



Advocates Discuss: the experiences of LGBTIQ+ people with disability

From June to October 2022, Disability Advocacy Network Australia ran the "Advocates Discuss" series of fortnightly hour-long discussions via Microsoft Teams - creating an opportunity for interested advocates to take a closer look at and speak about a number of key topics emerging in the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Disability Royal Commission or DRC) and its examination of abuse, violence, exploitation and neglect. Participants were encouraged to share their insights, observations, stories and case studies, and the discussion questions each week included opportunities to share perspectives on what recommendations advocates would like to see being made by the DRC, in relation to the topic in focus.

Identifying details have been removed from the edited transcript below. Participants in each session are identified as advocates from their state or territory, and are also numbered, where multiple advocates from that jurisdiction took part. Participants were informed that sessions would be recorded to capture their insights and observations. Care has been taken but errors may exist in the transcription.

DANA would like to acknowledge the Traditional Owners of the various lands around Australia from which advocates participated in these virtual meetings and pay our respects to Aboriginal and Torres Strait Islander Elders, past, present, and emerging.

DANA would also like to acknowledge the time and generosity of participating advocates from a diverse range of advocacy organisations around Australia, and the funding of the Australian Government Department of Social Services for DANA to provide DRC systemic advocacy support. Visit www.dss.gov.au for more information.

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Transcript from discussion – 30 August 2022

Siobhan Clair:

We will get started and just to say that today we acknowledge the traditional owners of the various lands we're meeting on. I wish to acknowledge the traditional owners and pay my respects to their Elders past, present and emerging. I also acknowledge the participation of people from the LGBTQIA+ community.

I'm the Policy Officer at Disability Advocacy Network Australia, and my pronouns are she/her. I am an ally and I have family and friends who are LGBTQIA+, I'm a straight cis woman, so I'd just like to as much as possible to listen to the voices today of people who have direct experience, but also today's discussion is really about hearing the perspectives and observations from disability advocates who are working on the ground and their observations, perceptions, example of violence, abuse, neglect and exploitation that LGBTQIA+ individuals with disability experience in contemporary Australia.

So a fairly broad topic and we haven't really set a structure for the discussion, so as much as possible we will be led by the input from attendees today. I guess our focus is exploring how LGBTQIA+ people with disability often face marginalisation and disadvantage and discrimination. So I will open the floor to anyone who wants to kick off conversation.

If there's something specific or some general observations that anyone wants to start with. I can see [TAS Advocate 1] has a hand up.

[TAS Advocate 1]:

Hello, thank you. I'm just waiting for my camera to catch up. Apologies in advance if I go on too much. This is my jam, this topic. I am a queer person with disability myself. I am the queer specialist at my advocacy organisation, but I also do community advocacy off the books. Speaking from my services perspective, one of the major issues people with disability, who are members of the LGBTQIA+ [community], have been coming to us about is support to access transition support, where someone is gender-diverse and has disability. The public gender service in Tasmania touts itself as not gate keeping. If you are someone who is a non-binary trans person who has no disability, that is largely true. As soon as you have disability of any form that you disclose to them or that they can see, you have a very different experience with that service to a non-disabled person or someone whose disability is invisible and hasn't been disclosed.



We've had clients come to us trying to get support to talk to the practitioners there or to get access to gender affirmation elsewhere. That has frequently come in a form of trying to challenge letters that have been written about the client to the client's other medical practitioners. There's basically a really broad assumption that if a person has disability, they don't have capacity to make the decision to transition regardless of what disability that is. So the really common situation is 25% ish of all trans people have been formally diagnosed with autism. The proportion who have autism is significantly higher because, obviously, formal diagnosis is tricky to access at the best of times. It's extremely common that that comes with not necessarily any decision-making impairments at all. But it is treated by the gender service as being a contraindication that you won't have the ability to understand the abilities of that decision with no evidence whatsoever. There is no asking for capacity assessments or anything. There is just a flat "We can't help you".

When questioned, or when the person tries to push forward, they will then engage with the client but delay them as long as possible. So my personal experience was they wrote a letter to my personal practitioners saying that I was unstable and that although they wouldn't tell me that I couldn't transition, everyone was to delay me as long as possible. I don't have any decision making impairments. That's not the nature of my disability, but because I had disclosed that I am autistic that was their response. We spent a lot of time helping people go around. It is an obvious case where someone doesn't have decision making impairments, but where some do have some, it gets complicated.

We have helped a few people who are on guardianship orders who are trying to seek transition care and, obviously, in that circumstance the gender clinic will go straight back to the guardian and say "Does this person have capacity to do this?". The guardian doesn't understand that decision. It is very rare for a public guardian to have experience with transition care let alone understand the implications of that decision in either direction. I think there's a really broad misunderstanding that not transitioning is also a decision with really severe consequences in many cases. It is impossible in many cases. They may have been living and presenting as their actual gender socially for years in many cases and they're denied the right to transition on the basis that they're told they can't possibly understand that decision, but to be brutally honest, they understand that decision well enough that when they're not permitted to transition, they will attempt to end their own lives.

That level of distress is not being taken into account due to ignorance, essentially, between the clinic and the public guardian. That's our experience of that. Beyond that, we have a lot more broader experiences, so housing, everyone's favourite topic, in Tasmania all of the public housing providers are religious, all of which have quite



poor reputations for discrimination, so if you are a queer person in Tasmania who needs housing support, you have to go to a homophobic and transphobic organisation to do that, which you can imagine leads to higher rates of homelessness than usual. If you're a queer person with disability, I think we can all imagine how that intersection pans out leading to some quite intractable situations in people's lives where even... were the support available, they would not be able to access it because of disability considerations.

The other main theme in the clients that we have supported is lack of choice in medical care. If you are a queer person without disability, it is still quite tricky to find safe GPs, safe psychologists and then as soon as you have a disability of any note, you then have that extra factor of needing to find someone who understands your disability but who is also going to be queer safe and our clients' experience is that they tend to go with a person who understands their disability because they have not got much other choice there, but that results in them experiencing pretty severe homophobic and transphobic abuse from their medical providers with whom they are trapped. That abuse can take the form of verbal abuse. Often it's been medical neglect in the cases that we've worked with.

In a couple of instances it has resulted in conversion practices, so the client is being referred to conversion practices by their medical practitioner who may be the sole practitioner who understands their disability in the State. For anyone who is not familiar with conversion practices, they've been classed by the UN and the World Health Organisation as torture. They essentially amount to brainwashing at best.

I could go on for ages, administrators and financial trustees not permitting clients to spend money on things to explore their queer identity because it is considered an inappropriate use of their funding. Just really broad-spectrum systemic neglect and sometimes overt abuse in that intersectional space where people might feel safe to speak up on one aspect of their identity, but often not on both. So I will shut up and let someone else talk for a while.

Siobhan Clair:

Thank you so much, [TAS Advocate 1], for that fairly dismal overview of some of those issues. You brought up a lot of the things I had on the list to kind of guide some of the discussion, you know, the barriers in health care settings, as you said GPs and discrimination and denial of key supports needed, religious service providers, being a huge issue.

Did anyone else want to contribute their perspectives on those issues? Either those issues or any others that [TAS Advocate 1] brought up?



[VIC Advocate 1]:

Thanks. I'm [VIC Advocate 1] from [Metro VIC advocacy organisation]. I don't want to comment too much about what we were just hearing, although it just sounds really quite apt and terribly sad in a way, but I wanted to flag as an organisation we have LGBTQIA+ area that we designate completely for assistance in providing advocacy in that area, mainly in a systemic kind of way. We have a designated staff member who works in that area only. So we take that really seriously and we sadly, again I suppose, although sadly it isn't an appropriate way to describe it, is it, tragically it maybe even more appropriate - we have a lot of need for work in that area and we're, obviously, very happy to give it, so I just wanted to flag as an audience that you've got some... I hope to hear some more stories and so on today and I just wanted people to know you have a sympathetic organisation and others here listening intently to people's reflections and tales. Thank you.

Siobhan Clair:

Thank you. [NSW Advocate 1]?

[NSW Advocate 1]:

Hello, everybody. I was delayed in coming in, so I didn't catch the whole piece of those last comments, but what I did get made me think about the education piece needed because it is complex in intersectionality with LGBTQIA+ community, disabilities and anything else you want to put as part of that piece. It is complex and in terms of funding and exploring identity and exploring needs, there is probably a lot of work that is required to support people in their messaging and how they present when looking for funding to support their exploration, whether it is identity and stuff. In terms of where the funding is concerned, and it is a really important piece, I think then if there's a focus on how people can present and match requirements of getting support, that might be a step in the right direction because I think sometimes what gets lost in translation is maybe just in my little experience in working in this community, sometimes what might get lost is how people are presenting ... and, of course, that is valid, in terms of what might get lost in what a need is for someone in exploring identity and what might be a necessity and just them, you know, navigating community versus what can be supported and what is identified as disability or identified as maybe a medical condition, rather than something that is on the spectrum of identity and, you know, just personality.

So I hope I have made a clear distinction there. I think it really just comes down to how whatever that person is experiencing, how that can be expressed to match maybe what guidelines there are for support, and there is a lot of advocacy or work that's required to help tease those things out. It's not to dismiss anything at all that a person



is experiencing, whether it is personal exploration or some kind of discrimination, anything on that spectrum. It is not to dismiss any of that. It is just trying to support people in that group to get some clarity around what they're experiencing and what their needs are and how they can match that with the appropriate either funding body or service to meet the requirements there... I hope I've made that point clearly because it is a complex matter

Siobhan Clair:

Thank you. [QLD Advocate 1].

[QLD Advocate 1]:

I'm in [south QLD region]. One of the things in terms of LGBTQIA+ folk, I'm also part of that community, and with the NDIS I think when we're speaking with people with disability, the agency has released a strategy, hasn't really been well communicated, but I feel like even at the bare minimum, being able to print the names of folks who are transitioning and may not have had that happen formally in terms of name changes, et cetera, the system allows for a preferred name, but it doesn't print on the plan, so I think it prevents a lot of people from wanting to access those services or it creates that distress when they've got those dead names written on their plans. When I fed this back through to the agency both as a previous staff member and also as a disability advocate, the feedback and consensus has been that it can be changed but only from a delegate or planner and it has to be quickly done in the system before it is printed and sent out automatically to the people.

So they have a strategy, but something that seems to be a very simple sort of a system change just seems to be completely out of reach or out of question for the agency, so when I was working with folk from the community, it was causing a bit of distress and they have also included an "Mx" salutation, so non-binary and gender-diverse folk can have that included, but to my knowledge a lot of the LACs or delegates or planners are not aware of this change or that it has been communicated. I think I was told about it in response to my query around the preferred name, so I think that if there could be some systemic advocacy around some back end changes, I feel like it wouldn't be that difficult for people to have their name on the plan, and also I've worked with some autistic folk who were not part of the community who didn't love the name that they were assigned and it caused them distress as well.

I feel like some of these places are a bit tokenistic in putting out strategies and then not communicating those very, very well to people or not having an option to respect people's pronouns and gender diversity, and I also was trying to push for some change in terms of when people are working with non-binary people to ensure that they're wording things in a professional manner and oftentimes just to echo some of the



sentiments that [TAS Advocate 1] had earlier... is that these people are not ... people are saying we're welcome or those sorts of things, but a lot of the professional reports and things were coming through... were misgendering people to the point where I would send them back and saying that this is incongruent with the gender identity of the person that you're working with. We're talking psychiatrists, psychologists and other allied health professionals who are supposed to be supporting these folk on their journey.

I definitely think that we've got a long way to go, and just in terms of some of the disability advocacy, they have also worked with some trans folk who have said that their planning meetings and those sorts of things when they've been engaging with the NDIS or engaging with other services have sort of taken a bit of a tangent to talk about, you know, their surgery and gender assignment and things like that, which actually meant that the planner didn't get a good enough snapshot of the required disability-specific supports because their curiosity was piqued in that space, ...that can be [a] frustrating thing. I've worked with someone who identified that the planner had told them that they were religious and, therefore, they didn't agree with that sort of thing. So I think sometimes those biases are coming in. I feel like the complaints system has fallen down and become less robust overall, in my personal opinion.

[VIC Advocate 1]:

Just on that point. I wanted to make a quick point. That might be remedied, I don't think it will be an easy fix, but by having agency representation, representatives, that people from community could.. they could be aligned to that representative from the agency. I'm not sure what's available right now, but that could be something worthwhile doing advocacy for. Like in any organisation, if there is representatives from a certain group, that they can ask for them as a preference

Siobhan Clair:

I agree that leadership and representation is so important. Going back to [TAS Advocate 1] now.

[TAS Advocate 1]:

In response to [QLD Advocate 1] mentioning the NDIS not facilitating... I'm aware they're rolling out a new IT system in Tasmania before the end of this year, theoretically. I wonder if it has been incorporated into the new IT system. I wonder if that's something that's been talked about as part of their specifications. I don't know. Maybe it's pessimistic, but I doubt it. We can hope.

I realised, Siobhan, I forgot to talk about the positives that are happening because there are some. A whole bunch of Tasmanian disability orgs have been making huge



strides in their inclusivity and their inclusive practices. This is just the day-to-day core support [organisations]. Since our legislation changed to allow people to self-identify legally, there's been a huge increase in [organisations] reaching out looking for training and saying, "Hey, we have 14 non binary clients and we need to be supporting them. How can we do better?". There has been positive intent in the community, which has been great.

Tasmania's LGBTQIA+ support organisation, we only have one, is working it out, and historically they weren't very disability inclusive, but in the last year or two they've really pulled their socks up and they have now engaged in a co-design process and they've built a training package for how to provide inclusive support for LGBTQIA+ people with disability and that training package is available nationwide, I think. So that's awesome. It is a really fantastic package. Also [VIC LGBTQIA+ organisation] put out this brilliant guide to NDIS supports. There is a whole bunch of really valuable resources that are being made and being put out, but I don't know that any of them are being government-funded necessarily or being promoted by government. There is a whole lot of great work happening in the community. If we're looking for recommendations, it would look to fund those properly and allow them to continue rather than just being one-offs.

Siobhan Clair:

Thanks for bringing up the positives because you get a bunch of disability advocates together and it can stay pretty negative, but, yeah, so I think I could draw attention that we did briefly raise this issue in our [National Disability Advocacy Framework] submission and acknowledging that there needs to be more both systemic representation at a national level, which is being funded only through... short-term projects or it hasn't had a dedicated organisation representing this group of people and also that there's so much potential for increased... like, there is lots of great work going on, but there is also potential for increased sector development in terms of advocacy. I noted in the email that DARU [Disability Advocacy Resource Unit] has done a great resource, and potentially we would love to see more funding for advocacy sector development so that there can be networks and sharing of resources and strategies and learning so that organisations like, as [VIC Advocate 1] said, so you have expertise within disability advocacy organisations and you build a service and support that is responsive to the needs of LGBTQIA+ people with disability. I'll hand over to Mary.

Mary Mallett:

Thanks, Siobhan. I was late coming into this because another meeting ran late. It is a really good discussion. I was coming in specifically to respond to [QLD Advocate 1] and [TAS Advocate 1] got in before me about the NDIA changing their IT system.



They're moving to a thing [...], instead of the previous [...] thing which they inherited or were given from Human Services. So they will have enormous capacity to do these things. Tasmania is where they are testing it out in the first place. What I think we should organise, we can organise to have a catch up with the person who is driving that whole rollout of the [...] system, and I think we could... because I certainly, I've been part of some briefings about it. This issue hasn't been mentioned at all. That's not to say they haven't thought about it, but I think we could have a meeting with them and pursue it and then [TAS Advocate 1] would get to see whether in Tasmania it was working properly. That was one thing.

The other thing that I was thinking is this... I think there's guidance needed. You talked about... people have mentioned different resources that are available. I think the advocacy sector itself could do with some guidance. I think there is different levels across the advocacy sector of organisations that are actively engaged and have a deeper understanding of all of the issues and when you talked about what the NDIA dead-naming people, it is perfectly possible and likely, I suspect, that some advocacy organisations will be doing the same thing, not deliberately and not intending to hurt people, but just lack of understanding and a bit of thoughtlessness and their own systems not being very good either. So I think that's something that I would like us to collectively think about, about how do we improve guidance for the advocacy sector itself to skill up on all of these issues.

[NSW Advocate 2]:

It was sort of rather dismaying that with the other service providers that have a religious background, and I'm only too well aware that some of the big ... social and community service providers in this country do have religious origins that in 2022 you still have some of this hostility and so on and problems that [TAS Advocate 1] referred to earlier.

You know, I would have thought we work from a social model of disability, some of us are social work trained and 'critical social work', I know, where we're looking at systems rather than the traits of the individual and very much part of our profession. When a client rocks up to an organisation wanting a service, the service provider should be able to put any opinions they have completely on the back burner. In the same way as somebody who is religious and our organisation, [NSW advocacy organisation], has people who are clearly Muslim or from some other religion that's a minority in Australia. They should expect an equitable service from any other organisation if it's from a religion that is not theirs or it is a secular organisation or whatever. Once again, the opinions of people in the position of service providers and in the position, of course, of authority... I mean, a person at a community housing organisation does have the capacity to decide whether somebody gets a roof over their head or not. I mean, these opinions should be totally put to one side once



somebody enters the workplace and say this is my job to assist these people, regardless of their transgender status, the fact that they might be gay, lesbian, any religion, whatever. [TAS Advocate 1] also referred to training packages and I suggest it might still be an uphill battle with some of that training if it has to, you know, couch an ideology that is coming from a lot of these religious organisations.

What is interesting actually when I was applying for jobs not too long ago, the [Large charity], with a number of their positions, said that people, gay, lesbian, transgender and so on were welcome to apply for this position. I'm not saying anything particular about the [Large charity], but it strikes me as an interesting contradiction that that organisation, a well known religious organisation, big service provider, would say that with their various jobs, and yet still we have a problem of people from LGBTQIA+ plus groups being sort of treated poorly by some of the big social service providers. That's all from me, thanks.

[TAS Advocate 1]:

Just to jump in there, [NSW Advocate 2], [QLD Advocate 1] mentioned earlier... when it comes to performative allyship, the [Large charity] are probably the most notorious for that. When you get into the detail of being an LGBTQIA+ [person] trying to apply for one of those jobs, it is made very clear that you can still apply, but you cannot in that role express your identity in any way.

[NSW Advocate 2]:

They're going through the motions, essentially.

[TAS Advocate 1]:

Very much so because there's been too many anti-discrimination cases against them on that count. They've gotten good at the required level of lip service.

[NSW Advocate 2]:

That's even more dismaying, I must say.

Siobhan Clair:

I've heard mixed things about the [Large charity] in terms of, you know, they're often the ones cited as being the most discriminatory or not responding to the needs of... LGBTQIA+ needs of people, but then I've heard a queer person with disability in Canberra, who identifies as non-binary saying they haven't been discriminated against [when seeking supports from this charity], but then maybe that was because they didn't declare themselves as such, so it is hard to... they don't have a good record and I'm sure there are others. Does anyone else have stories along those lines or examples they would like to share?



Also it would be interesting to know more about, perhaps... whether the strategy that was released in 2020, there's been follow up and good engagement in an ongoing way, on the things that they commit to in that strategy. Certainly, there is that worry about people saying one thing and being quite different on the ground as to whether that's been well implemented as [QLD Advocate 1] talked about. Going back to [VIC Advocate 1].

[VIC Advocate 1]:

Thanks. It wasn't so much about the organisations like the [Large charity], et cetera, but I was just thinking along the same lines from what [TAS Advocate 1] was saying earlier, and I think [QLD Advocate 1] touched on it too perhaps, about the medical fraternity and letters being written to doctors and kind of... quite disturbing secrets, low-down messages being passed along that, you know, clearly it is a worrying situation. I'm sure that there's been a lot of kind of that thing going on but it is one thing for an organisation with a religious connection.... as unpalatable that it is for the space that we work in, to be operating that way, but it is a whole other thing for the medical community to be doing it as well. We know they're traditional and they bring a lot of baggage to the table, but at the end of the day their role is different to the [Large charity] and so on in terms ... well, it's different enough that I'm staggered to hear that they're still seemingly so complicit in this whole terrible system. That's all.

Siobhan Clair:

The other thing I was going to raise, we've talked about some of the limitations of the NDIA current framework in terms of being responsive to gender and sexuality. There are probably other government agencies that... did anyone else want to talk about other service systems from the government point of view, whether it is Centrelink or the ATO or other experiences.

Mary Mallett:

There is a comment about the criminal justice and corrections sector.

Siobhan Clair:

Yes, another issue I was going to raise.

[VIC Advocate 2]:

Our agency's experience with this is quite limited. I've attached a link to Corrections Victoria's own management policy. My serious concern is the language in which it's couched. It's about 'wherever possible'. These are guidelines and just the history as we know with people with disability in the corrections sector, the outcomes are poor and you add other layers of disadvantage... if a person identifies as transgender, they



may also come from an ethnic background or they may have a religious belief and add all those together and it is quite concerning. It's also about when courts sentence someone, the courts can recommend that certain management and supports are put in place for that prisoner, but it comes down to Corrections. Corrections can say that's a recommendation. 'We don't have a place in the prison' or 'we don't have the staff' and raising a complaint when you're a prisoner is not easy either, when there's systemic failings - but also when you're being abused within that system.

Whether that be from other prisoners or from corrections staff, it's very difficult within that system to raise a complaint and it is everything from depending on which prison the person is placed... will depend on what clothing they're issued with, it will depend on whether they're allowed to wear wigs, it will depend on strips. It even says pat-downs and strip searches, where possible, will be conducted by the gender of choice of that prisoner, but it's 'where possible' leaves so many openings for abuse and human rights abuse and violence that this kind of policy scares me. It scares me for the outcomes of people who are already traumatised, have a history of trauma.

This requires systemic advocacy, obviously, but being quite concrete that these are requirements that must be followed. I get tired of "where possible", "we don't have the staff". Your job is, ensure going to prison does not expose people to increased risk. They're my thoughts. We've had limited experience. I have provided advocacy for a trans woman... who identifies as transgender and her experience was awful. It was just awful. The disregard, it was right from the point of arrest from police right through to court, et cetera, and then into corrections. So, yeah, that's my two bobs worth. It's somewhat limited, but I thought this document might be a good helpful example to help with other government systems where they can improve. They've got a lot of work to do.

Siobhan Clair:

Absolutely. Criminal justice was one of the other topics I wanted to use as a prompt today. [QLD Advocate 1].

[QLD Advocate 1]:

That highlighted to me a tweet that I had seen and it was in response to QPS, so Queensland Police Service... It was an LGBTQIA+ reference card that was issued to officers and it clearly... I don't believe it had some buy-in from the relevant communities based on this, and so part of the document, I'm just reading from it, it says for the search of transgender person, discreetly inquire about their genitalia. If it is male genitalia, the search is to be conducted by a male police officer. If it's female genitalia, to be conducted by a female police officer, and if that person has concerns for their dignity, the following must be complied with, with any reasonable objections,



but at the bottom it says consider conducting the search in a discreet location in a separate room or out of the view of the public.

I want to acknowledge that for the gender-diverse folk in the room that's really concerning to hear, but it's frustrating because the people that are in charge of protecting and serving and those sorts of things, they've realised that there is an issue in the way that they're engaging with these people, and if you add the disability intersectionality on top of that, I think it is very problematic. Then it also mentions about domestic violence within LGBTQIA+ relationships. It says that LGBTQIA+ people may hide abuse from police due to the following reasons, outing as a method of control, isolation, et cetera, but then it says, because of this where the couples may attempt to hide or disguise their relationship as friends or housemates, steps to establishing relationships - reviewing their sleeping arrangements, reviewing photographs and asking the pertinent questions. There is very, very conflicting things amongst the whole document, but it shows that these people are not consulting with members of the community in a way that is inclusive... true co-design. I feel like this was definitely not written by a member of the community and 100% did not have trans involvement. There is just not a chance that that would have passed through.

I think that that's where the other point that I wanted to bring up... where people were saying where folks are being asked about their gender identity or sexuality that people who are in advocacy roles, it is really important to tell people why you're asking for that data because I don't have any personal experience with [Large charity] or the other organisations that were mentioned in terms of my own service provision, et cetera, but I know that as part of the community, if someone is asking me that, I want to know why because I would be worried that it might impact the service that I was receiving in a negative way as opposed to people asking because they may have inclusive practices or a particular staff member that they can work with and those sorts of things.

I think that's another thing that is important for us to note, and often in the advocacy space people say, if people would tell me, you never believe me what people tell me in such a short period of time because people are coming to advocates to advocate for them, so personal details are discussed, but that's easier for them to correlate to the service that they're receiving as opposed to thinking that it might be detrimental to them when engaging with a service. So I just wanted to note that as an aside for anybody who might not be part of the community and wanted to think of ways in which they could ensure people felt safe.

Siobhan Clair:
Thanks.



[TAS Advocate 1]:

We're using LGBTQIA+, which means that we really need to do our due diligence and talk about the I specifically in its own right and it's my failing for not having done that before because people with innate variations and sex characteristics have really different indexes with disability experiences than other parts of the rainbow acronym. Those experiences are often really heavily medicalised and come with a lot of medical trauma and I think we need to talk about that in a disability context in the necessity of seeking, you know, disability support and care and that the medicalisation of that intersects often very traumatising with the medicalisation of intersex identity.

So you will have people, you know, trying to navigate hospital systems as a person with disability and being an intersex person in that space, who may have undergone non-consensual medical procedures, who may have been sterilised, who may have a really common experience that they go in for a medical appointment about something and the practitioner will inspect them, examine them, realise that they are intersex or variations in their sex characteristics and then without consent bring five or six other doctors into the room to look to see this case study of a human. So there's no respect for that person's privacy - for the fact that often it is irrelevant to the reason that they're there. That autonomy in a medical setting gets taken away really rapidly when you are a person with variations in your sex characteristics. When you are also a person with disability, which is often the case because it might be a chromosomally linked condition, that level of respect for a person's autonomy and dignity and right to consent to stuff like that is even lower, particularly if that person has speech impairments that make it difficult for them to speak up quickly in that context and that leads to undermining of basic human rights, but also really severely compounding medical trauma across a person's lifetime to the point that they would stop seeking medical care completely.

On the other end of the spectrum is the people who have variations in their sex characteristics but because they have disabilities, they are never given any sort of access to that information or knowledge about the ability to explore it. So it's often something that is falsified in people's medical records. The surgeries that people are subject to without consent are often given false listings so that they can be claimed under Medicare, for example, by the surgeon. Also that there's a socially palatable explanation for the family to use. So anyone who has chromosomal variation that causes disability might also have a chromosomal variation causing variations in their sex characteristics.

I'm remembering the case of a person in their 20s who came to me when I was a planner with the NDIS and they communicated using key word sign. Unfortunately, I wasn't given training in that, and there were no interpreters provided, so that person



in their 20s came in with their parent and the parent disclosed to me, without checking that the person was okay with it, that they had variations in their sex characteristics and that they had had surgery, that their consent was not sought for, to "normalise" them. I could see the person becoming agitated as their parent talked about that, talked about person X probably would have been happier growing up as a boy but the surgeon said it would be easier to make them a girl and now they're a girl and that's how they are and we're not going to do anything about that. I could see that the young person was agitated. Obviously, this was really personal content that was stressful. I had no way to understand what they were saying as a planner. I wasn't given support to communicate with them back then. I had no legal recourse to seek out that person to offer support in the space. Their parent was the decision maker and just from an emotional person with lived... I could see that person wanted to do something about it but had no recourse to seek support for working out or talking to their doctor without the parent in the room who has decided what it would be like if they trusted a doctor after what had been done to them.

I think it is important that DANA has a specific and separate section on this and maybe that you should consult with Intersex Human Rights Australia before putting anything in on that count because they will have so many stories and examples of how this interacts with disability that I think a lot of advocates, a lot of advocacy issues will be going on where the person involved has a variation and that won't be disclosed because it's not relevant to the issue to the point that the advocate needs to know. There's so much more stigma around variations and sex characteristics than there is for being trans or queer in any other way. It is a whole other level that deserves its own attention and discussion.

Siobhan Clair:

Absolutely. I mean, I think also the fact that it's been acceptable within our medical system to make decisions about people's bodies at the very beginning of their life when they're not able to have a say is very upsetting and distressing.

[TAS Advocate 1]:

It's not just at the start of their life. It's also as they go through puberty or get older, something that will often happen is that a person will have a hormonal intervention, that they will be pressured into using it or it will be forced upon them.

We know so many disabilities with health effects will be really strongly hormonally mediated - T [testosterone] can cause really detrimental health effects and disability effects to be messing with someone's hormones like that, but it is considered that social stigma outranks the person's wellbeing.



ADVOCATES DISCUSS



Siobhan Clair:

I notice we're out of time. Thank you, all, for contributing today. I'm just posting in the chat some of the links to the relevant resources, but it would be great for DANA to sort of maybe do a bit of a spotlight on this in one of our e-news or blog posts or something, so let us know if there are other resources or information that you found really useful and hopefully as DANA rolls out our National Centre, this will be something that we can create more networking and resources around and more opportunities for communities of practice on sharing expertise in this area. Mary, did you have any final words?

Mary Mallett:

No. That's all good... Just a really fantastic discussion and, yeah, great to, obviously, the significant interests in these issues and let's continue the good work. Okay. Thanks, everyone.

END OF SESSION



Comments In Chat

Siobhan Clair:

I wonder if the DRC has requested info from the NDIA regarding progress, and measuring the impact on the above LGBTIQIA+ Strategy

[VIC Advocate 2]:

Issues our agency has experienced are within the Criminal Justice a Corrections sector. Especially for prisoners who identify as a person within the LGBTQIA+. I have included a link to Corrections Victoria's document for the management of prisoners who are Trans, Gender Diverse or Intersex. The requirements are couched in language "wherever possible." They are also noted as guidelines. History shows us prisoners with disability often experience a breach of their human rights and their basic needs not being met and their increased risk to violence, abuse etc when in prison. When a prisoner with a disability identifies with the LGBTQIA+ community they face another level of disadvantage/discrimination and higher risks of abuse, violence., exploitation etc. https://files.corrections.vic.gov.au/2021-06/2_63.docx

[TAS Advocate 1]:

In broadest form, one of the major issues faced by LGBTIQIA+ PWD is that the vast majority of protective mechanisms to prevent/address discrimination on the basis of sexuality/gender identity/variations of sex characteristics rely on a person being able to navigate systems independently and to stridently self-advocate.

We all know well enough that mechanisms designed for PWD have enough trouble being accessible, but many/most will understand that they have an obligation to make reasonable adjustments for access.

The same is generally not true for LGBTIQIA+ processes, putting LGBTIQIA+ PWD at a compounded disadvantage in trying to address experiences of discrimination and abuse.

[NSW Advocate 3]:

Thank you for the discussion. I need to leave now, apologies.

Siobhan Clair:

<https://ihra.org.au/>

[NSW Advocate 1]:

Thanks all, I'll need to leave to attend another meeting.



Siobhan Clair:

Thank you all for contributing today - a reminder that some great work has been done in recent years to explore problems, educate those who support LGBTIQ+ people with disability, and reduce barriers:

- An insightful report published in this 2020 report [“More Than Ticking A Box”](#), authored by a research team at Deakin University, focused on the experiences of LGBTIQ+ people with disability in healthcare and community
- DARU has created this excellent online course, with a co-design team, including from a number of Victorian disability advocacy and LGBTIQ+ organisations : [Advocacy at the Intersections – Working along side LGBTIQ+ people with disabilities – Disability Advocacy Resource Unit \(DARU\)](#)
- A joint NEDA and LGBTIQ+ Health Australia project “Our Voices, Our Lives, Our Way”: [Disability Inclusion - LGBTIQ+ Health Australia](#) –
- In 2017, MindOUT and People with Disability Australia worked together to create a webinar resource targeting LGBTI people who are or will be accessing the National Disability Insurance Scheme (NDIS): [LGBTI people and the NDIS - YouTube](#)
- In the Self Advocacy space, there is the wonderful Rainbow Rights and Advocacy group: [Videos – Rainbow Rights and Advocacy](#)
- there is a [LGBTIQ+ Strategy | NDIS](#) published in 2020 - Our bodies, our genders and our relationships:
- The everyday experiences of lesbian, gay, bisexual, transgender and intersex (LGBTI) people living with disability - William Leonard, Dr. Rosemary Mann https://www.latrobe.edu.au/_data/assets/pdf_file/0008/929861/GAFLA-Report-Final-Version.pdf \
- Thorne Harbour – NDIS resource [Disability Resources | Thorne Harbour Health](#)

[SA Advocate 1]:

Really helpful thank you

[QLD Advocate 2]:

Thank you so much everyone, this has been a fantastic discussion.