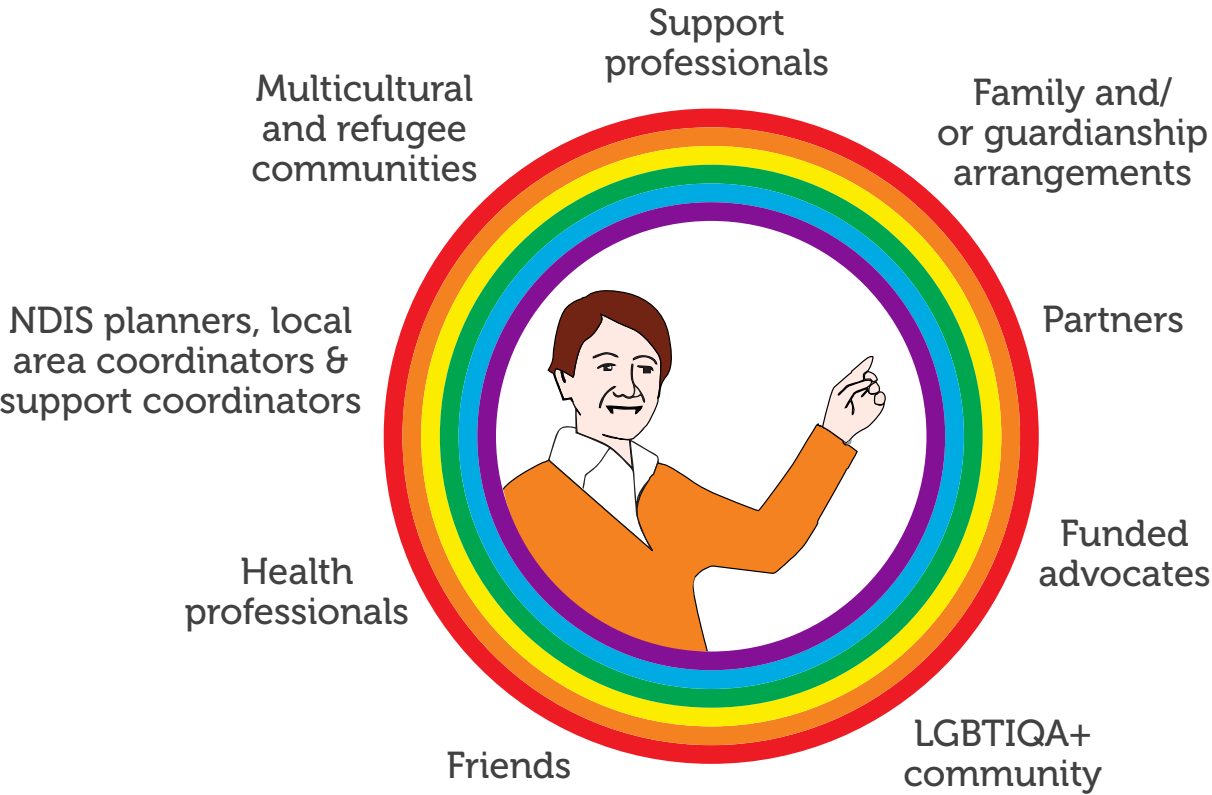
3

Volunteers, staff, and leaders should receive sufficient training to be confident in respectfully building professional support relationships with LGBTIQ+ people with intellectual disability. Relevant staff should be able to apply and implement evidence-based practices when supporting them. Relevant practices include, but are not limited to: Supported Decision Making, Risk Enablement, Positive Behaviour Support, Circles of Support, and Person Centred Active Support.

LGBTIQ+ people with an intellectual disability experience reduced access to services and supports throughout their lives. Organisations should support LGBTIQ+ people with an intellectual disability to locate and access opportunities for participation in both the LGBTIQ+ and broader communities. Including culturally and linguistically diverse communities, faith communities, recreational groups, and educational and employment settings. This can be achieved through supporting self-advocacy and the implementation of evidence-based support practices, improved organisational systems, advocacy, and related approaches that maintain a person's rights; and support them to be proud LGBTIQ+ citizens.

LGBTIQ+ people with an intellectual disability wishing to explore the LGBTIQ+ community and seek affirmative ways of understanding diverse bodies, genders, and/or sexualities may face some hurdles and gate-keeping - often stemming from risks perceived by others. The role of support organisations is to confront these potential barriers, understand them, mitigate them – or, in some cases, question their existence.

Referrals to services and spaces outside support organisations may be required for LGBTIQ+ people with an intellectual disability to ensure they are living positive and fulfilled lives and maintaining the relationships of their choosing in the community.



LGBTIQA+ people with intellectual disability have many people in their lives who can impact how and when they express their or share their experiences. Staff in support organisations, family members, paid advocates in funded advocacy services, and LGBTIQA+ community members each exercise judgment and make personal or professional decisions – every day – when engaging with people with intellectual disability. These decisions can drive inclusion, exclusion, gatekeeping, support, control, or celebration! In other words, the discretion, actions, and decisions of others can prevent the development of self-agency where sex, sexuality, gender, bodies, and relationships are concerned.

In partnership with LGBTIQA+ people with intellectual disability, supporters should learn how to identify and mitigate gatekeeper and guardianship relationships that may impede self-determination and citizenship. If not mitigated, the barriers and lack of access can result in disastrous consequences for LGBTIQA+ people with intellectual disability.

Here are some of the ways that people and groups can inadvertently create barriers to inclusion. It must be noted, however, that supporters have the potential to challenge and overcome these barriers.

Disability support professionals

- Limiting supports or education after making inappropriate or ad hoc assessments of risk based on elevated notions of vulnerability, concerns about organisational reputation, or similar concerns
- Limiting choice after making inappropriate assessments of decision-making capacity that are not informed by supported decision-making principles or strategies
- Resource constraints such as insufficient time or funding allocated to LGBTIQA+ inclusive holistic sexuality and relationships education

- Personal attitudes such as inappropriate application of religious frameworks, homophobia, biphobia, transphobia, or discrimination against intersex people
- Discriminatory or risk-averse organisational policies regarding the support of intimate relationships of people with disability
- Not supporting people with an intellectual disability to visit LGBTIQA+ events
- Not allowing access to sex workers if the person with intellectual disability chooses to explore their sexuality in this way
- Insufficient understanding of respectful treatment of transgender people—including use of pronouns.

LGBTIQA+ community and civil society

- Poorly informed assessments of decision making abilities and rationalised risk avoidance
- Little or no knowledge of disability support practices that could facilitate inclusion of LGBTIQA+ people with intellectual disability
- Problematisation and infantilisation of the sexuality of people with intellectual disability in a way that views them as fundamentally incapable of living proud LGBTIQA+ lives
- Lack of budget allocation to include intersectional specific supports such as supports for LGBTIQA+ people with disability from culturally and linguistically diverse communities.

Families and advocates

- Employing an unbalanced approach to duty of care and dignity of risk due to the fear that the person may experience discrimination
- Discriminatory attitudes, such as homophobia, biphobia, transphobia, or discrimination against intersex people
- Lack of knowledge of education, referral options, and support practice and the person's rights
- Increased stigma in the community group they belong to—such as a conservative religious group or their diverse cultural background.

Overcoming barriers and Empowering LGBTIQ+ People with Disability



It is the role of organisations to work with self-advocates–LGBTIQ+ people with intellectual disability themselves - to ensure their voices are at the centre of every conversation about them. This is the first step in developing organisational awareness and systems to prevent others from unjustly impacting on their rights.

The next page features two great examples of strategies that support self-advocates.

For more information about self-advocacy, contact the Self Advocacy Resource Unit (SARU):

www.saru.net.au

Rainbow Rights and Advocacy

Rainbow Rights is a self advocacy group run by and for people with intellectual disabilities, and who are LGBTIQ+ (Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and Asexual). The group is supported by and works with Pride Vic and Self Advocacy Resource Unit (SARU).



Rainbow Rights and Advocacy works to:

- Raise awareness about having an intellectual disability in the LGBTIQ+ communities
- Raise awareness about being LGBTIQ+ in the disability community
- Support each other with issues that self-advocates face
- Make awareness-raising resources such as the Equality DVD
- Speak up for group members' rights
- Develop new skills and build confidence
- Get involved in Midsumma / Pride events
- Showcase their artwork
- Build relationships with service providers, local and Victorian Government.

The group meets every second week. For more information, visit:

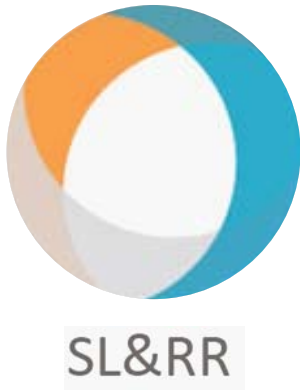
rainbowrights.com.au

Sexual Lives and Respectful Relationships

Sexual Lives and Respectful Relationships (SL&RR) uses a community-driven and collaboratively developed model to deliver a peer-led relationships and sexuality program for people with intellectual disability in local communities.

SL&RR is delivered through partner organisations across Australia and in Europe. For more information, visit:

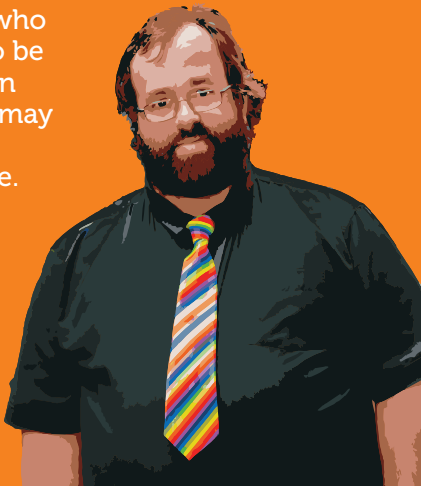
slrr.com.au



Some people with intellectual disability are treated like they don't have a sexuality and can't make sexual choices. Some people can be over-protective and not let the person speak for themselves and make their own judgement and decisions. What I have learnt is that I have the right to be a proud gay man. I want the people and community who support me to treat me fairly. I need people who support me to be confident even when people may not like them supporting me.

Cam ➤

Rainbow Rights and Advocacy, Melbourne



Regulations, standards and human rights

Services and supports must be consistent with the rights of LGBTIQ+ people outlined in the standards and laws governing service delivery in Australia. The next part of this toolkit outlines a range of rights and standards:

International:

United Nations Convention on the Rights of Persons with Disabilities (CRPD)
CRPD General Comment #7

National:

The National Disability Insurance Scheme (NDIS) Practice Standards

State:

Victorian State Disability Plan 2017-2020

There are other laws, standards and human rights tools that support the inclusion of LGBTIQ+ people with intellectual disability. However, Our Rainbow Lives does not cover the following:

- Victorian Charter of Human Rights and Responsibilities
- Disability Act 2006 (Victoria)
- Equal Opportunity Act 2010 (Victoria)
- National Disability Insurance Scheme Act 2013 (Commonwealth)
- The Yogyakarta Principles 2006 (and the YP +10, 2017)

United Nations Convention on the Rights of Persons with Disabilities (UN CRPD)

The UN CRPD was developed 2006-2008 and promotes diversity, dignity and respect for people with an intellectual disability, including full inclusion in all systems and structures present in every country.

The UN CRPD does not clearly outline the right of people with disability to have support to lead sexual lives in a single article, however the right to inclusion as LGBTIQ+ people can be seen throughout several existing articles, such as Articles 5, 8, 12, 16, 17, 21, 22, 23, and 25. They are detailed on the following pages, with application to LGBTIQ+ people added.

The right to live a full life as a proud LGBTIQ+ person is the expression of multiple articles of the United Nations Convention on the Rights of Persons with Disabilities



Article 5



Equality and non-discrimination

Equality and anti-discrimination policies must be upheld to allow for effective support services for LGBTIQ+ people with an intellectual disability

Article 6



Women with disabilities

Equality for all LGBTIQ+ women with an intellectual disability to lead fulfilled and meaningful lives in the community

Article 8



Awareness raising

Awareness training and public campaigns to promote positive perceptions and inclusion 'in order' to combat stereotypes and prejudices

Article 12



Equal recognition before the law

Independence, inclusion and the right to have one's legal capacity fully recognised, including all necessary support to achieve this end



Article 12 makes a crucial separation of legal capacity and conceptions of mental capacity—a particular area of concern for people with intellectual disability. In short, article 12 ensures people with intellectual disability are guaranteed full equality as citizens regardless of other's opinions about their capacity or autonomy

Article 17



Protecting the integrity of the person

Avoiding the suppression, control, domination, or manipulation of people with disability. This is particularly relevant for people whose sexuality, identity, and bodies are unjustly influenced by gatekeepers. Article 17 connects with Article 12 through the right to supported decision making and freedom from coercive and non-consensual interventions, abortions, sterilisation, surgeries, hormonal or medical procedures. The CRPD committee has also recommended redress for intersex persons who have undergone such interventions without consent. (IHRA 2018, DPOA 2018)

Article 21 ➤ Freedom of expression and opinion, and access to information

Article 22 ➤ Right to privacy

Article 23 ➤ Respect for home and family

Opportunity to develop and maintain intimate relationships, marry and found a family without discrimination, maintain fertility, and receive all required education and support to these ends

Article 25 ➤ Health

Opportunity to access health care and health-related services, including sex and reproductive health

In 2018, the Committee for the CRPD announced clarification of the articles in its 7th General Comment.

General Comment 7 includes a number of unprecedented statements relating to LGBTIQ+ people with disability.



➤ Comment on Article 4:

Paragraph 16 ➤

All persons with disabilities, without any form of exclusion based on the type of impairment, such as persons with psychosocial or intellectual disabilities, can effectively and fully participate without discrimination on an equal basis with others. The right to participate in consultations, through their representative organizations, should be recognised on an equal basis for all persons with disabilities, irrespective of, for example, their sexual orientation and gender identity. States parties should adopt a comprehensive anti-discrimination framework to ensure the rights and fundamental freedoms of all persons with disabilities, and withdraw legislation criminalising individuals or organisations of persons with disabilities on grounds of sex, gender or the social status of its members and denying them their rights to participate in public and political life.

➤ Obligations of States Parties:

Paragraph 50 ➤

States parties should ensure the close consultation and active involvement of organisations of persons with disabilities, which represent all persons with disabilities, including but not limited to women, older persons, children, those requiring high levels of support, victims of landmines, migrants, refugees, asylum seekers, internally displaced persons, undocumented and stateless persons, persons with actual or perceived psychosocial impairments, persons with intellectual disabilities, neurodiverse persons, including those with autism or dementia, persons with albinism, permanent physical impairments, chronic pain, leprosy and visual impairments and persons who are deaf, deafblind or otherwise hearing-impaired and/or those

living with HIV/AIDS. The obligation of States parties to involve organisations of persons with disabilities also encompasses those persons with disabilities with a specific sexual orientation and/or gender identity, intersex persons with disabilities, and persons with disabilities belonging to indigenous peoples, national, ethnic, religious or linguistic minorities, and those living in rural areas.

➤ Implementation at the national level

Paragraph 94 ➤

The Committee acknowledges that States parties face challenges when implementing the right of persons with disabilities to be consulted and involved in the development, implementation and monitoring of legislation and policies to implement the Convention. States parties should, among others, take the following measures to ensure the full implementation of articles 4 (3) and 33 (3):

- (g) Guarantee and support the participation of persons with disabilities through organisations of persons with disabilities, reflecting a wide diversity of backgrounds, including birth and health status, age, race, sex, language, national, ethnic, indigenous or social origin, sexual orientation and gender identity, intersex variation, religious and political affiliation, migrant status, impairment groups or other status

(General comment No. 7 (2018) on the participation of persons with disabilities, including children with disabilities, through their representative organizations, in the implementation and monitoring of the Convention, 9 November 2018, www.ohchr.org/en/hrbodies/crpd/pages/gc.aspx)

Victorian State Disability Plan 2017-2020

Pillar 1: Inclusive Communities

Victoria's last State Disability Plan represented a significant step forward for LGBTIQ+ people with intellectual disability. It created a mandate for regulators, government departments, and the non-profit sector to integrate much of the content in this Rights and Practice Toolkit into their work with people with intellectual disability.

The following Action is taken from the 2017-2020 State Disability Plan. At time of publication, the next State Disability Plan is in development.

> Action 5: LGBTI People

As part of our equality agenda, we will undertake a range of initiatives that promote accessibility and inclusion for LGBTI people with a disability. To achieve this goal, we will:

- in collaboration with LGBTI people with a disability, ensure that the Pride Centre provides an accessible and inclusive space where LGBTI people with a disability can express their sexualities and celebrate their identities
- through the Virtual Pride Centre, consider ways to create an online space for LGBTI people with a disability to socialise, share experiences and provide mutual support
- support specialist disability service providers to become more LGBTI inclusive by developing training and resources for staff
- encourage and facilitate the active participation of LGBTI people with a disability in relevant forums and community events.

(Absolutely Everyone: State Disability Plan 2017-2020, p. 28 www.statedisabilityplan.vic.gov.au)

National Disability Insurance Agency LGBTIQ+ Strategy

Our bodies, our genders and our relationships
www.ndis.gov.au/about-us/strategies/lgbtiqa-strategy



The National Disability Insurance Agency (NDIA) is the body that runs the National Disability Insurance Scheme (NDIS). In 2020, it released its LGBTIQ+ Strategy, outlining its commitment to being respectful and responsive to the diverse needs of LGBTIQ+ people with disability, their families, carers and communities.

This strategy outlines the NDIA's guidelines and plans for engaging with LGBTIQ+ participants in the NDIS and the NDIA's staff.

This first version of the strategy does not yet include guidelines for LGBTIQ+ inclusion in NDIS registered providers and most other contracted bodies.

National Disability Insurance Scheme (NDIS) Practice Standards

The NDIS Quality and Safeguards Commission is responsible for registration and regulation of NDIS Registered Providers. The NDIS Practice Standards apply to all service providers. Auditing and certification is conducted by third party auditing bodies. The following standards, outcomes, and quality indicators (taken from National Disability Insurance Scheme [Quality Indicators] Guidelines 2018) are important tools for monitoring and assurance of LGBTIQ+ inclusive practice in intellectual disability support organisations. LGBTIQ+ considerations are not explicit anywhere in the standards, however there are several standards in which these considerations may be viewed as implicit.

You can learn more about the NDIS Quality and Safeguards Commission at www.ndiscommission.gov.au

> 6 Person-centred supports

Outcome: Each participant accesses supports that promote, uphold and respect their legal and human rights and is enabled to exercise informed choice and control. The provision of supports promotes, upholds and respects individual rights to freedom of expression, self-determination and decision-making.

> 7 Individual values and beliefs

Outcome: Each participant accesses supports that respect their culture, diversity, values and beliefs.

> 8 Privacy and Dignity

Outcome: Each participant accesses supports that respect and protect their dignity and right to privacy.

> 9 Independence and Informed Choice

Outcome: Each participant is supported by the provider to make informed choices, exercise control and maximise their independence relating to the supports provided.

- (2) Each participant's right to the dignity of risk in decision-making is supported. When needed, each participant is supported to make informed choices about the benefits and risks of the options under consideration.
- (3) Each participant's autonomy is respected, including their right to intimacy and sexual expression.

Standard 9 draws together the language of supported decision making, autonomy, intimacy, sexuality, sexual expression, dignity of risk, informed choice and independence. While this standard does not clearly mention gender expression, gender identity, variations of sex characteristics or other LGBTIQ+ elements, its use of this language provides an opening for LGBTIQ+ inclusive practices.

> 17 Human Resource Management

Outcome: Each participant's support needs are met by workers who are competent in relation to their role, hold relevant qualifications, and who have relevant expertise and experience to provide person-centred support.

> 19 Access to Supports

Outcome: Each participant accesses the most appropriate supports that meet their needs, goals and preferences.

➤ 20 Support Planning

Outcome: Each participant is actively involved in the development of their support plans. Support plans reflect participant needs, requirements, preferences, strengths and goals, and are regularly reviewed.

➤ 21 Service Agreements with Participants

Outcome: Each participant has a clear understanding of the supports they have chosen and how they will be provided.

- 4) Where the provider delivers supported independent living supports to participants in specialist disability accommodation dwellings, documented arrangements are in place with each participant and each specialist disability accommodation provider. At a minimum, the arrangements should outline the party or parties responsible and their roles (where applicable) for the following matters:
 - (d) In shared living, how vacancies will be filled, including each participant's right to have their needs, preferences and situation taken into account.

➤ 22 Responsive Support Provision

Outcome: Each participant accesses responsive, timely, competent and appropriate supports to meet their needs, desired outcomes and goals.

➤ 68 Rights and Responsibilities

(Module 5: Specialist Disability Accommodation)

Outcome: Each participant's access to specialist disability accommodation dwellings is consistent with their legal and human rights and they are supported to exercise informed choice and control.

- (3) Each participant's autonomy, including their right to privacy, intimacy and sexual expression is respected.

➤ 72 Tenancy Management

Outcome: Each participant accessing a specialist disability accommodation dwelling is able to exercise choice and control and is supported by effective tenancy management.

- (3) Documented arrangements are in place with each participant and each participant's other NDIS providers that deliver supported independent living supports within a specialist disability accommodation dwelling. At a minimum, the arrangements should outline the party or parties responsible and their roles (where applicable) for the following matters:
 - (h) In shared living, how vacancies will be filled including the participant's right to have their needs, wishes, choices and situation taken into account.

➤➤ **Standard 72** obliges organisations to ensure LGBTIQ+ people with intellectual disability enjoy a quality of life that an LGBTIQ+ person not living in specialist accommodation may reasonably expect to enjoy. For some organisations, this may represent a substantial shift in policy and practice.

NDIS Planning

NDIS participants usually attend a planning meeting with an NDIS planner or Local Area Coordinator (LAC). This results in an NDIS plan that includes funds participants can use to pay for supports that will help them achieve their goals.

This is why it is really important that participants spend time preparing 4 or 5 short-term or long-term goals before the meeting. Participants should ask themselves:

- What would my best life look like if I had all the support I needed?
- What are my hopes and dreams about education, employment, social participation, independent living, health and wellbeing, civic participation, recreation, friendships and intimate relationships?
- What does my current weekly schedule look like? What are all the supports I need in order to live my life at the moment? What's missing?
- What supports do I need to maintain my bodily autonomy and help me advocate for myself when wanting to learn about my body, my gender and my sexuality? Or look after my body and my mental health?

LGBTIQ+ NDIS participants may want to include a goal that is specifically focused on their desire to live as a proud LGBTIQ+ person or experience genuine inclusion in the LGBTIQ+ community. This will ensure their rights as an LGBTIQ+ person will be front and centre of their journey through the NDIS. This is because NDIS registered service providers are required to report to the NDIS about how they have supported participants to reach their goals.

For more information:
www.ndis.gov.au/participants/creating-your-plan

Rainbow Tick

The Rainbow Tick is a quality framework that helps organisations show that they are safe, inclusive and affirming services and employers for the LGBTIQ community.



The Rainbow Tick standards, owned and developed by Rainbow Health Victoria, are designed to build lasting LGBTIQ inclusion. Accreditation is provided by an independent assessor, Quality Innovation Performance.

Organisations that receive The Rainbow Tick will have the opportunity to be listed in the national register of LGBTIQ accredited organisations.

Services can include the six standards as part of their cycle of service accreditation or can apply to do the Rainbow Tick as a stand-alone assessment subject to ongoing reassessment and quality improvement.

The Rainbow Tick is for all organisations seeking to provide a safe and inclusive workplace and services for the LGBTIQ community. The six standards it incorporates are designed to be used by the whole organisation, but can also be applied to specific services or sites within an organisation.

For more information:
www.rainbowhealthvic.org.au/rainbow-tick

Evidence-based practices

Organisations should ensure LGBTIQ+ inclusion is incorporated into the way they interpret and implement current practice models:

1 ➤ Circles of Support and Microboards

A Circles of Support is a formal group of people that regularly comes together to assist a person with a disability to develop and implement their goals and aspirations. A circle of support is beneficial to LGBTIQ+ people with an intellectual disability as it has the opportunity to workshop and action goals, promote inclusion and create a larger and more supportive network.

Circles of Support and Microboards are powerful models that allow people with disability and their supporters to navigate barriers and build capacity. An LGBTIQ+ person with intellectual disability may benefit immensely from having other LGBTIQ+ people in their Circle or Microboard. Check out www.cosam.org.au

2 ➤ Supported Decision Making

Supported Decision Making is a collection of practices that allow a person to experience a broader range of options, learn how to distinguish between options, make choices, build choice-empowering relationships, and exercise legal capacity.

For more about Supported Decision Making, see La Trobe University's Support for Decision Making online resource at www.supportforddecisionmakingresource.com.au (Bigby, Douglas and Vassallo 2019).

3 ➤ Risk Assessment, Enablement, and Mitigation

Risk assessment, enablement, and mitigation are tools that can be used to overcome the limitations that are often placed on LGBTIQ+ people with intellectual disability—either consciously or unconsciously—by people in their lives.

For more about Risk Enablement, see La Trobe University's Enabling Risk Resource at www.enablingriskresource.com.au (Bigby, Douglas and Vassallo 2018)

4 ➤ Person Centred Active Support

Person Centred Active Support (PCAS) is an example of an evidence-based practice. The aim of active support is to place the person at the centre of organisational planning, processes, staff training, scheduling and interpersonal relationships so that they have the opportunity to reach their full potential. Active support allows for LGBTIQ+ people with an intellectual disability to have new experiences in a way that assumes and respects capacity. For many direct support professionals, PCAS provides a step by step model, undergirded by planning and coaching. PCAS is not the answer to every hurdle experienced by LGBTIQ+ people with disability, however it does offer vital tools for a support sector that is often prone to ad hoc approaches.

Practice models like Person Centred Active Support that focus on graded assistance, person-centred approaches, and making the most of every moment can be employed to support and guide people who are just starting their journey as proud LGBTIQ+ people with intellectual disability. For more about Active Support, see La Trobe University and Greystanes' Every Moment Has Potential online resource at www.activesupportresource.net.au (Bigby et al 2015).

5 ➤ Support for Choice

For most people, decision making skills are developed from our earliest years, through childhood, adolescence, school life and then throughout our personal and professional lives as adults. Inclusion Melbourne, RMIT and a group of advocacy organisations produced the It's My Choice! toolkit in 2013 to train people in decision making and choice for people with intellectual disability. There are 9 principles of choice and you can read more about them at www.inclusiondesignlab.org.au/choice. Principles 5 and 6 are particularly relevant to people with intellectual disability who want to explore their identity, the LGBTIQ+ community, relationships and sexuality. Person Centred Active Support and Circles of Support both embody these principles:

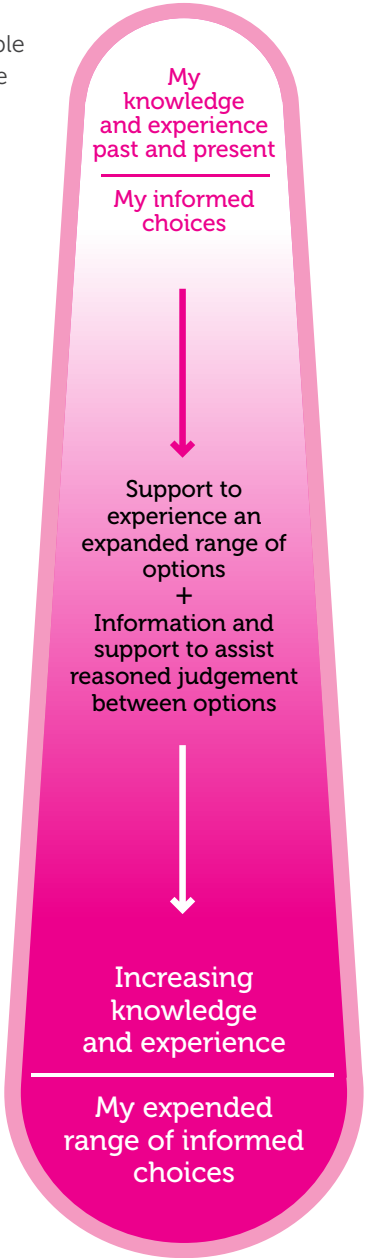
Principle 5 ➤

My choices are likely to be greater and more 'expansive' where I have more knowledge and experience to inform my choices. Building knowledge and experience is important to making choices informed by past experience.

Principle 6 ➤

My personal experiences may be limited by money, experience or what is possible. Nobody is completely free to choose and pursue any choice they wish. What is important is whether the limitations I experience are reasonable or not.

Together, these two principles tell us that people can make better and more complex decisions when they are supported to have new experiences and distinguish between new options. These principles suggest that the experience of being involved in making decisions, even in situations where guardianship is still present, can help build decision making capacity. Principle 6 also tells us that some of the barriers that prevent people from having new experiences and making new choices are unacceptable. It is our job as supporters and advocates to challenge these barriers.



Steps for organisations

Policy and procedures, quality manuals, codes of conduct and service agreements

Organisations should clearly communicate to internal and external stakeholders all of the following:

- That they support the full inclusion of LGBTIQ+ people with intellectual disability
- That actions not supporting the equal rights of LGBTIQ+ people with intellectual disability will not be tolerated in the organisation's service provision and stakeholder engagement.
- That they prioritise self-advocacy and the rights of LGBTIQ+ people with disability to be supported in their own decision making—free from the undue restrictions or being influenced by negative attitudes of third parties in their lives (including guardians, families, and health professionals).
- That self-advocate led engagement will be used to improve their service delivery, primarily through working with LGBTIQ+ service users, with secondary input from LGBTIQ+ families of service users, staff, and volunteers.

There are standards, frameworks, laws, and organisation-specific policy statements that can be reference in formal organisational documents such as policies and procedures, quality manuals, codes of conduct, and service agreements. See the following:

- UN Convention on the Rights of Persons with Disabilities (UN CRPD), including General Comment 7 (2018)
- State Disability plans. For example, Victorian State Disability Plan 2017-2020, Action 5, Page 28

- Equal Opportunity and/or Anti-Discrimination legislation relating to LGBTIQ+ people
- National Disability Insurance Scheme Quality and Safeguards Framework and Practice Standards
- Rainbow Tick Standards
- Disability Act (Vic) 2006. The Act requires service providers to undertake detailed planning in concert with (rather than on behalf of) people with an intellectual disability—with full attention given to preserving and supporting valued relationships.

This is reflected in the NDIS Practice Standards relating to Support Planning.

Develop LGBTIQ+ contact lists

Organisations should establish relationships with the following:

- LGBTIQ+ self-advocacy groups
- Disability advocacy organisations with LGBTIQ+ officers
- Disability and sexuality researchers
- LGBTIQ+ inclusive sex and relationships programs, preferably led by peer-educators, such as Sexual Lives and Respectful Relationships
- LGBTIQ+ peak bodies and lead agencies
- NDIS representatives including planners and LACs with LGBTIQ+ expertise
- Anti-discrimination organisations
- Religious organisations that are LGBTIQ+ affirming
- Multicultural and Aboriginal and Torres Strait Islander organisations that are LGBTIQ+ inclusive

- Health, allied health and mental health services with LGBTIQ+ expertise
- Intersex peer support groups (e.g. Intersex Peer Support Australia)

Staff training

State and Federal disability plans, practice standards and human rights instruments have increasingly noted the rights of LGBTIQ+ people with a disability. This means that organisations now have an obligation to provide training to staff in meeting these aspects of service delivery standards. Organisations should build the capacity of their staff to support LGBTIQ+ service users providing:

- High quality LGBTIQ+ awareness training
- Specific training in issues experienced by LGBTIQ+ people with an intellectual disability, effective support and inclusion strategies, and strategies for advocating for the self-advocacy of LGBTIQ+ people with disability
- Training in Person Centred Active Support (PCAS), Supported Decision Making, and Positive Behaviour Support (PBS)
- Mental Health First Aid Training that is inclusive of LGBTIQ+ content.

Fabulous assistive technology and communication aids currently exist in Victoria, however not all of these include LGBTIQ+ inclusive vocabulary or programs. Locating inclusive communication resources may require further investigation.

Communications and workshopping

Organisations need to ensure all key stakeholders are informed of how the organisation is supporting LGBTIQ+ people with intellectual disability. They should therefore:

- Clearly communicate and provide details of policies to staff and families
- Run masterclasses for staff in which they can roleplay difficult situations that they may experience when engaging with external supporters and community members who may not share LGBTIQ+ inclusive attitudes
- Rights presentations for organisational stakeholders to combat risk aversion, risk perception and the undue use of restrictions on rights.

Inclusive approaches in the workplace

Due to a history of unsupportive or overly risk averse attitudes towards LGBTIQ+ people in organisations, some LGBTIQ+ people may assume a service is unsafe unless clear supportive signals are present. Organisations should ensure the presence of:

- Visual signage such as posters or flags
- Public support of LGBTIQ+ events and special days such as International Day Against Homophobia, Biphobia, discrimination against intersex people and Transphobia (IDAHOBIT)
- Pronouns on staff name tags/badges and email signatures
- Gender diversity inclusive bathroom signage and facilities
- Support of LGBTIQ+ causes and issues as part of the life and culture of the organisation—with particular support from top management.

Case study: Professional development training

Inclusion Melbourne hosted LGBTIQA+ ID PD, a professional development workshop for intellectual disability support organisations to enhance their awareness, practice and support for LGBTIQA+ people with intellectual disability. Four self-advocates, two academics, and two research and development staff were joined by representatives from the bisexual+, trans, and intersex communities with 14 speakers presenting across 14 x 20-25 minute presentations. Feedback from the workshop indicated a great desire for further engagement in this area, and for this work to be even further led by self-advocates.



Organisations may consider using a similar model for training staff and volunteers who work with people with intellectual disability. Here is a suggested outline of sessions that could be presented in a one-day training event:

1. Self-advocacy: storytelling by LGBTIQA+ people with intellectual disability.
2. Introduction to the LGBTIQA+ community—strengths and myths: co-led by people with intellectual disability.
3. Introducing the trans and gender diverse communities: led by a member of a trans and gender diverse advocacy organisation. Eg. Transgender Victoria.

4. Introducing intersex: led by a member of an intersex advocacy organisation (eg. Intersex Human Rights Australia, IHRA) and include content about bodily autonomy.
5. Introduction to the bisexual+ community: led by a bisexual+ community group. Eg. Melbourne Bisexual Network.
6. LGBTIQA+ neurodiversity: led by an LGBTIQA+ neurodivergent person.
7. Self-advocacy and peer education: led by or with LGBTIQA+ people with intellectual disability from an LGBTIQA+ self-advocacy group or peer-learning network. Eg. Rainbow Rights and Advocacy (Victoria), Sexual Lives and Respectful Relationships (Deakin University and partners).
8. Engaging homophobia, biphobia, transphobia, discrimination against intersex people, heteronormativity, and issues of capacity in the intersection between intellectual disability, LGBTIQA+ identity and the LGBTIQA+ community: led by an LGBTIQA+ and disability researcher with attention given to UN CRPD article 12.
9. Organisational Transition: a guide to the procedural and policy changes that can be made by organisations to enhance inclusive practice by organisations, including reference to evidence-based support models, regulatory standards, human rights frameworks, changing organisational culture, and getting support from external organisations.

Additional resources

Organisational leaders with limited time who would like to learn more about boosting inclusive practice can consult the following resources for more information about rights and practice:

Gill M (2015). *Already Doing It: Intellectual Disability and Sexual Agency*. University of Minnesota Press, Minnesota

Noonan A and Gomez M (2011). Who's missing? Awareness of lesbian, gay, bisexual and transgender people with intellectual disability, *Sexuality and Disability* 29(2): 175–180

Ramcharan P, Leighton D, Moors R, Laragy C, Despott N and Guven N (2013). *It's My Choice! Toolkit*, Inclusion Melbourne/RMIT University, Melbourne. www.inclusiondesignlab.org.au/choice

Wilson NJ, Macdonald J, Hayman B, Bright AM, Frawley P, and Gallego G (2018). A narrative review of the literature about people with intellectual disability who identify as lesbian, gay, bisexual, transgender, intersex or questioning, *Journal of Intellectual Disabilities* 22(2):171–196

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O'Shea A, Latham J, Beaver S, Lewis J, Mountford R, Rose M, Trezona A, Frawley P (2020). *More than Ticking a Box: LGBTIQA+ People With Disability Talking About Their Lives*. Geelong: Deakin University. <https://iht.deakin.edu.au/2021/03/more-than-ticking-a-box-what-lgbtiqa-people-with-disability-are-saying-in-2021>

Respectability (US): <https://www.respectability.org/resources/lgbtq/>



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Bigby C, Douglas J and Vassallo S (2019). The La Trobe Support for Decision Making Practice Framework. An online learning resource. www.supportforddecisionmakingresource.com.au

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Dinwoodie R, Greenhill B and Cookson A (2020). 'Them Two Things are What Collide Together': Understanding the Sexual Identity Experiences of Lesbian, Gay, Bisexual and Trans People Labelled with Intellectual Disability. Journal Appl Res Intellect Disability 33: 3-16

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Hill AO, Lyons A, Jones J, McGowan I, Carman M, Parsons M, Power J, Bourne A (2021). Writing Themselves In 4: The health and wellbeing of LGBTQA+ young people in Australia. National report, monograph series number 124. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University. https://www.latrobe.edu.au/__data/assets/pdf_file/0010/1198945/Writing-Themselves-In-4-National-report.pdf

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Contact list

Australian GLBTI Multicultural Council (AGMC)
National support and advocacy body for LGBTIQ+ people from multicultural communities
www.agmc.org.au

Intersex Human Rights Australia
Australian intersex rights and advocacy organisation
www.ihra.org.au

Intersex Peer Support Australia
Australian intersex peer support, information and advocacy group
www.isupport.org.au

Melbourne Bisexual Network
Support and advocacy group for bi+ people
www.melbournebisexualnetwork.com

National Disability Services (NDS) Zero Tolerance Resources
Disability services peak body
www.nds.org.au/resources/zero-tolerance

Queerspace
LGBTIQ+ health and wellbeing support service focusing on relationships, families, parenting and young people
www.queerspace.org.au

Rainbow Health Victoria (formerly GLHV)
LGBTIQ+ health research organisations
www.glhv.org.au

Rainbow Rights and Advocacy Self-advocacy Group
Self-advocacy group for LGBTIQ+ people with intellectual disability
www.saru.net.au/Groups/Rainbow-Rights

Sexual Lives and Respectful Relationships
Peer-led sex and relationships program
www.slrr.com.au

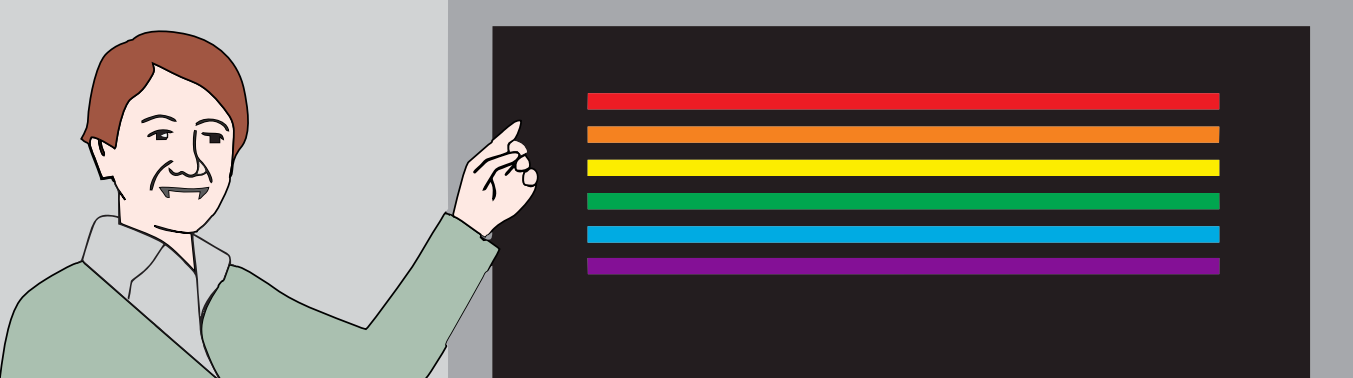
Spectrum Intersections
Self-advocacy group for LGBTIQ+ neurodivergent people—including autistic people
www.spectrumintersections.org

Switchboard
Support and referral service for LGBTIQ+ Victorians
www.switchboard.org.au

Thorne Harbour Health (formerly Victorian AIDS Council)
LGBTIQ+ public health and research organisation
www.thorneharbour.org

Transgender Victoria
Advocacy and support for trans and gender diverse people
www.transgendervictoria.com

VALiD
Leading Victorian funded disability advocacy organisation
www.valid.org.au





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