



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

Research Report

Violence, abuse, neglect
and exploitation of LGBTQA+
people with disability:
a secondary analysis of data
from two national surveys

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Health and Society, La Trobe University
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About this report

This report presents findings from secondary analyses regarding respondents who reported having a disability or a long-term health condition from two national surveys. These surveys were: *Writing Themselves In 4*, which focused on the health and wellbeing of lesbian, gay, bisexual, trans, queer and asexual (LGBTQA+) young people aged 14-21 years in Australia; and *Private Lives 3*, which focused on the health and wellbeing of lesbian, gay, bisexual, trans, intersex and queer (LGBTIQ) adults in Australia. Both surveys were conducted late 2019 and collected data relating to a range of health and social experiences and included questions relating to disability. Further outputs relating to these surveys can be found at:

<https://www.latrobe.edu.au/arcs/shs/publications/writing-themselves-in-publications>

<https://www.latrobe.edu.au/arcs/shs/publications/private-lives/private-lives-3>

In this report, Chapters 3 to 9 present findings from the above surveys with a focus on LGBTQA+ young people and adults who reported a disability. They engage with issues of significant concern for LGBTQA+ people with disability, including experience of acceptance and support following sexuality or gender identity disclosure, experiences of harassment or abuse, family or domestic violence and mental health. Where possible, we break down responses according to the type or nature of disability that was reported.

In Chapters 10 to 13 we focus on intersectional populations to show how the responses of participants reporting disability to key questions vary by cultural background, area of residence, gender and sexual orientation.

Where possible, we have sought to situate the findings from this analysis within the broader literature on LGBTQA+ people with disability, noting that comparisons or related research is not always available. This is an emerging field of study and in the final chapter we make detailed recommendations regarding research that is required to better understand and meet the needs of LGBTIQ people with disability.

As is the case for any research study, the data described in this report are imperfect. They were drawn from general LGBTQA+ population surveys that were limited in their ability to engage people with diverse forms of disability, particularly those with intellectual disability. However, the data also reflect the largest ever samples of LGBTQA+ people with disability ever recruited in Australia. The findings contribute significant new knowledge regarding health and social experiences for LGBTQA+ people with disability, particularly how widespread issues of significant concern can be (e.g., harassment, abuse, and mental ill-health). The findings will be of interest to policy makers and practitioners across the country and have implications for both the disability support sector in their efforts to be more LGBTQA+ inclusive as well as for the LGBTQA+ community-controlled sector in their efforts to be safer environments for people with disability. We are sincerely grateful to the thousands of LGBTQA+ people with disability who gave up their time to share their experiences, which enabled us to prepare this report.

Terminology

LGBTQA+

Within this report we use the term LGBTQA+ to refer to people who identify as lesbian, gay, bisexual, trans, queer or asexual. The '+' reflects our engagement with others who identify as same or multi-gender attracted or gender diverse but who use a wide range of different identity terms.

As discussed in Chapter 1, there was not a sufficient number of participants with disability with an intersex variation to enable analysis and disaggregation of the data to reflect their experiences. As such, this report refers only to LGBTQA+ people. To do otherwise would risk suggesting that the findings speak for people with an intersex variation or variations when this is not the case. Where we refer to our efforts to ensure inclusion in the survey (such as in the methods section) we use the term 'LGBTIQA+'. Similarly, numerous questions within the surveys used the terms 'LGBTIQA+' or 'LGBTIQ' and wording for these have been retained or amended where appropriate when referring to responses to these questions in later chapters.

In a variety of places throughout this report we make comparisons to other relevant literature, the authors of which may not have used the same terminology or who may have focussed only on specific communities (e.g., lesbian, gay or bisexual young people). We have reflected this in the report, which means in several sections we use terms such as LGB, LGBT or LGBTQ, depending upon the original terms used. The language used in relation to gender and sexuality in *Writing Themselves In* has itself developed over the past 22 years; in 1998 the term 'same-sex attracted' was used, while 'gender questioning' was used to reflect gender diversity in 2009. While we do not promote the use of such terms now, we retain reference to them where relevant in this report to reflect the populations who were included at the time.

Disability

Data presented in this report are from two national surveys of LGBTQA+ young people and adults, *Private Lives 3* and *Writing Themselves In 4*. In these surveys, questions about disability were based on participants self-identifying and reporting a disability or long-term health condition, whether existing at birth or acquired later in life. Many different circumstances were reported, such as physical, sensory, intellectual and psychosocial disabilities. Chapter 2 provides further detail on the methodologies and questions provided in the surveys. Reflecting this approach, when presenting data from the surveys that are the focus of this report, the term 'disability' refers to self-identified disability or long-term health condition, as reported by survey participants. When referring to this group of participants in this report, phrases such as 'participants with disability' are used for ease of reading. However, it is important to acknowledge that this group is entirely composed of people who *self-reported* a disability when completing the survey.

Contents

Acknowledgements	iii
Funding	iv
About this report	v
Terminology	vi
LGBTQA+	vi
Disability	vi
Contents	vii
List of tables	xiii
List of figures	xli
Executive summary	1
Background and context	1
Methodology	1
About the participants	2
Disclosure, support and acceptance	3
Safety in educational settings	3
Experiences of harassment, abuse and discrimination	3
Family violence	4
Mental health and suicidality	5
Community connection	5
Multicultural background and disability	6
Area of residence and disability	6
Gender and disability	7
Sexual orientation and disability	7
Summary and recommendations	8

1 Background.	13
1.1 LGBTQA+ people with disability.	13
1.2 Scope of this report	14
1.3 A note on intersex populations	14
1.4 Data from First Nations participants	15
2 Methods.	17
2.1 Overview of the <i>Writing Themselves In 4</i> and <i>Private Lives 3</i> surveys	17
2.2 Survey participants.	17
2.3 Analysis and categorisation of data	18
2.4 Interpreting the data	22
2.5 Study limitations	23
2.6 Presentation of results in this report.	24
3 Demographics.	25
3.1 Disability or long-term health condition	25
3.2 State or territory of residence.	27
3.3 Age of participants	28
3.4 Area of residence	29
3.5 Gender identity and sexual orientation.	30
3.6 Sexual orientation.	32
3.7 Intersections of gender and disability.	33
3.8 First Nations peoples	35
3.9 Cultural background and country of birth	36
3.10 Religious or spiritual identity.	38
3.11 Education	40
3.12 Employment status.	41
3.13 Housing and household	43
3.14 Summary	46

4 Experiences of disclosure, support and acceptance	47
4.1 Disclosing sexual orientation or gender identity – young people aged 14-21 years	47
4.2 Feelings of support about sexuality or gender identity – young people aged 14-21 years	48
4.3 Feelings of acceptance – adults aged 18+ years.	53
4.4 Summary and relation to existing literature	56
5 Safety in educational settings.	57
5.1 Experiences of feeling unsafe or uncomfortable – young people aged 14-21 years	57
5.2 Feeling safe to engage in activities – young people aged 14-21 years	60
5.3 Any missed days in the past 12 months – young people aged 14-21 years	62
5.4 Summary and relation to existing literature	65
6 Experiences of harassment, abuse and discrimination	67
6.1 Experiences of harassment based on sexuality or gender identity among participants with disability – young people aged 14-21 years	67
6.2 Experiences of harassment or assault based on sexuality or gender identity in the past 12 months by location – young people aged 14-21 years	73
6.3 Harassment or assault perpetrators – young people aged 14-21 years	76
6.4 Experiences of accessing support regarding harassment or assault – young people aged 14-21 years	79
6.5 Unfair treatment due to sexual orientation and/or gender identity - adults aged 18+ years	80
6.6 Experiences of violence based on sexual orientation and/or gender identity - adults aged 18+ years	82
6.7 Unfair treatment as a result of disability or long-term health condition - adults aged 18+ years	85
6.8 Summary and relation to existing literature	87

7 Family violence	89
7.1 Experiences of family violence - adults aged 18+ years	89
7.2 Forms of family violence experienced - adults aged 18+ years	92
7.3 Perpetrators of intimate partner violence - adults aged 18+ years	95
7.4 Perpetrators of family member violence - adults aged 18+ years	96
7.5 Reporting violence and experiences of support - adults aged 18+ years	97
7.6 Preferences for future support - adults aged 18+ years	99
7.7 Experiences of sexual assault - adults aged 18+ years	99
7.8 Summary and relation to existing literature	101
8 Mental health and suicidality	103
8.1 Psychological distress (K10)	103
8.2 Suicidal ideation and attempts	110
8.3 Support for those in distress – young people aged 14-21 years	125
8.4 Most recent experience accessing professional support services regarding suicide or self-harm – young people aged 14-21 years	126
8.5 Preferences for accessing professional suicide or self-harm support services – young people aged 14-21 years	127
8.6 Summary and relation to existing literature	128
9 Community connection	131
9.1 Engagement with LGBTIQ+ support groups or organisations – young people aged 14-21 years	131
9.2 Community belonging – adults aged 18+ years	131
9.3 Service accessibility – young people aged 14-21 years	133
9.4 Perceptions of community inclusion – young people aged 14-21 years	136
9.5 Summary and relation to existing literature	139

10 Intersections: multicultural background and disability	141
10.1 Measuring multicultural background among young people aged 14-21 years with disability	141
10.2 Measuring multicultural background among adults aged 18+ years with disability	141
10.3 Community belonging	142
10.4 Feelings of acceptance – adults aged 18+ years	143
10.5 Psychological distress (K10)	145
10.6 Experiences of discrimination, harassment and assault	146
10.7 Experiences of family violence – adults aged 18+ years	151
10.8 Suicidal ideation and suicide attempts	154
10.9 Unfair treatment as a result of ethnicity, cultural identity or heritage – adults aged 18+ years	156
10.10 Summary	157
11 Intersections: area of residence and disability	159
11.1 Community belonging	159
11.2 Feelings of acceptance – adults aged 18+ years	161
11.3 Psychological distress (K10)	164
11.4 Experiences of discrimination, harassment and assault	166
11.5 Experiences of family violence – adults aged 18+ years	170
11.6 Suicidal ideation and suicide attempts	171
11.7 Summary	175
12 Intersections: gender and disability	177
12.1 Community belonging	177
12.2 Feelings of acceptance – adults aged 18+ years	180
12.3 Psychological distress (K10)	183

12.4 Experiences of discrimination, harassment and assault	185
12.5 Experiences of family violence – adults aged 18+ years	189
12.6 Suicidal ideation and suicide attempts	190
12.7 Summary	195
13 Intersections: sexual orientation and disability	197
13.1 Community belonging	197
13.2 Feelings of acceptance – adults aged 18+ years	200
13.3 Psychological distress (K10)	204
13.4 Experiences of discrimination, harassment and assault	208
13.5 Experiences of family violence – adults aged 18+ years	213
13.6 Suicidal ideation and suicide attempts	215
13.7 Summary	222
14 Summary and recommendations	223
14.1 Findings of significant concern	223
14.2 Recommendations for structural and policy-level intervention	224
14.3 Recommendations for service-level intervention	225
14.4 Recommendations for community-level intervention	226
14.5 Recommendations for future research	227
References	231

List of tables

Table 1: Disability or long-term health condition among young people with disability aged 14-21 years (n = 2500).	19
Table 2: Disability or long-term health condition among adults aged 18+ years as categorised by the Disability Flag (n = 2629)	21
Table 3: Disability or long-term health condition among young people with disability aged 14-21 years, grouped by disability (n = 2500)	25
Table 4: Disability or long-term health condition among adults aged 18+ years, grouped by Disability Flag category (n = 6533).	26
Table 5: Distribution by state and territory of young people with disability aged 14-21 years (n = 2500).	27
Table 6: Distribution by state and territory of adults with disability aged 18+ years (n = 2628).	28
Table 7: Distribution by age of young people with disability (n = 2500).	28
Table 8: Distribution by age of adults with disability (n = 2629).	29
Table 9: Area of residence among young people with disability aged 14-21 years (n = 2498)	29
Table 10: Area of residence among adults with disability aged 18+ years (n = 2498)	30
Table 11: Gender of young people with disability aged 14-21 years (n = 2406)	31
Table 12: Gender of adults with disability aged 18+ years (n = 2600).	31
Table 13: Sexual orientation of young people with disability aged 14-21 years (n = 2497)	32
Table 14: Sexual orientation of adults with disability aged 18+ years (n = 2621)	32
Table 15: Cultural background of young people with disability aged 14-21 years (n = 2407)	36
Table 16: Cultural background of adults with disability aged 18+ years (n = 2269)	37
Table 17: Religious or spiritual identity among young people with disability aged 14-21 years (n = 2491).	38

Table 18: Religious or spiritual identity among adults with disability aged 18+ years (n = 2618)	39
Table 19: Educational institution attended in past 12 months by young people with disability aged 14-21 years (n = 2500)	40
Table 20: Highest educational qualification of adults with disability aged 18+ years (n = 2628)	41
Table 21: Employment status in past 12 months of young people with disability aged 14-21 years (n = 2498)	41
Table 22: Current employment status of adults with disability aged 18+ years (n = 2622)	42
Table 23: Total weekly income before tax of all wages/salaries, government benefits, pensions, allowances and other income among adults with disability aged 18+ years (n = 2604)	43
Table 24: Current housing situation of young people with disability aged 14-21 years (n = 2625)	43
Table 25: Current housing situation of adults with disability aged 18+ years (n = 2624)	44
Table 26: Household members of young people with disability aged 14-21 years (n = 2497)	45
Table 27: Household members of adults with disability aged 18+ years (n = 2331)	46
Tables 28.1-28.6: Proportion of young people with disability aged 14-21 years who feel supported about their sexuality, gender identity or gender expression	49
Tables 29.1-29.6: Proportion of young people aged 14-21 years who feel supported about their sexuality or gender identity, grouped by disability	50
Table 30: Proportion of adults with disability aged 18+ years who currently feel accepted 'a lot' or 'always' in the following situations	53
Tables 31.1-31.4: Proportion of adults with disability aged 18+ years who currently feel accepted 'a lot' or 'always', grouped by Disability Flag category	54

Tables 32.1-32.4: Proportion of young people with disability aged 14-21 years who reported feeling unsafe or uncomfortable in their educational setting due to their sexuality or gender identity in the past 12 months	57
Tables 33.1-33.7: Proportion of young people aged 14-21 years who reported feeling unsafe or uncomfortable in their educational setting due to their sexuality or gender identity in the past 12 months, grouped by disability	58
Table 34.1-35.4: Perceived safety when engaging in LGBTIQ+ affirming practices among young people with disability aged 14-21 years	60
Tables 35.1-35.4: Perceived safety engaging in gender affirming acts in educational settings among young people with disability aged 14-21 years.	61
Table 37.1-37.7: Any missed days due to feeling unsafe or uncomfortable at their educational setting in the past 12 months among young people aged 14-21 years, grouped by disability	63
Tables 38.1-38.7: Experiences of verbal, physical and sexual harassment or assault based on sexual orientation or gender identity in the past 12 months among young people aged 14-21 years, grouped by disability	68
Tables 39.1-39.7 Ever experienced verbal, physical or sexual harassment or assault based on sexual orientation or gender identity among young people aged 14-21 years, grouped by disability	71
Tables 40.1-40.3: Experiences of verbal, physical and sexual harassment or assault based on sexuality or gender identity in the past 12 months by setting among young people with disability aged 14-21 years	74
Table 41: Perpetrators of harassment or assault in education settings among young people with disability aged 14-21 years (n = 942)	76
Table 42: Perpetrators of harassment or assault at work among young people with disability aged 14-21 years (n = 140).	77
Table 43: Perpetrators of harassment or assault in the home among young people with disability aged 14-21 years (n = 563)	78
Table 44: Perpetrators of harassment or assault in sporting contexts among young people with disability aged 14-21 years (n = 60)	78
Table 45: Received any help or support in dealing with harassment or assault based on sexuality or gender identity in the past 12 months among young people with disability aged 14-21 years (n = 1344)	79

Tables 46.1-46.4: Extent to which you feel you have been unfairly treated due to sexual orientation (n = 6320) and gender identity (n = 1539) among adults with disability aged 18+ years.	81
Table 47: Experiences of violence and harassment due to sexual orientation or gender identity in the past 12 months among adults with disability aged 18+ years.	82
Table 48.1-48.4: Experiences of violence and harassment due to sexual orientation or gender identity in the past 12 months among adults aged 18+ years, grouped by Disability Flag category	83
Tables 49.1-49.3: Treated unfairly by others in the past 12 months due to a disability or long-term health condition among adults with disability aged 18+ years, grouped by Disability Flag category (n = 2609).	86
Tables 50.1-50.4: Proportion of adults aged 18+ years ever experiencing violence from an intimate partner or family member, grouped by Disability Flag category (n = 5853).	90
Tables 51.1-51.4: Proportion of adults aged 18+ years ever experiencing, verbal, physical and sexual violence from an intimate partner, grouped by Disability Flag category (n = 5853).	93
Tables 52.1-52.4: Proportion of adults aged 18+ years ever experiencing verbal, physical and sexual violence from a family member, grouped by Disability Flag category (n = 5918)	94
Table 53: Gender of the intimate partner who perpetrated the violence among adults with disability aged 18+ years (n = 1696)	96
Table 54: Gender of the family member who perpetrated the violence among adults with disability aged 18+ years (n = 1922)	96
Table 55: Service or person to which intimate partner or family violence was reported the most recent time it occurred and proportion reporting feeling supported, among adults with disability aged 18+ years (n = 2139)	97
Tables 56.1-56.4 Proportion of adults aged 18+ years experiencing sexual assault in the past 12 months and ever, grouped by Disability Flag category (n = 6518)	99
Table 57: Relation of sexual assault perpetrator to participants among adults with disability aged 18+ years (n = 1629)	100
Table 58: Proportion of young people with disability aged 14-21 years who were experiencing psychological distress (n = 2486)	103

Table 59: Proportion of adults with disability aged 18+ years who were experiencing psychological distress (n = 2569)	104
Tables 60.1-60.7: Proportion of young people aged 14-21 years experiencing psychological distress, grouped by disability (n = 5737)	104
Tables 61.1-61.4 Proportion of adults aged 18+ years experiencing psychological distress, grouped by Disability Flag category (n = 6385)	106
Tables 62.1-62.6 Psychological distress according to experiences of harassment or assault among young people with disability aged 14-21 years	107
Tables 63.1-63.6: Psychological distress according to experiences of harassment and assault among adults with disability aged 18+ years	108
Tables 64.1-64.2: Proportion of young people with disability aged 14-21 years experiencing suicidal ideation or suicide attempt in the past 12 months or ever	110
Tables 65.1-65.4 Proportion of participants with disability and the general population experiencing suicidal ideation or suicide attempt among young people aged 16-17 years	111
Table 65.1 Writing Themselves In 4 participants with disability aged 16-17 years, Suicidal ideation	111
Table 65.2 Writing Themselves In 4 participants with disability aged 16-17 years, Suicide attempt.	111
Table 65.3 General Australian population aged 16-17 years, Suicidal ideation	112
Table 65.4 General Australian population aged 16-17 years, Suicide attempt	112
Tables 66.1-66.4: Proportion of participants with disability and the general population experiencing suicidal ideation or suicide attempt among adults aged 18+ years	112
Tables 67.1-67.7: Suicidal ideation in the past 12 months and ever among young people aged 14-21 years, grouped by disability (n = 5721)	114
Tables 68.1-68.4: Suicidal ideation in the past 12 months and ever among adults aged 18+ years, grouped by Disability Flag category (n = 6499)	116
Table 69.1-69.7: Suicide attempt in the past 12 months and ever among young people aged 14-21 years, grouped by disability (n = 5630)	117

Tables 70.1-70.4: Suicide attempt in the past 12 months and ever among adults aged 18+ years, grouped by Disability Flag category – (n = 5043)	119
Tables 71.1-71.6: Suicidal ideation in the past 12 months according to experiences of harassment or assault among young people with disability aged 14-21 years	120
Tables 72.1-72.6: Suicidal ideation in the past 12 months according to experiences of harassment or abuse among adults with disability aged 18+ years	121
Tables 73.1-73.6: Suicide attempts in the past 12 months according to experiences of harassment or assault among young people with disability aged 14-21 years	123
Tables 74.1-74.6: Suicide attempts in the past 12 months according to experiences of harassment or abuse among adults with disability aged 18+ years	124
Table 75: Ever accessed professional suicide or self-harm support services among young people with disability who reported ever experiencing suicidal ideation, planning, attempts or self-harm (n = 2307)	125
Table 76: Professional suicide or self-harm support service most recently accessed (n = 1579)	126
Table 77: Professional suicide or self-harm support service and whether the situation was made better or much better (n = 1579)	127
Table 78: Participant preferences for future access to professional suicide or self-harm support services (n = 2497).	128
Table 79: Proportion of participants attending an LGBTIQ+ event in the past 12 months among young people aged 14-21 years with disability (n = 2441)	131
Tables 80.1-80.4: You feel you're part of Australia's LGBTIQ community among adults aged 18+ years, grouped by Disability Flag category (n = 6,524)	132
Tables 81.1-81.6: Accessibility of educational settings, workplaces, LGBTIQ+ venues or LGBTIQ+ services among young people with disability aged 14-21 years	133
Tables 82.1-82.6: Perception of inclusion within LGBTIQ+ communities among young people with disability aged 14-21 years	137

Tables 83.1-83.2: You feel you're part of Australia's LGBTIQ community among adults with disability aged 18+ years, grouped by cultural background (n = 2269)	142
Tables 84.1-84.2: Attended an LGBTIQ+ youth event in the past 12 months among young people with disability aged 14-21 years, grouped by cultural background (n = 2295)	143
Tables 85.1-85.2: Proportion of adults with disability aged 18+ years who currently feel accepted 'a lot' or 'always', grouped by cultural background	143
Tables 86.1-86.2: Psychological distress among young people with disability aged 14-21 years, grouped by cultural background (n = 2334).	145
Tables 87.1-87.2: Psychological distress among adults with disability aged 18+ years, grouped by cultural background (n = 2269).	146
Tables 88.1-88.2: Experiences of verbal (n = 2272), physical (n = 2019) or sexual harassment or assault (n = 2089) in the past 12 months relating to sexuality or gender identity among young people with disability aged 14-21 years, grouped by cultural background	147
Tables 89.1-89.2: Received any help or support in dealing with harassment or assault based on sexuality or gender identity in the past 12 months among young people with disability aged 14-21 years (n = 1344), grouped by cultural background	148
Tables 90.1-90.2: Experiences of harassment, assault and social exclusion due to sexual orientation or gender identity in the past 12 months among adults with disability aged 18+ years, grouped by cultural background	149
Tables 91.1-91.2: Ever experienced violence from an intimate partner (n = 2101) or family member (n = 2128) among adults with disability aged 18+ years, grouped by cultural background	151
Tables 92.1-92.2: Service or person to which intimate partner or family violence was reported the most recent time it occurred and proportion reporting feeling supported, among adults with disability aged 18+ years (n = 2139), grouped by cultural background	151
Tables 93.1-93.2: Suicidal ideation among young people with disability aged 14-21 years, grouped by cultural background (n = 2337).	154
Tables 94.1-94.2: Suicidal ideation among adults with disability aged 18+ years, grouped by cultural background (n = 2268).	154

Tables 95.1-95.2: Suicide attempt among young people with disability aged 14-21 years, grouped by cultural background (n = 2317).	155
Tables 96.1-96.2: Suicide attempt among adults with disability aged 18+ years, grouped by cultural background (n = 1910).	156
Tables 97.1-97.2: Treated unfairly by others due to ethnicity, cultural identity or heritage in the past 12 months among adults with disability aged 18+ years, grouped by cultural background (n = 1935)	156
Tables 98.1-98.4: You feel you're part of Australia's LGBTIQ community among adults with disability aged 18+ years, grouped by area of residence (n = 2602)	159
Tables 99.1-99.4: Attended an LGBTIQ+ youth event in the past 12 months among young people with disability aged 14-21 years, grouped by area of residence (n = 2439)	160
Tables 100.1-100.4: Proportion of adults with disability aged 18+ years who currently feel accepted 'a lot' or 'always', grouped by area of residence	161
Tables 101.1-101.4: Psychological distress among young people with disability aged 14-21 years, grouped by area of residence (n = 2484)	164
Tables 102.1-102.4: Psychological distress among adults with disability aged 18+ years, grouped by area of residence (n = 2547)	165
Tables 103.1-103.4: Experiences of verbal (n = 2414), physical (n = 2144) and sexual (n = 2218) harassment or assault in past 12 months relating to sexuality or gender identity among young people with disability aged 14-21 years, grouped by area of residence.	166
Tables 104.1-104.4: Experiences of harassment, assault and social exclusion due to sexual orientation or gender identity in the past 12 months among adults with disability aged 18+ years, grouped by area of residence	168
Tables 105.1-105.4: Ever experienced violence from an intimate partner (n = 2394) or family member (n = 2437) among adults with disability aged 18+ years, grouped by area of residence	170
Tables 106.1-106.4: Suicidal ideation among young people with disability aged 14-21 years, grouped by area of residence (n = 2337)	171
Tables 107.1-107.4: Suicidal ideation among adults with disability aged 18+ years, grouped by area of residence (n = 2596)	172

Tables 108.1-108.4: Suicide attempt among young people with disability aged 14-21 years, grouped by area of residence (n = 2317)	173
Tables 109.1-109.4: Suicide attempt among adults with disability aged 18+ years, grouped by area of residence (n = 2170)	174
Tables 110.1-110.5: You feel you're part of Australia's LGBTIQ community among adults with disability aged 18+ years, grouped by gender (n = 2596)	178
Tables 111.1-111.5: Attended an LGBTIQ+ youth event in the past 12 months among young people with disability aged 14-21 years, grouped by gender (n = 2347)	179
Tables 112.1-112.5: Proportion of adults with disability aged 18+ years who currently feel accepted 'a lot' or 'always', grouped by gender	180
Tables 113.1-113.5: Psychological distress among young people with disability aged 14-21 years, grouped by gender (n = 2392)	183
Tables 114.1-114.5: Psychological distress among adults with disability aged 18+ years, grouped by gender (n = 2542)	184
Table 115.1-115.5: Experiences of verbal (n = 2325), physical (n = 2066) or sexual (n = 2139) harassment or assault relating to sexuality or gender identity among young people with disability aged 14-21 years, grouped by gender.	186
Tables 116.1-116.5: Experiences of harassment, assault and social exclusion due to sexual orientation or gender identity in the past 12 months among adults with disability aged 18+ years, grouped by gender.	187
Tables 117.1-117.5: Ever experienced violence from an intimate partner (n = 2594) or family member (n = 2594) among adults with disability aged 18+ years, grouped by gender	189
Tables 118.1-118.5: Suicidal ideation among young people with disability aged 14-21 years, grouped by gender (n = 2394)	190
Tables 119.1-119.5: Suicidal ideation among adults with disability aged 18+ years, grouped by gender (n = 2590)	191
Tables 120.1-120.5: Suicide attempt among young people with disability aged 14-21 years, grouped by gender (n = 2373)	192
Tables 121.1-121.5: Suicide attempt among adults with disability aged 18+ years, grouped by gender (n = 2163)	194

Tables 122.1-122.7: You feel you're part of Australia's LGBTIQ community among adults with disability aged 18+ years, grouped by sexual orientation (n = 2617)	197
Tables 123.1-123.7: Attended an LGBTIQ+ youth event in the past 12 months among young people with disability aged 14-21 years, grouped by sexual orientation (n = 2439)	199
Tables 124.1-124.7: Proportion of adults with disability aged 18+ years who currently feel accepted 'a lot' or 'always', grouped by sexual orientation	200
Tables 125.1-125.7: Psychological distress among young people with disability aged 14-21 years, grouped by sexual orientation (n = 2483)	204
Tables 126.1-126.7: Psychological distress among people with disability aged 18+ years, grouped by sexual orientation (n = 2563)	206
Tables 127.1-127.7: Experiences of verbal (n = 2413), physical (n = 2142) or sexual (n = 2216) harassment or assault relating to sexuality or gender identity among young people with disability aged 14-21 years, grouped by sexual orientation	208
Tables 128.1-128.7: Experiences of harassment, assault and social exclusion due to sexual orientation or gender identity in the past 12 months among adults with disability aged 18+ years, grouped by sexual orientation	210
Tables 129.1-129.7: Ever experienced violence from an intimate partner (n = 2409) or family member (n = 2452) among adults with disability aged 18+ years, grouped by sexual orientation	213
Tables 130.1-130.7: Suicidal ideation among young people with disability aged 14-21 years, grouped by sexual orientation (n = 2485)	215
Tables 131.1-131.7: Suicidal ideation among adults with disability aged 18+ years, grouped by sexual orientation (n = 2611)	216
Tables 132.1-132.7: Suicide attempts among young people with disability aged 14-21 years, grouped by sexual orientation (n = 2463)	218
Tables 133.1-133.7: Suicide attempts among adults with disability aged 18+ years, grouped by sexual orientation (n = 2183)	220

List of figures

Figure 1: Intersections of gender identity and disability among young people aged 14-21 years.	34
Figure 2: Intersections of gender and disability among adults aged 18+ years	35
Figure 3: Proportion of young people with disability aged 14-21 years disclosing their sexual orientation or gender identity to different groups of people	48
Figure 4: Experiences of verbal, physical and sexual harassment or assault based on sexual orientation or gender identity among young people with disability aged 14-21 years	68
Figure 5: Proportion of adults with disability aged 18+ years ever experiencing violence from an intimate partner (n = 2416) or family member (n = 2458)	92

Executive summary

Background and context

This report was compiled to inform the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. It presents data on the experiences of lesbian, gay, bisexual, trans and gender diverse, queer and asexual (LGBTQA+) people with disability in Australia. These data are from two large national online surveys, *Writing Themselves In 4*(1) and *Private Lives 3*(2), which were conducted in 2019. *Writing Themselves In 4* focused on young people aged 14-21 years and *Private Lives 3* focused on adults aged 18 years and older.

In this report, as well as the surveys from which the data described in the report are drawn, we attend to the principle of intersectionality. Living with disability is only one aspect of life and the experiences and needs of people with disability can also be shaped by a variety of other identities or characteristics that they may hold (for example, gender, sexual orientation, ethnic or cultural background, migration history, faith etc.). Intersectionality is a means of recognising how these can overlap or interconnect and, in some instances, contribute to complex forms of discrimination or disadvantage. For example, research indicates that people with disability are often subject to an experience of ableism; attitudes that centre the non-disabled experience as ‘the norm’, discrimination in favour of non-disabled people and a limiting of equity in access or failure to acknowledge, or facilitate, the unique and valuable contributions that can be made by people with disability.(3) Such ableism can be overt, subtle, internal or externalised. It is, however, also the case that people with disability who identify as part of LGBTIQ communities can be subject to discrimination and violence that is driven by heteronormativity(4) or cisnormativity(5); which can facilitate a stigmatising environment for those who are LGBTIQ. As the report seeks to examine the complexity experiences of violence, abuse, neglect and exploitation of LGBTQA+ people with disability, readers of this report should acknowledge how these social and cultural drivers of violence are understood differently within violence prevention, LGBTIQ affirming, or disability discourses and consider how they may have collectively shaped the findings described below and in the chapters of the report.

Methodology

This report presents results from a secondary analysis of *Writing Themselves In 4* and *Private Lives 3*. These surveys focused on a broad LGBTQA+ population and covered a wide range of topics related to health and wellbeing, with some survey questions also asking about disability as well as experiences and challenges related to violence, harassment and abuse. Results from the secondary analysis therefore focused primarily on these and other questions that were relevant to this topic. For further details of the methodology of the original surveys, please see the *Writing Themselves In 4* (1) and *Private Lives 3* (2) national reports.

About the participants

- In total, 6418 participants completed the *Writing Themselves In 4* survey and 6835 completed the *Private Lives 3* survey. Of these samples, there were 2500 **young people** aged 14-21 years who reported a disability in *Writing Themselves In 4* and 2629 **adults** aged 18+ years who reported a disability in *Private Lives 3*.
- Participants with disability were from all states and territories and from across urban, regional and rural areas.
- The mean age of **young people** with disability in *Writing Themselves In 4* was 17.6 years with ages ranging from 14 to 21 years. The mean age of **adults** with disability in *Private Lives 3* was 32.9 years with ages ranging from 18 to 85 years.
- In *Writing Themselves In 4*, participants were categorised by the following disability groupings informed by the *Writing Themselves In 4* Disability Advisory Group. Among **young people** with disability, approximately one-third (34.6%) reported autism/neurodiversity, 16.9% physical disability, 16.8% sensory disability and 13.9% intellectual disability.
- In *Private Lives 3*, participants were categorised according to the classifications provided by the Australian Institute of Health and Welfare's *Standardised Disability Flag Module* (hereafter the 'Disability Flag'). In total, almost two-fifths (38.5%) of **adults** aged 18+ years reported experiences categorised by the Disability Flag as having disability. According to the Disability Flag categories, one-tenth (11.8%) reported severe disability, 20.4% moderate disability and 6.4% mild disability.

Note. The Disability Flag is based on the International Classification of Functioning, Disability and Health, a classification of health domains put forward by the World Health Organisation. It is intended for use across a wide range of sectors, enabling nationally consistent collection of information used to identify people with disabilities or long-term health conditions who experience difficulties or need assistance in various areas of their life. However, the categorisation that arises from using the tool may not reflect how people with disability would describe their own disability in their own words. As such, it may not accurately reflect or correspond with how structural and systemic barriers influence, impact or cause some of the limitations and restrictions reported by people with disabilities or long-term health conditions through the Disability Flag. For further discussion of this point, see Chapter 2.

Disclosure, support and acceptance

- Among **young people** with disability, relatively small proportions had fully disclosed their sexual orientation or gender identity to people in their lives. Overall, 31.1% had disclosed to most or all of their family¹ and 70.7% to most or all of their friends. Of those who disclosed to family or friends, 56.7% felt that their families were supportive and 89.8% said that their friends were supportive.
- Among **adults** with disability, 59.5% felt accepted at an LGBTIQ event or venue. Less than half felt accepted in a range of other settings, including 45.9% at work, 46.2% at an education institution, 43.2% with family members and 34.5% when accessing a health or support service.

Safety in educational settings

- Of the **young people** with disability who were involved in education, 56.7% reported feeling unsafe or uncomfortable in their educational setting (secondary school, TAFE or university) due to their sexuality or gender identity. This compared to 45.1% of those without disability. Young people who reported autism/neurodiversity with intellectual disability felt the least safe or comfortable, with 67.9% feeling this way.
- Feeling unsafe or uncomfortable was more common at secondary school than TAFE or university. Overall, of the **young people** with disability, 50.9% of those at secondary school, 41.0% of those at TAFE and 26.6% of those at university missed at least one day at their educational setting in the past 12 months due to feeling unsafe or uncomfortable. Across educational settings, 25.4% of those without disability reported missing at least one day due to feeling unsafe or uncomfortable.

Experiences of harassment, abuse and discrimination

- More than half, or 52.7%, of the **young people** with disability reported experiencing verbal harassment due to their sexuality or gender identity in the past 12 months. This compared to 34.7% of the young people without disability.
- Likewise, 15.0% of the **young people** with disability reported physical harassment due to their sexuality or gender identity in the past 12 month compared to 7.5% of those without disability.

1. Within this report we use the term 'family' to denote a family of origin (i.e., the family with whom the individual was raised). This is distinct from 'families of choice', which can include friends and significant others who can form a family unit. Families of choice may be more likely to exist within LGBTIQ communities due to experiences of stigma or rejection by families of origin.

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- Almost one-third, or 31.7%, of the **young people** with disability reported sexual harassment or assault compared to 18.5% of those without disability.
 - Among **adults** with disability, 34.8% of participants categorised by the Disability Flag with mild disability, 41.6% of those categorised with moderate disability and 58.1% of those categorised with severe disability reported experiencing verbal abuse due to their sexual orientation or gender in the past 12 months. This compared to 31.7% of those without disability.
 - Among **adults**, 26.2% of participants categorised by the Disability Flag with mild disability, 29.0% of those categorised with moderate disability and 36.1% of those categorised with severe disability reported experiencing harassment due to their sexual orientation or gender in the past 12 months. This compared to 18.7% of those without disability.
 - Overall, 14.0% of the **adults** categorised by the Disability Flag with mild disability, 15.8% of those categorised with moderate disability and 22.2% of those categorised with severe disability reported experiencing sexual harassment or assault in the past 12 months. This compared to 7.8% of those without disability.

Family violence

- Participants in *Private Lives 3* were asked about experiences of violence or abuse from an intimate partner. Overall, 67.3% of the **adults** categorised by the Disability Flag with mild disability, 69.3% of those categorised with moderate disability and 73.0% of those categorised with severe disability reported ever experiencing violence from an intimate partner. This compared to 54.6% of those without disability.
- Reports of violence from a family member were similarly high among **adults** with disability. Overall, 69.1% of the adults categorised by the Disability Flag with mild disability, 78.4% of those categorised with moderate disability and 81.4% of those categorised with severe disability reported having ever experienced violence from a family member. This compared to 55.6% of those without disability.
- More than two-thirds, or 67.5%, of the **adults** with disability who had experienced violence from an intimate partner or family member did not report their most recent experience of violence to a professional service.
- Regarding sexual harassment or assault, 6.9% of the **adults** categorised by the Disability Flag with mild disability, 11.2% of those categorised with moderate disability and 16.1% of those categorised with severe disability reported having experienced sexual harassment or assault in the past 12 months. This compared to 6.7% of those without disability.
- The experience of family violence was more common among non-binary people (85.4%), trans men (83.6%) and trans women (77.7%) as compared to cisgender women (76.5%) or cisgender men (70.2%).
- Violence experienced from an intimate partner was broadly similar regardless of gender identity, ranging from 66.9% among trans women to 75.2% among non-binary participants.

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- Participants with disability from multicultural backgrounds were more likely than those from Anglo-Celtic backgrounds to report experiencing violence from a family member (81.3% versus 75.5%).

Mental health and suicidality

- Among the **young people** with disability, 90.9% reported high or very high levels of psychological distress in the past 4 weeks. This compared to 70.6% of those without disability.
- Among the **adults** with disability, 64.4% of those categorised by the Disability Flag with mild disability, 77.1% of those categorised with moderate disability and 86.8% of those categorised with severe disability reported high or very high levels of psychological distress in the past 4 weeks. This compared to 41.7% of those without disability.
- Almost 1 in 6, or 15.0%, of the **young people** with disability reported attempting suicide in the past 12 months and 39.8% reported attempting suicide at some stage during their lives. This compared to 6.0% of those without disability who reported attempting suicide in the past 12 months and 15.7% at some stage in their lives.
- Of the **adults** with disability, 5.0% of those categorised by the Disability Flag with mild disability, 7.0% of those categorised with moderate disability and 12.4% of those categorised with severe disability reported attempting suicide in the past 12 months. This compared to 2.6% of those without disability.
- A greater proportion of **young people** and **adults** who experienced abuse or harassment in the past 12 months reported attempting suicide in the past 12 months compared to those who did not experience abuse or harassment.
- There was variation in the experience of suicidality according to where participants were living with 53.4% of LGBTQA+ adults in rural areas reporting suicide attempts at some point in their lives compared to 40.7% of those living in inner suburbs, 44.6% of those in outer suburbs and 43.1% of those in regional towns and cities.

Community connection

- More than half, or 57.3%, of **young people** with disability felt included within the LGBTIQA+ community. A smaller proportion, or 27.2%, reported that they felt like the voices of LGBTIQA+ people with disability are heard and understood and 21.5% felt that their LGBTIQA+ identity is supported by the NDIS or disability support services.
- Of the **adults** with disability, a majority felt part of LGBTIQ communities, including 57.5% of those categorised by the Disability Flag with mild disability, 53.9% of those categorised with moderate disability and 54.5% of those categorised with severe disability. A similar proportion, or 57.7%, of people without disability felt this way.

Multicultural background and disability

- Among **young people** with disability, 51.6% of participants from multicultural backgrounds reported experiencing verbal harassment, 14.2% physical harassment and 32.0% sexual harassment or assault in the past 12 months. This was higher than those from an Anglo-Celtic background, for whom 44.5% reported verbal, 9.7% physical and 27.0% reported sexual harassment or assault in the past 12 months.
- Among **adults** with disability, 56.7% of participants from multicultural backgrounds reported experiencing social exclusion, 45.4% reported verbal abuse, 35.0% reported harassment and 19.9% reported sexual assault in the past 12 months. This was higher than those from an Anglo-Celtic background, for whom 46.2% reported social exclusion, 40.3% reported verbal abuse, 28.2% reported harassment and 15.3% reported sexual assault in the past 12 months.
- Of the **adults** with disability, 71.6% of participants from multicultural backgrounds reported ever experiencing violence from an intimate partner compared to 68.8% of those from an Anglo-Celtic background. In addition, 81.3% of participants from multicultural backgrounds reported ever experiencing violence from a family member compared to 75.5% of those from an Anglo-Celtic background.
- Of the **adults** with disability, 30.2% of participants from multicultural backgrounds reported feeling treated unfairly by others due to their cultural heritage or background compared to 8.1% of those from an Anglo-Celtic background.

Area of residence and disability

- Among **young people** with disability, participants in a rural or remote area had the highest proportions who experienced verbal or physical abuse in the past 12 months, with 55.8% for verbal abuse and 18.8% for physical abuse. Participants in an inner suburban area had the highest proportion who experienced sexual assault at 41.1%.
- Among **adults** with disability, participants in a rural or remote area had the highest proportion, at 56.4%, who felt socially excluded in the past 12 months. They also had the highest proportion, at 26.4%, who had experienced sexual assault in the past 12 months.
- Most of the **adults** with disability across residential areas had experienced some form of family violence in their lifetime. Participants in a rural or remote area had the highest proportion, at 81.6%, who had ever experienced violence from an intimate partner. Participants in a regional town or city had the highest proportion, at 80.2%, who had ever experienced violence from a family member, closely followed by 79.6% of those in an outer suburban area.

Gender and disability

- Adverse health and social experiences were elevated among people with disability across the spectrum of all genders. However, it was often the case that trans or gender diverse people fared worse than was the case for cisgender people.
- Among **young people** with disability, trans men were the most likely to report, verbal harassment based on their sexual orientation or gender identity in the past 12 months (72.5%). Trans women had the highest proportion, at 21.1%, who experienced physical harassment based on their sexual orientation or gender identity in the past 12 months, closely followed by 18.9% of trans men and 18.4% of cisgender men. Trans women also had the highest proportion, at 55.0%, who experienced sexual harassment or assault based on their sexual orientation or gender identity in the past 12 months.
- Among **adults** with disability, 62.8%, non-binary participants felt socially excluded based on their sexual orientation or gender identity in the past 12 months, closely followed by 61.6% of trans men and 60.9% of trans women. Trans women had the highest proportion, at 66.4%, who experienced verbal abuse based on their sexual orientation or gender identity in the past 12 months and also the highest proportion, at 44.5%, who experienced harassment in the past 12 months. Just over one-fifth, or 21.1%, of non-binary people had experienced sexual harassment or assault based on their sexual orientation or gender identity in the past 12 months.
- Among **adults** with disability, non-binary people had the highest proportion, at 75.2%, who had ever experienced violence from an intimate partner. Non-binary people also had the highest proportion, at 85.4%, who had ever experienced violence from a family member, closely followed by 83.6% of trans men.

Sexual orientation and disability

- Among **young people** with disability, and compared to other sexual orientations, participants who identified as gay had the highest proportion, at 57.1%, of those who had experienced verbal harassment in the past 12 months. This was closely followed by 56.5% of queer identifying participants. Those who identified as gay also had the highest proportion, at 18.7%, who had experienced physical harassment in the past 12 months, closely followed by 16.1% of pansexual identifying participants. More than one-third, or 33.8%, of lesbian identifying participants experienced sexual harassment or assault in the past 12 months, closely followed by 33.3% of queer identifying participants.
- Among **adults** with disability, 60.5% of non-binary participants felt socially excluded in the past 12 months. Participants who identified as pansexual had the highest proportion, at 51.7%, who had experienced verbal abuse, closely followed by 50.5% of queer identifying participants. Queer identifying participants also had the highest proportion, at 38.7%, of those who experienced harassment in the past 12 months. More than 1 in 5, or 22.5%, of participants who identified as pansexual reported having been sexually assaulted in the past 12 months, closely followed by 21.2% of bisexual identifying participants.

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- Of the **adults** with disability, pansexual identifying participants had the highest proportion, at 76.8%, who had ever experienced violence from an intimate partner, closely followed by 75.6% of queer identifying participants. Queer identifying participants had the highest proportion, at 85.1%, who had ever experienced violence from a family member, closely followed by 83.2% of pansexual identifying participants.

Summary and recommendations

Findings from analyses presented in this report are concerning. LGBTQA+ people in Australia have consistently reported higher levels of violence, harassment and abuse and poorer physical and mental health than the general population, as shown in the *Writing Themselves In* 4(1) and *Private Lives* 3(2) national reports. In turn, LGBTQA+ people with disability reported substantially greater challenges and poorer outcomes than LGBTQA+ people without disability, including experiences of violence, abuse and neglect. In many instances, large majorities of both young people and adults with disability reported these challenges. Experiences of abuse were also reported in relation to service systems, in intimate relationships and families. Adults categorised with more severe disabilities appear to be at even higher risk of abuse and a host of negative outcomes. It was also often the case that young people with both intellectual disability and autism/neurodiversity had poorer outcomes. In some instances, those with intellectual disability with or without autism/neurodiversity also had particularly poorer outcomes, such as verbal, physical and sexual harassment or assault. The impact of this in the lives of LGBTQA+ people with disability is significant and may be reflected in the high numbers reporting suicidal ideation and suicide attempts, higher than those without disability.

While these experiences were high among all subpopulations, findings revealed in this report point to priority populations and key issues that require specific initiatives for LGBTQA+ people with disability in Australia. Particularly concerning experiences include:

- High rates of suicidal ideation and suicide attempts, particularly among young people aged 14-21 years, people with intellectual disability and trans and gender diverse people with disability.
- High rates of harassment, abuse and neglect based on sexual orientation and/or gender identity, particularly at home among young people aged 14-21 years.
- High levels of family violence, including from parents, and low levels of reporting or satisfaction with support from services.
- Low levels of support from disability support services and the NDIS regarding LGBTIQ people and their needs.

In light of the concerning findings detailed in this report, we recommend:

Recommendations for structural and policy-level intervention

- **Inclusion of LGBTQA+ people with disability in key strategic policy frameworks.** Across Australia the relevant disability legislation and regulatory standards for service or education settings which seek to address and prevent violence, abuse, neglect and exploitation of people with disability rarely include any explicit reference to LGBTQA+ people within this group, and very few states and territories have regulatory standards or policy frameworks like these for LGBTQA+ people, leaving this group uniquely vulnerable. Inclusion of people with a disability and LGBTQA+ people should be required in all government health and wellbeing policy frameworks and regulatory standards as overlapping key priority populations, with specific and explicit regulatory and practice standard requirements to provide safe and inclusive environments for LGBTQA+ people with disability.
- **Disability sector-level capacity building to ensure LGBTQA+ inclusion.** Capacity building strategies and resourcing are required to improve the disability support services sectors' capabilities for providing inclusive and culturally safe environments for LGBTQA+ people with disability. These need to be co-designed with lead government agencies, LGBTQA+ capacity building experts from these communities and LGBTQA+ people with disability and be underpinned by key standards and/or accreditation for inclusivity and cultural safety as well as transparency and accountability at every stage. While the findings detailed in this report do not speak to the needs of people with disability and with an intersex variation (due to an insufficient sample), it is crucial that the disability sector attend to the unique needs of this population as it develops more affirming practice.
- **Routine capture of LGBTQA+ related data in the disability sector.** Mandating the LGBTQA+ inclusive questions on gender, pronouns, sexuality, and intersex status is necessary across data gathering and reporting in the disability sector. This requires capacity building to ensure cultural competence in the staff gathering this information and systems and processes enabling cultural safety for the clients providing this information. This action should be required of all organisations and services, including those delivered by faith-based organisations.
- **Campaigns to target the social drivers of abuse and neglect.** There is a need for campaigns that seek to change the social drivers of discrimination and violence (ableism, heteronormativity and cisnormativity) at a whole of community level. These campaigns should be co-designed with LGBTQA+ people with a disability, and delivered in a range of contexts, including public spaces, schools, sporting and cultural clubs, workplaces, etc.

Recommendations for service-level intervention

- **Interorganisational and inter-sector skills sharing for action.** Recognising their intersecting expertise, we recommend that resources be made available for LGBTQA+ community-controlled organisations, national and community-controlled disability organisations and family and domestic violence organisations to work together to provide education, training and campaigns aimed at tackling violence, abuse, neglect or exploitation directed towards LGBTQA+ people with disability.

- This work could take the form of a nationally resourced and coordinated network that develops targeted actions within respective sectors to improve safe LGBTQA+-affirming services and includes a Community of Practice to share models of working.
- The work of such a network should include addressing violence, abuse, neglect or exploitation toward LGBTQA+ people with a disability that is motivated by the combination of social drivers relevant to the intersectional experiences of LGBTQA+ people and people with a disability. Initiatives should also include the experiences of LGBTQA+ people with additional intersecting experiences, such as those examined in this report, that further heighten their risk of experiencing harassment, violence and abuse.
- **LGBTQA-affirmative support training.** There is a need for disability support organisations to better understand and appropriately respond to the intersectional experiences of those with disability and LGBTQA+ identity and how these can shape unique experiences, challenges, and support needs. Such organisations should ensure all staff are trained to provide safe, LGBTQA+-affirming support to clients and service users. This should include facilitating inclusive and safe environments for learning about, discussing, and expressing or identifying their own sexuality, gender identity or intersex status which also supportively facilitate connections to LGBTQA+ communities and cultures with equal emphasis of importance to any other supports needed for people with disability to live fulfilling lives.
- **Key support for people with an intellectual disability.** Given the extent of harm evidenced in this report, there is particular need for evidence-based holistic sexuality and relationship education programs for people with intellectual disability that are affirming of LGBTQA+ identities. It is important that these projects are long-term, developed and delivered in co-design with LGBTQA+ people with intellectual disability and are accompanied by support and service environments that continue to support the needs of LGBTQA+ people with disability on an ongoing basis.
- **Meaningful involvement of people with disability at every level.** In line with principles of ‘nothing about us without us’, every opportunity should be taken to ensure LGBTQA+ people with disability are part of policy, service provision and community engagement interventions. This can include, but not be limited to: participation in lived experience advisory bodies; peer-support models; intervention co-design; or the provision of training to LGBTQA+ people with disability to become peer mentors, supporters, or skilled and employed professionals in family violence, mental health and suicide prevention so as to reduce, and mitigate, the abuse and neglect of people with disability.

Recommendations for community-level intervention

- **Best practice guidance and funded strategies to improve intersectional inclusion and cultural safety.** Experts in LGBTIQ+ inclusive practice and cultural safety, as well as experts in best-practice disability accessibility support frameworks, standards and quality safeguards, should be funded to collaborate on, and co-design with LGBTIQ+ people with disability, a range of resources, recommendations and guidelines to improve the holistic accessibility and safety of LGBTIQ+ people with disability in all service and community

settings where they currently experience ableist, heteronormative or cisnormative barriers to their equitable access. These should bring together key principles, frameworks and best-practice standards from each area to inform guidelines and capacity building strategies for application in disability service settings, LGBTQA+ communities and community venues, in schools and in the broader community. These may include, but not be limited to:

- Guidelines and grant funding programs for LGBTQA+ venues on improving accessibility for people with physical, sensory and intellectual disability.
- Easy English interpretations of LGBTQA+ community-controlled and peer support service's ephemera and campaigns.
- A disability service sector specific application tool and interpretation of accrediting evidence for the Rainbow Tick framework and accreditation standards.
- Campaigns and programs combatting and preventing bullying of LGBTQA+ young people with disability in mainstream and disability specialist schools.
- Guidelines and teaching tools for LGBTIQ inclusion within sexuality and relationship education curriculum and programs at disability specialist schools.
- Guidelines for facilitating peer and social support programs for Rainbow Families with children with disability.
- Training programs for Auslan interpreters on LGBTQA+ inclusion and cultural safety.
- Primary-prevention campaigns centring the voices of lived experience from LGBTQA+ people with disability targeting ableist attitudes in the LGBTQA+ communities as well as campaigns that target homophobia, biphobia and transphobia in disability communities.

Recommendations for future research

- **Funding of community participatory research** that specifically examines the life experiences of LGBTQA+ adults and young people with disability and is co-designed with participants and peer researchers to ensure that methodologies are in formats that work for them and can ensure participation of people with diverse disabilities. Further knowledge is needed of the specific contexts or circumstances that give rise to experiences of violence, abuse, neglect or exploitation, as well as ways in which these may vary depending on intersecting backgrounds within LGBTIQ populations such as cultural backgrounds or for First Nations peoples with disabilities.
 - This research should include, but not be limited to, the building of new knowledge regarding the types of perpetrators of violence and abuse, how instances of abuse are identified and addressed or go unaddressed, and experiences or barriers in accessing LGBTIQ affirming sexuality and relationship education and LGBTIQ affirming supports. Further qualitative research that can provide a more nuanced understanding of settings and services where LGBTQA+ people with disability feel included and supported in all aspects of their identity and experiences may also enable services to better meet their needs as well as prevent or mitigate the impact of violence, abuse, neglect and exploitation.

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- **Qualitative research.** While this report provides an overview of the nature and impact of violence, abuse, neglect or exploitation experienced by LGBTQA+ people with disability, qualitative research beyond that of survey groups is also necessary to gain a more nuanced understanding of the experiences of these populations. Additionally, LGBTQA+ people with intellectual, sensory or physical disability in particular face barriers to participate in many forms of research, but especially surveys, while qualitative research such as supported interviews would help to ensure their voices are heard. This research needs to be appropriately funded to be accessible in its data gathering methodology and its frameworks for empowering the involvement of self-advocate peer-researchers at every step.
 - **Research that reflects the experiences of people with an intersex variation.** As detailed in the methodology chapter, this report was unable to describe the experiences of people with disability who have an intersex variation. As further detailed in the *Writing Themselves In 4(1)* and *Private Lives 3(2)* national reports, many people with an intersex variation or variations are unlikely to identify as belonging to an LGBTQA+ population and therefore may not participate in research that is targeted to this broader group. It is therefore important to conduct studies that specifically focus on people with intersex variations to gain adequate and appropriate knowledge of the experiences of those with disability.
 - **Focussed research among First Nations LGBTQA+ people with disability.** In order to attain a holistic understanding of experiences of First Nations LGBTQA+ people with disability, specific, culturally situated research to explore their experiences relating to health, wellbeing, violence, abuse and neglect is required. This research should be led by First Nations researchers and organisations.
 - **Focussed research among trans and gender diverse people with disability.** Similarly, trans and gender diverse people report the highest rates of disability and some of the poorest health and wellbeing among LGBTQA+ people. In order to reflect their unique experiences, treatment and mistreatment, specific qualitative research and targeted interviews with trans and gender diverse people co-designed with trans and gender diverse people with disability will provide a greater understanding of their specific experiences relating to health, wellbeing, violence and neglect.
 - **Reform of the Standardised Disability Flag Module.** The visibility of people with disability, and the nature and quality of data that can be used to inform decision making, is crucial to mounting an effective response to violence, abuse and neglect of people with disability. The Disability Flag requires revision in ways that move towards social models of health and acknowledge the role of enabling (or disabling) environments, rather than placing emphasis solely on the person with disability.
 - **Periodic monitoring.** Ongoing funding is required to enable surveys that can track LGBTQA+ health and wellbeing over time and review of national and state-based data collection instrument (e.g., health service intake, coronial data, experiences of crime, community attitudinal surveys, household surveys) and reporting to ensure inclusion of questions that adequately capture disability, sexual orientation, gender identity and intersex variations.

Please see Chapter 14 for further information and context regarding the recommendations.

1 Background

This report was compiled to inform the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. It presents data on the experiences of lesbian, gay, bisexual, trans and gender diverse, queer and asexual (LGBTQA+) people with disability in Australia. These data are from two large national surveys, *Writing Themselves In 4*(1) and *Private Lives 3*(2), which were conducted in 2019. *Writing Themselves In 4* focused on young people aged 14-21 years and *Private Lives 3* focused on adults aged 18 years and older.

Both surveys examined diverse aspects of the lives, health and wellbeing of LGBTQA+ people. They also collected data on experiences related to violence, abuse and harassment. This report presents the results of analyses that focused on LGBTQA+ participants in these studies who reported they were living with disability.

LGBTQA+ people are often challenged by significant levels of stigma and discrimination. As detailed in the *Private Lives 3* and *Writing Themselves In 4* national reports, these populations experience disproportionately higher rates of mental health issues and suicide, and continue to report experiences of violence, abuse and harassment. There is currently little data available in Australia about the specific experiences of LGBTQA+ people with disability. This report was therefore compiled to bridge this knowledge gap by providing results from large and recently collected national datasets to help inform the findings and conclusions of the Royal Commission.

1.1 LGBTQA+ people with disability

A growing body of research literature, as well as government policies and strategies, recognise the unique needs and experiences of LGBTQA+ people from varied intersectional communities, including those with disability. This intersection of identities and experiences can shape diverse health and social outcomes, and can influence how people are treated within health and human services.

Australian and international studies have documented high rates of harassment or abuse among LGBTQA+ young people(6–8), as well as feelings of isolation or exclusion from both LGBTQA+ and disability communities(9). A recent qualitative study of this population in Australia documented difficulties disclosing LGBTIQ+ identities within the disability sector and feelings of exclusion from LGBTIQ+ spaces due to their disability(10). A meta-analysis involving several countries also found that LGBT youth with disabilities supported by social service providers, special education programs, or supported living facilities reported being prohibited or restricted from expressing/discussing their LGBT identities(11). Studies of adult lesbian women in the United States have documented feelings of community exclusion as well reports that their sexual autonomy has been controlled by medical professionals acting as gatekeepers(9). Of particular concern are studies that have documented abuse against LGBTQA+ young people with disability in some settings such as school and university (6,12,13).

Such experiences can have significant and serious impacts. Research from the United States identified elevated rates of suicidal ideation among LGBQ students with disability who reported experienced victimisation and exclusion (from both disability and queer communities)(12). Such patterns likely reflect what has been termed a ‘dual marginalisation’ of LGBTQA+ people with intellectual disabilities as a result of both their disability and their sexual orientation or gender(14). Given what is known about the role and value of community connection in maintaining or improving mental wellbeing, particularly among LGBTQA+ people, this experience of exclusion and marginalisation becomes all the more significant.

In the context of disability surveys and assessments that do not commonly incorporate adequate questions relating to gender and sexuality, there is a paucity of data in Australia that identifies the broad range of hostile experiences LGBTQA+ people with disability may be subject to. While not designed specifically as surveys of people with disability (see section 2.5), *Private Lives 3* and *Writing Themselves In 4* both had a significant portion of respondents who reported having a disability and collected data pertaining to abuse, rejection and marginalisation, the analysis of which provides valuable insight into how these experiences are differentially felt by LGBTIQ people with disability.

1.2 Scope of this report

This report provides comprehensive data relating to LGBTQA+ people with disability, including young people and adults. It covers: background demographic characteristics of participants with disability; experiences of disclosing their sexual orientation or gender identity, including support and acceptance; discrimination and affirming experiences in education settings; experiences of harassment, abuse and discrimination; intimate partner and family violence; mental health and wellbeing, including experiences related to suicide; and community connections.

In chapter 10-13 we also provide data related to a range of intersecting groups, including people from different cultural backgrounds and rural and regional areas, as well as those holding different gender identities and sexual orientations.

1.3 A note on intersex populations

It is important to note that this report and its findings does not apply to people with an intersex variation or variations. The numbers of people from this group were too small to enable analyses, especially when further narrowed to those who reported a disability. Therefore, this report refers to an LGBTQA+ population and results should not be generalised to people with an intersex variation. In future, it will be important to fund and conduct community participatory research that specifically focuses on this group and in close consultation with intersex organisations. Please see the *Writing Themselves In 4* (1) and *Private Lives 3* (2) for comprehensive discussions of these points.

1.4 Data from First Nations participants

A growing body of research details how many LGBTQA+ people from First Nations communities experience a range of challenges relating to stigma and discrimination, mental ill-health and safe, affirming access to supportive services(15,16). Both *Writing Themselves In 4* and *Private Lives 3* recruited large samples of Aboriginal and/or Torres Strait Islanders, with 256 and 184 in each survey respectively. These are a vital and valuable source of data that speak to a range of issues and concerns, including for First Nations LGBTQA+ people with disability. We are committed to seeing these data disaggregated, analysed and sensitively conveyed in both written and oral outputs, however it is essential that such acts are carried out in meaningful partnership with Aboriginal and Torres Strait Islander people, acting as custodians of these data. As of April 2022, we are in the process of undertaking such work and anticipate the first outputs of our partnership with First Nations peoples being published towards the end of the year. These will include analyses relating to Aboriginal and Torres Strait Islander LGBTQA+ people with disability.

2 Methods

2.1 Overview of the *Writing Themselves In 4* and *Private Lives 3* surveys

This report presents findings from secondary analyses conducted of the *Writing Themselves In 4*(1) and *Private Lives 3*(2) surveys. These surveys were conducted across the country in 2019 and sought to gain a greater understanding of the life experiences, health and wellbeing of LGBTIQ+ people in Australia. *Writing Themselves In 4* focused on young people aged 14-21 years while *Private Lives 3* focused on adults aged 18+ years.

Both surveys examined a wide range of life domains, such as mental health and suicidality, housing and homelessness, alcohol and drug use and experiences of abuse, harassment and discrimination. Additionally, *Writing Themselves In 4* examined experiences related to education and education settings given its focus on young people. This report focuses on participants across both surveys who reported a disability and presents data collected on violence, abuse, harassment, discrimination and related survey questions.

Questions that were included in the surveys were developed in consultation with advisory boards of highly knowledgeable LGBTIQ+ experts. For further details on the design of each survey, please refer to the *Writing Themselves In 4*(1) and *Private Lives 3*(2) national reports. Ethical approval for both surveys was granted by the La Trobe University Human Ethics Committee. *Writing Themselves In 4* was also endorsed by the ACON Research Ethics Review Committee. *Private Lives 3* was additionally endorsed by the ACON Research Ethics Review Committee and the Community Research Endorsement Panel of Thorne Harbour Health.

2.2 Survey participants

Writing Themselves In 4 was completed by 6,418 participants and *Private Lives 3* was completed by 6,835 participants. Of these groups, 2500 reported a disability in *Writing Themselves In 4* and 2629 reported a disability in *Private Lives 3*. The surveys were conducted in the second half of 2019, prior to the COVID-19 pandemic. Both surveys were available for completion online, with paper copies also available by request for *Private Lives 3*. The surveys were each separately advertised across a range of platforms. These included social media, such as Facebook and Instagram and via LGBTIQ+ community organisations and their networks. Further information on participant recruitment is available in the national reports for each survey. While responses to the *Private Lives 3* survey are slightly skewed towards younger age groups (e.g. 31.3% of the sample aged 18-25), large numbers of older people also participated (e.g. 748 people over the age of 55).

2.3 Analysis and categorisation of data

The two surveys asked about disability differently, as outlined below.

2.3.1 Disability in *Writing Themselves In 4*

In *Writing Themselves In 4*, an instrument for measuring disability was developed in consultation with the Youth Disability Advocacy Service (YDAS) in Victoria and an LGBTIQ+ Disability Advisory Group of experts in the field. As such, *Writing Themselves In 4* utilised a broader definition of disability that is not directly comparable to other national studies, such as data from the Australian Bureau of Statistics (ABS).

Disability was defined in *Writing Themselves In 4* as follows:

Do you identify as having a disability, experiencing neurodiversity/autism, or having a long-term physical or mental health condition? Long-term health conditions could include things like epilepsy, mental health conditions, speech or sensory impairments. A disability could include things like the loss of – or difficulty using – a body part, or difficulty managing everyday activities.

Almost two-fifths (39.0%; n = 2500) of participants reported having disability or a long-term health condition, 8.7% (n = 558) reported they 'did not know' and 1.4% (n = 87) 'preferred not to say'. Almost nine-tenths (87.0%; n = 2160) of participants with a disability or a long-term health condition reported acquiring one or more of these conditions after they were born. In total, 97.9% (n = 1032) of participants reporting only a mental illness reported acquiring this condition later in life.

Participants reporting a disability or a long-term health condition were asked to further describe the nature of this by selecting from the following choices (and could select as many options as appropriate):

- Physical (your body and/or mobility)
- Intellectual (difficulty communicating, making decisions, engaging with others or learning or retaining information)
- Mental illness (your emotional state and/or behaviours)
- Sensory (sight, hearing, smell, touch, taste or spatial awareness)
- Neurodiversity/autism (ADHD, dyslexia, Tourette syndrome, dyspraxia etc.)
- Acquired brain injury (ABI, TBI, dementia)
- Something else

Table 1 displays the results of answers to this question.

Table 1: Disability or long-term health condition among young people with disability aged 14-21 years (n = 2500)

Disability or long-term health condition	n	%
Mental illness	2206	88.2
Neurodiversity/autism	866	34.6
Physical	422	16.9
Sensory	419	16.8
Intellectual	347	13.9
Acquired brain injury	10	0.4
Other	132	5.3

As shown in Table 1, one-third of participants reported a mental illness (88.2%; n = 2206). However, approximately one-quarter (22.5%; n = 1440) of participants reported a disability or long-term health condition other than a mental illness, and as a result of the more inclusive model of self-identified disability used in *Writing Themselves In 4*. Overall, 34.6% (n = 866) reported neurodiversity/autism, 16.9% (n = 422) a physical disability, 16.8% (n = 419) a sensory disability, 13.9% (n = 347) an intellectual disability, 0.4% (n = 10) an acquired brain injury and 5.3% (n = 132) a different type of disability. It is notable that the relatively high proportion of people reporting a disability in this study, compared to 7% of young people aged 15-24 in the general population who reported some form of disability (17), is likely due to the inclusion of mental illness.

In order to facilitate analysis of the findings in *Writing Themselves In 4* regarding the reporting of a disability or long-term health condition, the above categories were further grouped as follows:

- Any disability
- Neurodiversity/autism
- Neurodiversity/autism with intellectual disability
- Intellectual disability
- Sensory/physical disability
- Mental health condition

In the above categories, in order to be more comparable with general population data, 'any disability' does not include participants who reported only 'mental illness' and no other disability or long-term health condition. A combined group for 'neurodiversity/autism with intellectual disability' has been included. This is to reflect the more specific life experiences of this group. Accordingly, the 'neurodiversity/autism' group does not include those with intellectual disability and the 'intellectual disability' group does not include those who indicated neurodiversity/autism.

It is also important to note that while these categories provide new insight into the health and wellbeing of young LGBTQA+ people living in Australia, they are subject to a variety of limitations. Firstly, these categories are self-reported and are not formal diagnoses. However, other research such as national census data reported by the ABS also uses similarly self-reported data. Secondly, while these categories are useful in understanding the perspectives of the young people from *Writing Themselves In 4*, they are not comparable to national data. As noted above, we have therefore created the 'any disability' category, which does not include participants reporting 'mental illness'. This provides the best comparison with general population data, which typically does not include mental illness as a disability or long-term health condition. Lastly, these categories do not measure subjective severity of disability or long-term health conditions, and comparisons between categories must therefore be made with caution.

2.3.2 Disability in *Private Lives 3*

The *Private Lives 3* survey used the Australian Institute of Health Welfare's *Standardised Disability Flag Module* (hereafter referred to as the 'Disability Flag')(18) to identify individuals with a long-term health condition or disability (defined as someone who reports an activity limitation, a specific education participation restriction and/or a specific employment participation restriction). The Disability Flag is based on the International Classification of Functioning, Disability and Health, a classification of health domains put forward by the World Health Organisation. It is intended for use across a wide range of sectors, enabling nationally consistent collection of information used to identify people with disabilities or long-term health conditions who experience difficulties or need assistance in various areas of their life.

The Disability Flag consists of eight questions concerning activity participation and need for assistance on a 4-point scale, ranging from 'have no difficulty' to 'always/sometimes need help or supervision'. Two subsequent questions follow that ask about whether participants experience education and employment participation restrictions that require a 'yes' or 'no' response.

Table 2: Disability or long-term health condition among adults aged 18+ years as categorised by the Disability Flag (n = 2629)

Disability or long-term health condition	n	%
No disability	3904	59.8
Mild	433	6.6
Moderate	1394	21.3
Severe	802	12.3

In total, almost 4 in 10 (38.5%; n = 2,629) participants reported experiences categorised by the Disability Flag as having a disability or long-term health condition. Approximately 1 in 10 (11.8%; n = 802) reported a profound or severe disability, 20.4% (n = 1,394) a moderate disability and 6.4% (n = 433) a mild disability. It is notable that there was a higher proportion of people reporting a disability in this study than in *Private Lives 2* (22.7%) (Leonard et al., 2012) and the general Australian population (18%).(20) This is likely to arise because the Disability Flag was designed as a more inclusive and comprehensive measure of disability or long-term health condition than those used in *Private Lives 2* or the ABS and includes questions regarding difficulties with personal relationships, managing tasks and situations and community life.

Note: While one of its strengths is a focus on individuals self-reporting their circumstances rather than relying on a formal diagnosis, it is important to note its limitations. The Disability Flag is a quantitative tool used to categorise a disability or long-term health condition according to how participants report its impact on aspects of their lives but this may not be how these participants would describe their own disability in a qualitative study. As such, it may not accurately reflect or correspond with how structural and systemic barriers influence, impact or cause some of the limitations and restrictions reported by people with disabilities or long-term health conditions through the Disability Flag. It has further limitations in accessibility for people with intellectual disability in its usability for this cohort. Furthermore, the disability flag may not capture all people with disabilities depending on how they answer the questions and doesn't provide detail about people's experiences with disability. Further limitations of the disability categorisation approach used in both surveys are outlined in Section 2.5.

These data are intended to provide a macro-level comparison of the health and wellbeing of LGBTQA+ people who report a disability or long-term health condition and those who do not report a disability or long-term health condition, and the Disability Flag is a means of gaining this broader understanding. Further research using qualitative methods (for example focus groups and interviews) detailing the individual experiences of LGBTQA+ people with disability are necessary to gain a deeper understanding of the lives and experiences of LGBTQA+ people, particularly those from multicultural backgrounds, First Nations peoples, those living outside of major urban areas and trans and gender diverse people with disability.

2.4 Interpreting the data

The *Writing Themselves In 4* and *Private Lives 3* surveys used convenience sampling, meaning that participants were drawn from a range of community-based recruitment efforts. As such, these are not considered 'representative' surveys of LGBTQA+ people. This means that care must be taken when considering the population prevalence of the health and other outcomes presented in this report. A truly representative sample can only be accomplished by random sampling, which aims to reflect the population as a whole. At the time of writing, questions that fully identify LGBTQA+ people are not available within the national census of Australia, which complicates efforts to achieve truly representative samples of LGBTQA+ populations. However, at the time of writing, both *Writing Themselves In 4* and *Private Lives 3* are among the largest samples of LGBTQA+ young people and adults in Australia, and confidence can be found in the weight and volume of their responses.

It is also worth noting that the *Writing Themselves In 4* and *Private Lives 3* surveys were aimed at a broad LGBTQA+ population. It is possible that some people with disabilities were unaware of the surveys or were unable to participate due to accessibility barriers arising from the data collection methods. The *Writing Themselves In 4* survey was available as an online survey. The *Private Lives 3* survey was likewise available online but also with an option of having a paper version of the survey sent to participants on request. It is therefore unlikely that many LGBTQA+ young people and adults with disability would have completed the survey if they required it in a different format or via alternative methods or needed assistance to complete it. People with intellectual disability may have also encountered accessibility barriers regarding guardianship and assumptions of cognitive capacity and consent made by gatekeepers in their lives that may have also limited the extent to which people in this group could have responded to the surveys. Many may be living in group homes or at home with carers or parents and, in cases where there may be resistance from carers, support staff or gatekeepers about people with intellectual disability exploring, expressing and affirming their gender or sexual identity(21), this could also potentially limit whether people in this group responded to the surveys.(22) gay, bisexual, transgender, intersex or questioning (LGBTIQ These and other issues related to accessibility for participating in research, especially on topics related to gender and sexuality, are likely to mean that LGBTQA+ people with intellectual disability are considerably marginalised and their experiences may not be as fully represented in this research report as those with other disabilities. In future, studies will need to take these factors into account to improve accessibility, including studies that are specifically co-designed with and tailored to the communication support and accessibility needs of LGBTQA+ people with intellectual disability. Despite these limitations, there were several hundred participants with intellectual disability in *Writing Themselves In 4*, as well as a relatively large overall sample of people with disability in both surveys. Nevertheless, the samples are likely to be skewed towards those who had lower support needs or faced fewer accessibility issues and this needs to be considered in the interpretation of the data.

Where relevant, this report includes comparisons to the same experiences and outcomes documented within surveys of the general population in Australia. While such comparisons may be illustrative of disparities that exist between LGBTQA+ people with disability and general populations, these are imperfect and cannot fully account for differences in study designs and recruitment methods that can influence findings. At present, and in the absence of sufficient attention to gender diversity and sexual orientation within most general population health and social surveys in Australia, these remain the best available means of comparing experiences of LGBTQA+ people with disability and their cisgender and/or heterosexual counterparts.

Finally, as mentioned in Chapter 1 of this report, the numbers of participants in both surveys who reported an intersex variation were too small to enable analyses, especially when further narrowed to those who reported a disability. Therefore, this report refers to an LGBTQA+ population and results should not be generalised to people with an intersex variation.

2.5 Study limitations

There are several limitations to the *Private Lives 3* and *Writing Themselves In 4* studies that need to be considered while reviewing the findings that are described in subsequent chapters. First, it is not known how representative the samples of both surveys are of the broader population of LGBTQA+ people with disability, which is impossible to determine in the absence of adequate questions relating to gender and sexuality in the census and in other household health surveys. However, the samples of both surveys were large and there was diversity across a range of demographic variables.

Secondly, we acknowledge that as both surveys were conducted largely online, without means to support administration of more equitable participation for those with specific accessibility needs (such as those with intellectual disability), it may be the case that findings do not speak to the diversity of experience for all those with disability. The methodology itself in quantitative surveys of this kind falls short in facilitating meaningful engagement of people with intellectual disability as this requires participatory methods and co-design to ensure survey research participation accessibility and comprehension and may require development of nuanced questions lines of enquiry that are specific to their experiences. We include recommendations for such research in the final chapter of this report.

Thirdly, the surveys were only available in English, which may limit engagement from LGBTQA+ people with a disability who are from multi-cultural backgrounds and whose first language is not English. Future iterations of both surveys should, ideally, be adequately resourced to include translated versions in commonly used, non-English languages.

Fourthly, data pertaining to family violence reflects whether participants had ever had this experience, which for some (especially older participants) may have been in the distant past. We would note, however, that even when experiences of harassment or abuse occurred many years ago, the implications of these can be significant and continue to have impact into later life.

Finally, we again acknowledge the shortcomings of the disability flag assessment tool in adequately capturing the experiences and needs of LGBTQA+ people with disability, particularly in a form which those people themselves may wish to convey this. This is intended for use across a wide range of sectors, enabling nationally consistent collection of information used to identify people with disabilities or long-term health conditions who experience difficulties or need assistance in various areas of their life. However, the categorisation that arises from using the tool may not reflect how people with disability would describe their own disability or its impact on their lives in their own words. As such, it may not accurately reflect or correspond with how structural and systemic barriers influence, impact or cause some of the limitations and restrictions reported by people with disabilities or long-term health conditions through the Disability Flag. Community feedback that emerged in response to use of the disability flag in *Private Lives 3* led to a consultation process with LGBTQA+ people with disability about other approaches that could be utilised in *Writing Themselves In 4* (which launched several months later). The new question that was co-designed in this consultation process utilises a human rights framing that focusses on self-categorisation and self-identification of having disability, rather than a biomedical assessment. This approach is not without its limitations, and we acknowledge that the categorisation of disability suggested by our lived experience advisory group is contested. Further research, conducted in a participatory co-designed manner, is required to generate affirming and accessible means of capturing information about the nature and type of disabilities that people may hold and how their lives are impacted in relation to this, irrespective of gender identity or sexuality.

These limitations notwithstanding, the report describes experiences and needs of the largest ever sample of LGBTQA+ people with disability ever recruited in Australia. The findings have significant value for policy makers and service providers operating across a range of health and social care sectors. In Chapter 14 (Summary and recommendations) we propose new kinds of research that might overcome some of the limitations detailed here, including that which can explain and contextualise specific findings, such as with the use of in-depth qualitative research.

2.6 Presentation of results in this report

Throughout this report, results are grouped by topic. Within each topic section, relevant data are presented separately from each of the two surveys. Depending on the data available, some sections present results from both surveys, first for young people aged 14-21 years from *Writing Themselves In 4* and then for adults aged 18+ years from *Private Lives 3*. In some instances, relevant data were only available from one survey, so results are presented only from that survey.

3 Demographics

3.1 Disability or long-term health condition

3.1.1 Disability or long-term health condition – young people aged 14-21 years

As outlined in Chapter 2, a more inclusive instrument for measuring disability was developed for *Writing Themselves In 4* in consultation with the Youth Disability Advocacy Service and an LGBTIQ+ Disability Advisory Group. See Chapter 2 for more information regarding the disability survey instrument construction and analyses. Table 3 provides results according to disability grouping.

Table 3: Disability or long-term health condition among young people with disability aged 14-21 years, grouped by disability (n = 2500)

Disability or long-term health condition	n	%
Mental illness	2206	88.2
Neurodiversity/autism	866	34.6
Physical	422	16.9
Sensory	419	16.8
Intellectual	347	13.9
Acquired brain injury	10	0.4
Other	132	5.3

Almost two-fifths (39.0%; n = 2500) of participants reported having a disability or a long-term health condition. As shown in Table 3, when asked to further describe the nature of their disability (if relevant), one-third reported a mental illness (88.2%; n = 2206), 34.6% (n = 866) reported neurodiversity/autism, 16.9% (n = 422) a physical disability, 16.8% (n = 419) a sensory disability, 13.9% (n = 347) an intellectual disability, 0.4% (n = 10) an acquired brain injury and 5.3% (n = 132) a different type of disability. It is notable that the relatively high proportion of people reporting a disability in this study, compared to 7% of young people aged 15-24 in the general population who reported some form of disability(17), is likely due to the inclusion of mental illness. Approximately one-quarter (22.5%; n = 1440) of the sample reported a disability or long-term health condition other than a mental illness, and as a result of the more inclusive model of self-identified disability used in *Writing Themselves In 4*.

3.1.2 Disability or long-term health condition – adults aged 18+ years

As outlined in Chapter 2, the *Private Lives 3* survey used the Australian Institute of Health and Welfare's Disability Flag(18) to identify individuals with a long-term health condition or disability (defined as someone who reports an activity limitation, a specific education participation restriction and/or a specific employment participation restriction). These data are intended to provide a macro-level comparison of the health and wellbeing of LGBTQA+ people who report a disability or long-term health condition. For more information regarding questions used in the survey on disability, including limitations of the Disability Flag, see Chapter 2. Table 4 displays results according to classifications from the Disability Flag.

Table 4: Disability or long-term health condition among adults aged 18+ years, grouped by Disability Flag category (n = 6533)

Disability or long-term health condition	n	%
No disability	3904	59.8
Mild	433	6.6
Moderate	1394	21.3
Severe	802	12.3

As shown in Table 4, almost 4 in 10 (38.5%; n = 2629) participants reported experiences categorised by the Disability Flag as having a disability or long-term health condition. One in 10 (11.8%; n = 802) were categorised as having a profound or severe disability, 20.4% (n = 1394) were categorised with a moderate disability and 6.4% (n = 433) were categorised with a mild disability. It is notable that there was a higher proportion of people reporting a disability in this study than in *Private Lives 2* (22.7%) and the general Australian population (17.7%).(23) This is likely to arise because the Disability Flag was designed as a more inclusive and comprehensive measure of disability or long-term health condition than those used in *Private Lives 2* or the Australian Bureau of Statistics and includes questions regarding difficulties with personal relationships, managing tasks and situations and community life.

3.2 State or territory of residence

3.2.1 State or territory of residence – young people aged 14-21 years

In total, there were 2500 complete and valid responses from participants with disability aged 14-21 years in *Writing Themselves In 4*. Table 5 displays the numbers and percentages of participants with disability who were residing in each state or territory.

Table 5: Distribution by state and territory of young people with disability aged 14-21 years (n = 2500)

State or territory	n	%
Victoria	740	29.6
New South Wales	623	24.9
Queensland	388	15.5
Western Australia	279	11.2
South Australia	237	9.5
Australian Capital Territory	139	5.6
Tasmania	81	3.2
Northern Territory	13	0.5

As displayed in Table 5, three-tenths (29.6%; n = 740) of participants in *Writing Themselves In 4* reported residing in Victoria, followed by 24.9% (n = 623) in New South Wales, 15.5% (n = 388) in Queensland, 11.2% (n = 279) in Western Australia, 9.5% (n = 237) in South Australia, 5.6% (n = 139) in the Australian Capital Territory, 3.2% (n = 81) in Tasmania and 0.5% (n = 13) in the Northern Territory.

3.2.2 State or territory of residence – adults aged 18+ years

Overall, there were 2629 complete and valid responses to the survey by participants with disability aged 18+ years in *Private Lives 3*. Table 6 displays the numbers and percentages of participants with disability who were residing in each state or territory.

Table 6: Distribution by state and territory of adults with disability aged 18+ years (n = 2628)

State or territory	n	%
Victoria	890	33.9
New South Wales	621	23.6
Queensland	476	18.1
Western Australia	247	9.4
South Australia	186	7.1
Australian Capital Territory	120	4.6
Tasmania	81	3.1
Northern Territory	7	0.3

As displayed in Table 6, one-third (33.9%; n = 890) of participants with disability in *Private Lives 3* reported residing in Victoria, followed by 23.6% (n = 621) in New South Wales, 18.1% (n = 476) in Queensland, 9.4% (n = 247) in Western Australia, 7.1% (n = 186) in South Australia, 4.6% (n = 120) in the Australian Capital Territory, 3.1% (n = 81) in Tasmania and 0.3% (n = 7) in the Northern Territory.

3.3 Age of participants

3.3.1 Age – young people aged 14-21 years

Table 7: Distribution by age of young people with disability (n = 2500)

Age	n	%
14	174	7.0
15	234	9.4
16	418	16.7
17	497	19.9
18	314	12.6
19	277	11.1
20	311	12.4
21	275	11.0

The mean age of participants with disability in *Writing Themselves In 4* was 17.6 (SD = 2.1), with ages ranging from 14 to 21 years. As displayed in Table 7, approximately half (52.9%; n = 1323) were aged 14-17 and 47.1% (n = 1177) were aged 18-21. In total, 7.0% (n = 174) of participants were aged 14 years, 9.4% (n = 234) aged 15 years, 16.7% (n = 418) aged 16 years, 19.9% (n = 497) aged 17 years, 12.6% (n = 314) aged 18 years, 11.1% (n = 277) aged 19 years, 12.4% (n = 311) aged 20 years and 11.0% (n = 275) aged 21 years.

3.3.2 Age – adults aged 18+ years

Table 8: Distribution by age of adults with disability (n = 2629)

Age	n	%
18 – 24	906	34.5
25 – 34	811	30.8
35 – 44	393	14.9
45 – 54	265	10.1
55 – 64	172	6.5
65+	82	3.1

The mean age of participants with disability in *Private Lives 3* was 32.9 years (SD = 13.5), ranging from 18 to 85 years. As displayed in Table 8, approximately one-third (34.5%; n = 906) were aged between 18 and 24 years, 30.8% (n = 811) between 25 and 34 years, 14.9% (n = 393) between 35 and 44 years, 10.1% (n = 265) between 45 and 54 years and 9.6% (n = 254) at 55 years and over.

3.4 Area of residence

3.4.1 Area of residence – young people aged 14-21 years

Table 9: Area of residence among young people with disability aged 14-21 years (n = 2498)

Area of residence	n	%
Capital city - city centre	167	6.7
Capital city - suburbs	1423	57.0
Regional city or town	620	24.8
Rural (countryside)	288	11.5
Remote (countryside and far from any towns or cities)	167	6.7

As displayed in Table 9, the majority of young people with disability in *Writing Themselves In 4* reported residing in a capital city suburb (57.0%; n = 1423), followed by 24.8% (n = 620) in regional cities or towns and 11.5% (n = 288) in rural regions. Fewer participants with disability reported residing in a capital city centre (6.7%; n = 167) or remote area (6.7%; n = 167).

3.4.2 Area of residence – adults aged 18+ years

Table 10: Area of residence among adults with disability aged 18+ years (n = 2498)

Area of residence	n	%
Capital city - city centre	1014	38.9
Capital city - suburbs	780	29.9
Regional city or town	627	24.1
Rural (countryside)	176	6.8
Remote (countryside and far from any towns or cities)	9	0.4

As displayed in Table 10, almost two-fifths (38.9%; n = 1014) of adults with disability in *Private Lives 3* resided in a capital city centre, followed by three-tenths (29.9%; n = 780) in a capital city suburb and one-quarter (24.1%; n = 627) in a regional city or town, 6.8% (n = 176) in a rural area and 0.4% (n = 9) in a remote area. Slightly more participants with disability (63.7%) resided outside of capital cities than among the general population, in which 71% of Australians reportedly reside in major cities.(24)

3.5 Gender identity and sexual orientation

3.5.1 Gender identity – young people aged 14-21 years

Participants were offered and selected from among 19 different gender identities in the *Writing Themselves In 4* survey, as well as having the option to describe themselves in their own terms. The analysis of their responses is explained in detail in Chapter 2 of the *Writing Themselves In 4* national report. Respondents were categorised into five broad gender categories, as shown in Table 11.

Table 11: Gender of young people with disability aged 14-21 years (n = 2406)

Gender	n	%
Cisgender woman	1150	47.8
Cisgender man	303	12.6
Trans woman	46	1.9
Trans man	239	9.9
Non-binary	668	27.8

As displayed in Table 11, more than two-fifths (47.8%; n = 1150) of participants with disability were categorised as cisgender women, 12.6% (n = 303) as cisgender men, 1.9% (n = 46) as trans women, 9.9% (n = 239) as trans men and 27.8% (n = 668) as non-binary. The *Writing Themselves In 4* survey was completed by 953 trans and gender diverse participants with disability, which is the largest ever known survey sample of LGBTQA+ trans and gender diverse young people with disability in Australia at the time of publication.

3.5.2 Gender identity – adults aged 18+ years

Participants were likewise offered and selected from a wide range of gender identities in the *Private Lives 3* survey. However, for the purpose of analysis, respondents were also categorised into five broad gender categories, as shown in Table 12.

Table 12: Gender of adults with disability aged 18+ years (n = 2600)

Gender	n	%
Cisgender woman	1224	47.1
Cisgender man	514	19.8
Trans woman	132	5.1
Trans man	168	6.5
Non-binary	562	21.6

As displayed in Table 12, over two-fifths (47.1%; n = 1224) of participants with disability were categorised as cisgender women, one-fifth (19.8%; n = 514) as cisgender men, 5.1% (n = 132) as trans women, 6.5% (n = 168) as trans men and 21.6% (n = 562) as non-binary. The *Private Lives 3* survey was completed by 862 trans and gender diverse participants with disability, the largest survey of LGBTQ+ trans and gender diverse adults with disability ever in Australia at the time of publication.

3.6 Sexual orientation

3.6.1 Sexual orientation – young people aged 14-21 years

Table 13: Sexual orientation of young people with disability aged 14-21 years (n = 2497)

Sexual orientation	n	%
Lesbian	342	13.7
Gay	280	11.2
Bisexual	771	30.9
Pansexual	354	14.2
Queer	267	10.7
Asexual	133	5.3
Something else	350	14.0

Almost half (45.1%; n = 1125) of *Writing Themselves In 4* participants with disability aged 14-21 years identified as multi-gender attracted. As displayed in Table 13, multi-gender attracted participants included 30.9% (n = 771) of participants who identified as bisexual and 14.2% (n = 354) who identified as pansexual. It is of note that queer participants (10.7%; n = 267) may also, but not necessarily, be multi-gender attracted. By comparison, 24.9% (n = 622) of participants identified as lesbian (13.7%; n = 342) or gay (11.2%; n = 280). In total, 5.3% (n = 133) of participants identified as asexual and 14.0% (n = 350) as something else. The 'something else' category was made up of participants who identified as 'homosexual' (n = 30), 'something else' (n = 84), 'prefer not to have a label' (n = 98), 'cannot choose only one sexuality' (n = 98), 'don't know my sexuality' (n = 35) and trans and gender diverse participants who identified as 'heterosexual'. Participants who chose 'prefer not to answer' questions are not included in Table 11 but are included in the total sample. These seven categories are used as the basis for sexuality comparisons throughout the remainder of this report.

3.6.2 Sexual orientation – adults aged 18+ years

Table 14: Sexual orientation of adults with disability aged 18+ years (n = 2621)

Sexual orientation	n	%
Lesbian	514	19.6
Gay	423	16.1
Bisexual	640	24.4

Sexual orientation	n	%
Pansexual	278	10.6
Queer	427	16.3
Asexual	125	4.8
Something else	214	8.2

Participants aged 18+ years in *Private Lives 3* were offered and selected from a wide range of sexual orientations. However, for data analysis purposes and due to relatively low numbers in each of the following groups, participants with disability who identified as 'homosexual', 'prefer not to have a label' or 'something different' were combined into the 'something different' category. This was also done for trans and gender diverse participants and those with an intersex variation or variations who identified as 'heterosexual'. As displayed in Table 14, one-third (35.7%; n = 937) of participants with disability in *Private Lives 3* identified as gay (16.1%; n = 423) or lesbian (19.6%; n = 514). One-third (35.0%; n = 918) identified as multi-gender attracted (bisexual = 24.4%; pansexual = 10.6%) and 16.3% (n = 427) as queer (which may include multi-gender attraction). Finally, 4.8% (n = 125) of participants with disability identified as asexual and 8.2% (n = 214) as 'something else'. The 'something else' category was made up of participants who chose homosexual (n = 39), 'prefer not to have a label' (n = 65), 'cannot choose only one sexuality', 'something different' (n = 76) and gender diverse participants who identified as heterosexual. Participants who chose 'prefer not to answer' for the sexual orientation questions were not included in the 'something else' category. The responses from such participants are included in overall percentages in the sections that follow but do not form part of the gender identity and sexual orientation sub-analyses. Note that because 1) homosexual-identifying participants were from all genders and 2) participants chose 'homosexual' as a distinct choice from other sexual orientations, in order to accurately reflect identities of participants, 'homosexual' was not combined into other sexual orientation categories such as gay or lesbian. Due to the relatively low numbers of homosexual identifying participants, they were therefore combined into 'something else'.

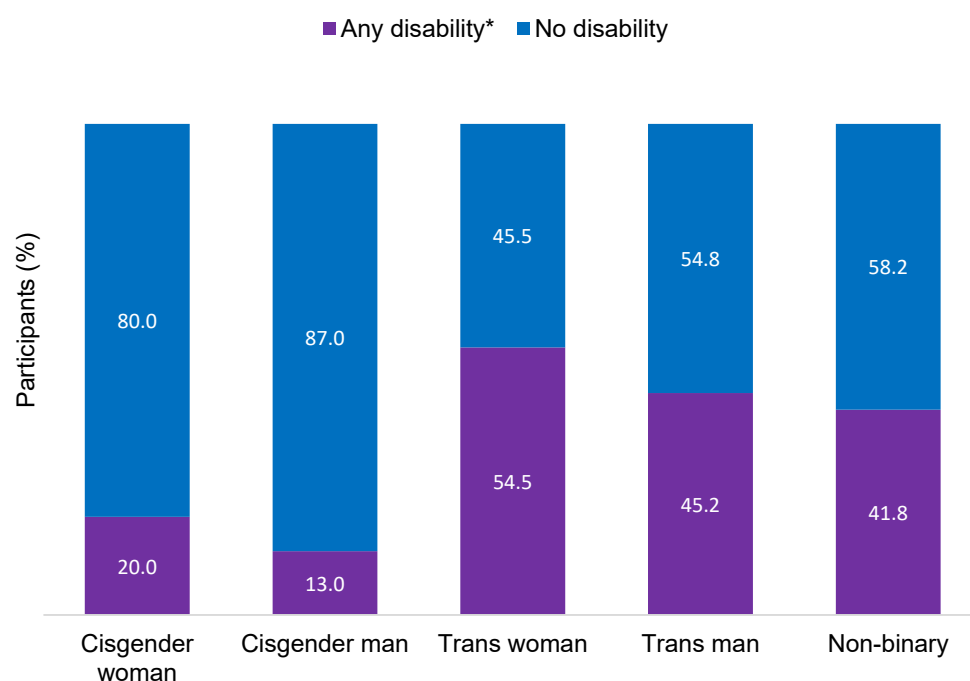
3.7 Intersections of gender and disability

LGBTQA+ people have multiple, intersecting identities. For example, a person may identify their sexual orientation as gay and have a gender identity that is categorised as cisgender woman, cisgender man, trans woman, trans man or non-binary. Similarly, a person whose gender identity is non-binary may identify their sexual orientation as lesbian, gay, bisexual, pansexual, queer, asexual or something else. Identities can be fluid and the ways in which they intersect can vary depending upon the social and political context as well as personal circumstances and stage of the life course. The way people talk about their identities, particularly regarding sexual orientation and gender, is rapidly changing and more recent gender terminology has outgrown some of the sexual orientation terminology that was created in earlier binary discourse. Just as

definitions of bisexuality have developed to include non-binary genders, terminology regarding same-gender, monosexual attraction such as lesbian and gay may be undergoing similar transitions. For example, a non-binary person who is attracted to women may identify as lesbian while a non-binary person who is attracted to men may identify as gay. Moreover, the way a person identifies their sexual orientation may represent a cultural or community identity rather than a tightly defined sexual orientation, for instance a queer identity may represent alliance with a queer community. A person may also use different terms privately and publicly and/or in different contexts.

3.7.1 Intersections of gender and disability – young people aged 14-21 years

Figure 1: Intersections of gender identity and disability among young people aged 14-21 years



* In order to be more comparable with general population data, 'any disability' does not include participants who reported only 'mental illness' and no other disability or long-term health condition.

Figure 1 shows that, overall, trans and gender diverse participants aged 14-21 years in *Writing Themselves In 4* reported higher levels of any disability other than mental illness than cisgender participants. More than half of trans women (54.5%; n = 36) reported a disability other than mental illness, followed by 45.2% (n = 163) of trans men and 41.8% (n = 442) of non-binary participants. This compares to 20.0% (n = 569) of cisgender women and 13.0% (n = 170) of cisgender men.

3.7.2 Intersections of gender and disability – adults aged 18+ years

Figure 2: Intersections of gender and disability among adults aged 18+ years

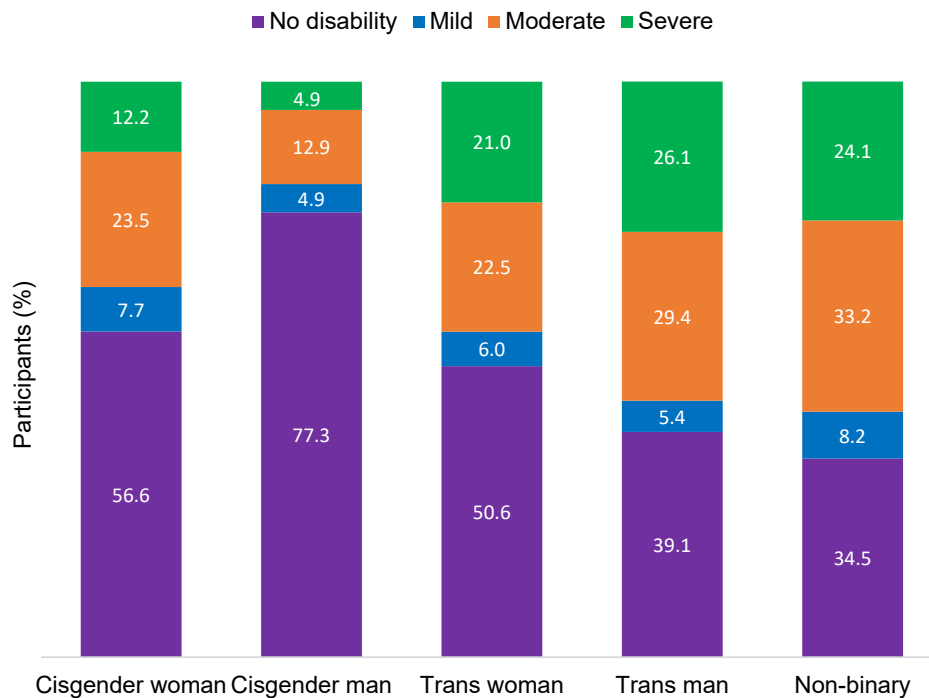


Figure 2 shows that, overall, trans and gender diverse participants aged 18+ years in *Private Lives 3* reported higher levels of disability than cisgender participants. One-quarter of trans men (26.1%; $n = 72$) and non-binary participants (24.1%; $n = 207$) were categorised as having severe disability, followed by 21.0% ($n = 56$) of trans women, 12.2% ($n = 344$) of cisgender women and 4.9% ($n = 111$) of cisgender men. Similarly, 33.2% ($n = 285$) of non-binary participants were categorised as having moderate disability, followed by 29.4% ($n = 81$) of trans men, 23.5% ($n = 662$) of cisgender women, 22.5% ($n = 60$) of trans women and 12.9% ($n = 292$) of cisgender men. Finally, 8.2% ($n = 70$) of non-binary participants were categorised as having mild disability, followed by 7.7% ($n = 218$) of cisgender women, 6.0% ($n = 16$) of trans women, 5.4% of trans men ($n = 15$) and 4.9% ($n = 111$) of cisgender men.

3.8 First Nations peoples

3.8.1 First Nations – young people aged 14-21 years

At a national level, *Writing Themselves In 4* heard from a large number of LGBTQA+ First Nations peoples. Overall, 4.9% ($n = 121$) of participants with disability aged 14-21 years identified as a First Nations person in *Writing Themselves In 4*, higher than the estimated proportion of First Nations peoples in Australia (3.3%)(25) or the proportion of First Nations peoples (4.2%) among young people in Australia aged 15 to 24 years.(26) The representation of First Nations participants with disability and specific in-depth outputs are planned for the analysis and interpretation of these data, in close collaboration with First Nations peoples organisations for both *Writing Themselves In 4* and *Private Lives 3* data.

3.8.2 First Nations – adults aged 18+ years

In total, 3.9% (n = 103) of participants with disability aged 18+ years identified as a First Nations person in *Private Lives 3*. This is similar to the general population in Australia (3.3%). (25) As mentioned above, the representation of First Nations participants with disability and specific in-depth outputs are planned for the analysis and interpretation of these data, in close collaboration with First Nations peoples organisations.

3.9 Cultural background and country of birth

3.9.1 Cultural background and country of birth – young people aged 14-21 years

The majority of participants with disability in *Writing Themselves In 4* were born in Australia (92.2%, n = 2306), while 7.8% (n = 194) were born overseas. Of those born overseas, 51.0% (n = 99) were born in an English-speaking country and 49.0% (n = 95) in a non-English speaking country. Table 15 displays a breakdown of participants according to their reported cultural background.

Table 15: Cultural background of young people with disability aged 14-21 years (n = 2407)

Cultural background	n	%
Anglo-Celtic	1654	68.7
Other European	452	18.8
Southern European	322	13.4
Eastern European	283	11.8
Maori/Pacific Islander	65	2.7
Chinese	57	2.4
South-East Asian	54	2.2
Middle Eastern	52	2.2
Other Asian	42	1.7
Latin American	33	1.4
Indian	32	1.3
Different background	184	7.6

Table 15 shows that a majority of participants with disability in *Writing Themselves In 4* identified as Anglo-Celtic or European. In total, two-thirds (68.7%; n = 1654) identified as Anglo-Celtic, 18.8% (n = 452) as 'Other European', 13.4% (n = 322) as Southern European, 11.8% (n = 283) as Eastern European, 2.7% (n = 65) as Maori or Pacific Islander, 2.4% (n = 57) as Chinese, 2.2% (n = 54) as South East Asian, 2.2% (n = 52) as Middle Eastern, 1.7% (n = 42) as Other Asian, 1.4% (n = 33) as Latin American, 1.3% (n = 32) as Indian and 7.6% (n = 184) as a different cultural background. Chapter 10 contains a detailed breakdown of key health and social experiences according to cultural background for LGBTQA+ people with disability.

3.9.2 Cultural background and country of birth – adults aged 18+ years

The majority of participants with disability in *Private Lives 3* were born in Australia (87.6%; n = 2299) and 12.4% (n = 325) were born overseas. Of those born overseas, 10.9% (n = 35) had resided in Australia for five years or less and 26.1% (n = 84) for ten years or less. In total, 1.6% (n = 42) of participants spoke a language other than English at home. Table 16 displays information regarding cultural background.

Table 16: Cultural background of adults with disability aged 18+ years (n = 2269)

Cultural background	n	%
Anglo-Celtic	1611	70.9
Multicultural background	662	29.1

As shown in Table 16, a majority of participants with disability in *Private Lives 3* reported their cultural background as Anglo-Celtic (70.9%; n = 1608). A little less than a third (29.1%; n = 661) reported a different cultural background, referred to here as a 'multicultural background'. Chapter 10 contains further detail regarding participants with disability from different cultural backgrounds.

3.10 Religious or spiritual identity

3.10.1 Religious or spiritual identity – young people aged 14-21 years

Table 17: Religious or spiritual identity among young people with disability aged 14-21 years (n = 2491)

Religion	n	%
No religion	1777	71.3
Catholic	130	5.2
Anglican (Church of England)	67	2.7
Uniting Church	30	1.2
Judaism	28	1.1
Buddhism	22	0.9
Islam	12	0.5
First Nations spirituality	11	0.4
Greek Orthodox	13	0.5
Presbyterian	8	0.3
Other	393	15.7

As displayed in Table 17, close to three-quarters (71.3%; n = 1777) of participants with disability in *Writing Themselves In 4* reported having no current religion or spirituality, higher than the 52% among people aged 13 to 18 years in the general Australian population (Singleton et al., 2019). Of participants with disability reporting a religious or spiritual identity, 5.2% (n = 130) were Catholic, 2.7% (n = 67) Anglican, 1.2% (n = 30) Uniting Church, 1.1% (n = 28) Jewish, 0.9% (n = 22) Buddhist, 0.5% (n = 12) Muslim, 0.4% (n = 11) First Nations spirituality, 0.5% (n = 13) Greek Orthodox, 0.3% (n = 8) Presbyterian and 15.7% (n = 393) other religion or spirituality.

3.10.2 Religious or spiritual identity – adults aged 18+ years

Table 18: Religious or spiritual identity among adults with disability aged 18+ years (n = 2618)

Religion	n	%
No religion	1879	71.8
Catholic	96	3.7
Anglican (Church of England)	62	2.4
Buddhism	50	1.9
Judaism	45	1.7
Uniting Church	39	1.5
Islam	9	0.3
Hinduism	7	0.3
Presbyterian	6	0.2
Greek Orthodox	6	0.2
Other	419	16.0

As displayed in Table 18, close to three-quarters (71.8%; n = 1879) of participants with disability in *Private Lives 3* reported having no current religion or spirituality. Of participants reporting a religious or spiritual identity, 3.7% (n = 96) were Catholic, 2.4% (n = 62) Anglican, 1.9% (n = 50) Buddhist, 1.7% (n = 45) Jewish, 1.5% (n = 39) Uniting Church, 0.3% (n = 7) Muslim, 0.3% (n = 7) Hindu, 0.2% (n = 6) Presbyterian, 0.2% (n = 6) Greek Orthodox and 16.0% (n = 419) another religion or spirituality. Religious or spiritual affiliation was lower than among the general Australian population, in which 30% report having no religion.(27)

3.11 Education

3.11.1 Educational institution attended in past 12 months – young people aged 14-21 years

Young people from *Writing Themselves In 4* were asked if they were currently attending a school or educational institution or if they had attended one in the past 12 months. Table 19 displays these results.

Table 19: Educational institution attended in past 12 months by young people with disability aged 14-21 years (n = 2500)

Education	n	%
Secondary school	1259	50.4
University	627	25.1
TAFE	257	10.3
No schooling or other education	150	6.0
Alternative education program	106	4.2
Private college	31	1.2
Special needs school	13	0.5
Other	57	2.3

Over half (50.4%; n = 1259) of young people with disability in *Writing Themselves in 4* attended secondary school in the past 12 months. This was followed by one-quarter who attended university (25.1%; n = 627), 10.3% (n = 257) who attended TAFE, 6.0% (n = 150) who were not in any form of schooling or other education, 4.2% (n = 106) who were engaged in an alternative education program, 1.2% (n = 31) who attended a private college, 0.5% (n = 13) who were in a private needs school and 2.3% (n = 57) who attended another educational institution.

3.11.2 Highest level of educational attainment – adults aged 18+ years

Table 20: Highest educational qualification of adults with disability aged 18+ years (n = 2628)

Education	n	%
Secondary or below	778	29.6
Non-university tertiary	727	27.7
University – undergraduate	676	25.7
University – postgraduate	447	17.0

As displayed in Table 20, 42.7% of *Private Lives 3* participants with disability reported attaining a bachelor's degree or above. This is higher than the 17.7% among the general population(28), though lower than the 59.0% of *Private Lives 3* participants without disability, possibly reflecting the 50.7% of participants with disability reporting that 'a long-term health condition or disability affects their participation in education'. In any case, this sample of LGBTQA+ adults with disability was more highly educated than the general population.

3.12 Employment status

3.12.1 Employment status in past 12 months – young people aged 14-21 years

Table 21: Employment status in past 12 months of young people with disability aged 14-21 years (n = 2498)

Employment	n	%
No employment	1047	41.9
Work (full-time)	840	33.6
Work (casual)	445	17.8
Work (part-time)	77	3.1
Apprenticeship	28	1.1
Other	61	2.4

As displayed in Table 21, 54.5% (n = 1362) of participants with disability in *Writing Themselves in 4* were engaged in full-time, part-time or casual employment. Overall, two-fifths (41.9%; n = 1097) reported no employment and it is worth noting that many participants were in school and not necessarily in the labour force. This was followed by one-third (33.6%; n = 840) who reported engaging in full-time work, 17.8% (n = 445) in casual work, 3.1% (n = 77) in part-time work, 1.1% (n = 28) in an apprenticeship and 2.4% (n = 61) in other employment.

3.12.2 Current employment status – adults aged 18+ years

Table 22: Current employment status of adults with disability aged 18+ years (n = 2622)

Employment	n	%
Unemployed or unable to work	758	28.9
Full-time employment	661	25.2
Studying full-time	519	19.8
Casual employment	438	16.7
Part-time employment	389	14.8
Volunteering	318	12.1
Studying part-time	268	10.2
Self-employed	207	7.9
Doing domestic duties or parenting	198	7.6
Under-employed	148	5.6
Retired	90	3.4

Note: Multiple responses were available thus percentages do not add up to 100.

As displayed in Table 22, almost three-fifths (59.4%; n = 1558) of adults with disability aged 18+ years were currently engaged in some form of paid employment, with 25.2% (n = 661) engaged in full-time employment, 16.7% (n = 438) in casual employment and 14.8% (n = 389) in part-time employment. A further one-fifth were studying full-time (19.8%; n = 519) and one-tenth were studying part-time (10.2%). More than one-tenth of participants with disability were engaged in volunteering (12.9%; n = 318), 7.9% (n = 207) were self-employed, 7.6% (n = 198) were doing domestic duties or parenting, 5.6% (n = 148) were under-employed and 3.4% (n = 90) were retired. The percentage of participants with disability in *Private Lives 3* who reported being unemployed or unable to work (28.9%; n = 758) was more than five times the national rate of 5.3% at the time this survey was undertaken.(29)

3.12.3 Income – adults aged 18+ years

Table 23: Total weekly income before tax of all wages/salaries, government benefits, pensions, allowances and other income among adults with disability aged 18+ years (n = 2604)

Income	n	%
Nil income	224	8.6
\$1 - \$399	883	33.9
\$400 - \$599	432	16.6
\$600 - \$999	347	13.3
\$1000 - \$1999	567	21.8
\$2000+	151	5.8

As displayed in Table 23, one-quarter (27.6%; n = 1886) of participants with disability in *Private Lives 3* reported an income of \$1000 or more per week. This compared to 54.7% of participants without disability in *Private Lives 3*. Over two-fifths (42.5%; n = 1107) of participants with disability reported an income of less than \$400 per week (below the Australian poverty line of \$457 per week), and higher than the 22.0% of *Private Lives 3* participants without disability. The proportion of participants reporting an income of less than \$400 per week was highest among participants categorised with severe disability (53.2%; n = 422), followed by participants categorised with moderate disability (43.9%; n = 578) and those categorised with mild disability (24.8%; n = 107).

3.13 Housing and household

Current housing situation – young people aged 14-21 years

Table 24: Current housing situation of young people with disability aged 14-21 years (n = 2625)

Housing situation	n	%
House	2065	82.7
Rooming house/ Shared house	173	6.9
Apartment	171	6.8

Housing situation	n	%
Public housing	22	0.9
Couch surfing	14	0.6
Crisis/emergency accommodation	11	0.4
Somewhere else	42	1.6

As displayed in Table 24, the majority of young people with disability in *Writing Themselves in 4* (82.7%; n = 2065) reported living in a house, followed by 6.9% (n = 173) in a rooming house/ shared house, 6.8% (n = 171) in an apartment, 0.9% (n = 22) in public housing, 0.6% (n = 14) couch surfing, 0.4% (n = 11) in crisis/emergency accommodation and 1.6% (n = 42) somewhere else.

3.13.1 Current housing situation – adults aged 18+ years

Table 25: Current housing situation of adults with disability aged 18+ years (n = 2624)

Housing situation	n	%
Private rental	1240	47.3
At home with family	694	26.5
Privately owned	560	21.3
Public housing	72	2.7
Rooming house	33	1.3
Couch surfing	32	1.2
Transitional housing	19	0.7
Crisis/emergency accommodation	11	0.4
Caravan park	4	0.2
Street/abandoned property/squatting	6	0.2
Somewhere else	83	3.1

Note: Multiple responses were permitted thus percentages do not add up to 100.

Table 25 shows data on current living situations from *Private Lives 3*. In all, more than 4 in 10 (47.3%; n = 1240) adults with disability reported living in a private rental property, one-quarter (26.5%; n = 694) at home with their family and one-fifth (21.2%; n = 560) in a home they owned. In the general Australian population, a higher proportion of people (66%) live in a home they own and a lower proportion (32%) live in a private rental property (30). Among participants living in a private rental property, 38.5% (n = 478) shared with a partner, 38.5% (n = 477) shared with one or more friends and 26.9% (n = 334) lived alone. Among participants who were living in their own home (n = 560), 68.4% (n = 383) owned it with a mortgage and 31.6% (n = 177) owned it without a mortgage. Fewer participants with disability lived in public housing (2.7%; n = 72), a rooming house (1.3%; n = 33), couch surfing (1.2%; n = 32), transitional housing (0.7%; n = 19), crisis/emergency accommodation (0.4%; n = 11), a caravan park (0.2%; n = 4), a street or abandoned property or squatting (0.2%; n = 6) or somewhere else (3.1%; n = 83). It is worth noting that the survey did not explicitly ask about shared supported accommodation and it is not known whether there were some participants in this situation who may have indicated 'somewhere else' in their responses to this survey question.

3.13.2 Household members – young people aged 14-21 years

Table 26: Household members of young people with disability aged 14-21 years (n = 2497)

Household	n	%
My family	2098	84.0
Friends	203	8.1
Partner(s)	143	5.7
Live alone	48	1.9
Others	142	5.7

Note: Multiple responses were available thus percentages do not add up to 100.

As displayed in Table 26, the majority of young people with disability in *Writing Themselves in 4* (84.0%; n = 2098) reported living with their family, followed by friends (8.1%; n = 203) and a partner or partners (5.7%; n = 143). A further 1.9% (n = 48) lived alone and 4.4% (n = 283) lived with other types of people who were not family, friends or a partner or partners.

3.13.3 Household members – adults aged 18+ years

Table 27: Household members of adults with disability aged 18+ years (n = 2331)

Household	n	%
Partner/s	891	33.9
Parent or carer/s	639	24.3
Other family member/s	517	19.7
I live alone	463	17.6
Friend/s	323	12.3
Housemate/s	346	13.2
Children (including those of a partner)	245	9.3
Other/s	57	2.2

Note: Multiple responses were available thus percentages do not add up to 100.

As displayed in Table 27, one-third (33.91%; n = 891) of *Private Lives 3* participants with disability reported living with their partner or partners and one-quarter (24.3%; n = 639) with a parent, parents, carer or carers, followed by one-fifth (19.7%; n = 517) with other family members. A smaller proportion of participants with disability (17.6%; n = 463) lived alone compared to the 24.4% reported in the general Australian population aged 15 years and over.⁽³¹⁾ Approximately one-tenth of participants with disability lived with one or more friends (12.3%; n = 323), housemates (13.2%; n = 346) or children (9.3%; n = 245).

3.14 Summary

With a total of 5128 LGBTQA+ participants with disability, this report represents the largest and most diverse sample of LGBTQA+ people with disability ever surveyed in Australia. This includes participants from all across the country, ranging in age from 14 to 86 years. It also includes people living in metropolitan, regional and rural areas, people from culturally and linguistically diverse backgrounds and people born overseas. This diversity is further reflected in the gender identities and sexual orientations of those who participated, which included over 1815 trans and gender diverse people with disability. The samples also show a range of income, education levels and religious and spiritual affiliations. These intersections are crucial to understand as they are known to influence both health-related behaviours and outcomes. Importantly, these studies heard from a large number of First Nations LGBTQA+ people with disability, and we are currently working in partnership with Indigenous organisations to analyse and interpret these data for publication in the near future.

4 Experiences of disclosure, support and acceptance

Previous studies have shown an increasing trend towards disclosure, with more young people in Australia ‘coming out’ or disclosing their same sex attractions to at least one other person. In *Writing Themselves In 4*, 97.5% of young people had disclosed their same-sex attractions to at least one person in the 2019 survey, a continuing trend to openness from 2004 (95%) and 1998 (82%).(32,33) There has also been a trend towards acceptance of lesbian, gay and bisexual identities, as documented by support expressed by family members.(33)

‘Coming out’ in and of itself has not necessarily been found to be protective of wellbeing and mental health for LGBTQA+ young people. Indeed, for some young people in unsupportive environments it may present a risk. However, support at the time of disclosure has shown to be protective, particularly when it comes from family members.(34,35) Previous studies have shown high rates of family support to be a strong protective factor against suicidal ideation and suicide attempts among young people, while LGB youth reported significantly lower levels of family support than their non-LGB peers.(36) Conversely, rejection of a child’s sexual orientation or gender identity by a parent or carer is associated with higher rates of suicide attempts and self-harm.(37)

This chapter reflects how LGBTIQ people with disability disclosed their sexuality or gender identity to significant others and the support they received (or did not receive) when doing so. It also describes feelings of acceptance in both mainstream and LGBTIQ-specific spaces.

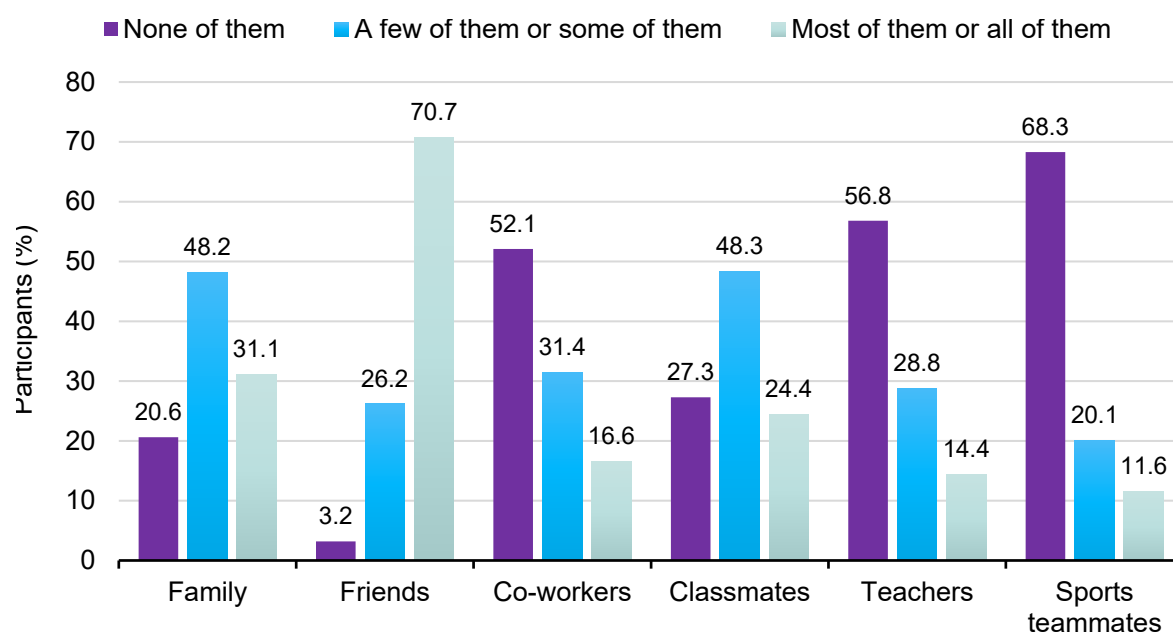
4.1 Disclosing sexual orientation or gender identity – young people aged 14-21 years

Disclosure comes in many forms and is not always encompassed by the term ‘coming out’. Disclosure can also involve trusted people being ‘invited in’ by a young person to a discussion about sexuality or gender identity. Participants with disability were asked, ‘Have you come out to or talked with any of the following people about your sexual identity or gender identity?’ The range of possible people shown was contingent upon answers to previous questions. For example, only those who reported playing sport were shown the option regarding sports teammates. Sample sizes for each option were as follows:

- Family (n = 2440)
- Friends (n = 2458)
- Coworkers (n = 1406)
- Classmates (n = 2197)
- Teachers (n = 2167)
- Sports teammates (n = 890)

Participants could indicate if aspects of the question were not relevant to them, such as people not working or not participating in sports. Figure 3 displays these responses.

Figure 3: Proportion of young people with disability aged 14-21 years disclosing their sexual orientation or gender identity to different groups of people



As displayed in Figure 3, the majority (96.9%; $n = 2380$) of participants with disability in *Writing Themselves In 4* had disclosed their sexual orientation or gender identity to friends, followed by 79.3% ($n = 1937$) to family and 72.7% ($n = 1597$) to classmates. Less than one-half of participants had disclosed their sexual orientation or gender identity to co-workers (48.0%; $n = 674$) or to teachers (43.2%; $n = 936$), and less than one-third had disclosed to sports teammates (31.7%; $n = 282$).

4.2 Feelings of support about sexuality or gender identity – young people aged 14-21 years

Participants who responded they had come out to or talked with people about their sexuality or gender identity were asked, ‘Overall, how supported do you feel about your sexual identity, gender identity and/or gender expression?’ The question was asked in relation to the categories of people to whom they had previously stated they had disclosed. For example, only participants who indicated that they had come out to or talked with family were asked how supported they felt by family. Tables 28.1-28.6 displays the results.

Tables 28.1-28.6: Proportion of young people with disability aged 14-21 years who feel supported about their sexuality, gender identity or gender expression

Table 28.1

Friends support (n = 2373)	n	%
Not supportive	241	10.2
Supportive or very supportive	2132	89.8

Table 28.2

Teachers support (n = 935)	n	%
Not supportive	317	33.9
Supportive or very supportive	618	66.1

Table 28.3

Sports teammates support (n = 281)	n	%
Not supportive	102	36.3
Supportive or very supportive	179	63.7

Table 28.4

Family support (n = 1932)	n	%
Not supportive	836	43.3
Supportive or very supportive	1096	56.7

Table 28.5

Co-workers support (n = 671)	n	%
Not supportive	300	44.7
Supportive or very supportive	371	55.3

Table 28.6

Classmates support (n = 1232)	n	%
Not supportive	735	59.7
Supportive or very supportive	497	40.3

As shown in Table 28.1-28.6, participants with disability in *Writing Themselves in 4* who had disclosed their sexual orientation or gender identity reported feeling most supported by friends (89.8%; n = 2132), followed by teachers (66.1%; n = 618) and sports teammates (63.7%; n = 179). A little over one-half of participants who had disclosed to family (56.7%; n = 1096) and co-workers (55.3%; n = 371) felt supported, while less than half who had disclosed their sexual orientation or gender identity to classmates felt supported (40.3%; n = 497).

Tables 29.1-29.6: Proportion of young people aged 14-21 years who feel supported about their sexuality or gender identity, grouped by disability

Table 29.1 Any disability*

Feel supported	n	%
Family	638	56.2
Friends	1216	89.5
Classmates	266	39.3
Teachers	382	66.2

Table 29.2 No disability

Feel supported	n	%
Family	1256	59.1
Friends	2656	87.5
Classmates	724	45.1
Teachers	589	65.6

Table 29.3 Autism, neuro-diverse

Feel supported	n	%	n	%	n	%	n	%	n	%
Family	314	60.4	102	54.8	53	56.4	314	54.1	458	57.5
Friends	568	90.9	183	89.7	108	92.3	593	87.9	916	90.3
Classmates	122	38.5	30	33.3	18	32.1	127	37.8	231	41.5
Teachers	193	67.0	58	58.6	27	60.0	196	67.8	236	65.9

Table 29.4 Autism, neuro-diverse with intellectual disability

Feel supported	n	%	n	%	n	%	n	%	n	%
Family	314	60.4	102	54.8	53	56.4	314	54.1	458	57.5
Friends	568	90.9	183	89.7	108	92.3	593	87.9	916	90.3
Classmates	122	38.5	30	33.3	18	32.1	127	37.8	231	41.5
Teachers	193	67.0	58	58.6	27	60.0	196	67.8	236	65.9

Table 29.4 Intellectual disability

Feel supported	n	%	n	%	n	%	n	%	n	%
Family	314	60.4	102	54.8	53	56.4	314	54.1	458	57.5
Friends	568	90.9	183	89.7	108	92.3	593	87.9	916	90.3
Classmates	122	38.5	30	33.3	18	32.1	127	37.8	231	41.5
Teachers	193	67.0	58	58.6	27	60.0	196	67.8	236	65.9

Table 29.5 Physical or sensory

Feel supported	n	%	n	%	n	%	n	%	n	%
Family	314	60.4	102	54.8	53	56.4	314	54.1	458	57.5
Friends	568	90.9	183	89.7	108	92.3	593	87.9	916	90.3
Classmates	122	38.5	30	33.3	18	32.1	127	37.8	231	41.5
Teachers	193	67.0	58	58.6	27	60.0	196	67.8	236	65.9

Table 29.6 Mental health condition

Feel supported	n	%	n	%	n	%	n	%	n	%
Family	314	60.4	102	54.8	53	56.4	314	54.1	458	57.5
Friends	568	90.9	183	89.7	108	92.3	593	87.9	916	90.3
Classmates	122	38.5	30	33.3	18	32.1	127	37.8	231	41.5
Teachers	193	67.0	58	58.6	27	60.0	196	67.8	236	65.9

** In order to be more comparable with general population data, 'any disability' does not include participants who only reported 'mental illness' and no other disability or long-term health condition.*

As displayed in Tables 29.1-29.6, a slightly lower proportion of participants with disability in *Writing Themselves in 4* felt supported about their sexuality or gender identity by family members (56.2%; n = 638) than those not reporting disability (59.1%; n = 1256). Similarly, a lower proportion of participants with disability felt supported about their sexuality or gender identity by classmates (39.3%; n = 266) than those not reporting disability (45.1%; n = 724). Overall, 89.5% (n = 1216) of participants with disability reported feeling supported by friends compared to 87.5% (n = 2656) without disability. Similarly, two-thirds (66.2%; n = 382) of participants with disability reported feeling supported by teachers compared to 65.6% (n = 589) of participants without disability.

Among participants reporting disability, less than two-thirds reported feeling supported by family. Approximately 60% of participants with autism/neurodiversity reported feeling supported by family (60.4%; n = 314), followed by participants with a mental health condition (57.5%; n = 458), participants with intellectual disability (56.4%; n = 53), participants with autism/neurodiversity and intellectual disability (54.8%; n = 102) and participants with physical or sensory disability (54.1%; n = 314).

Among participants reporting disability, more than four-fifths reported feeling supported by friends. Over 90% of participants with intellectual disability reported feeling supported by friends (92.3%; n = 108), followed by participants with autism/neurodiversity (90.9%; n = 568), participants with a mental health condition (90.3%; n = 916), participants with autism/neurodiversity and intellectual disability (89.7%; n = 183) and participants with physical or sensory disability (87.9%; n = 593).

Among participants reporting disability, less than half reported feeling supported by classmates. Just over two-fifths of participants with a mental health condition reported feeling supported by classmates (41.5%; n = 231), followed by participants with autism/neurodiversity (38.5%; n = 122), participants with a physical or sensory disability (37.8%; n = 127), participants with autism/neurodiversity and intellectual disability (33.3%; n = 30) and participants with an intellectual disability (32.1%; n = 18).

Among participants reporting disability, approximately two-thirds or fewer reported feeling supported by teachers. Participants with a physical or sensory disability had the largest proportion (67.8%; n = 196), followed by participants with autism/neurodiversity (67.0%; n = 193), participants with a mental health condition (65.9%; n = 236), participants with an intellectual disability (60.0%; n = 27) and participants with autism/neurodiversity and intellectual disability (58.6%; n = 58).

4.3 Feelings of acceptance – adults aged 18+ years

Participants from *Private Lives 3* were asked to report on the extent to which they currently felt accepted in a variety of situations. Response options included ‘not applicable’, ‘not at all’, ‘a little’, ‘somewhat’, ‘a lot’ and ‘always’. Responses were analysed only among participants who reported that a situation was applicable to them. Table 30 displays the numbers and percentages of participants aged 18+ years with disability who felt they were accepted a lot or always in each situation.

Table 30: Proportion of adults with disability aged 18+ years who currently feel accepted ‘a lot’ or ‘always’ in the following situations

Currently, to what extent do you feel accepted in the following situations?	n	%
LGBTIQ event or venue	1284	59.5
At work	853	45.9
At an educational institution	763	46.2
LGBTIQ dating app or website	633	44.0

Currently, to what extent do you feel accepted in the following situations?	n	%
With family members	1091	43.2
Accessing a health or support service	839	34.5
Social or community events	608	25.9
In public (e.g., in the street or park)	585	23.9
Mainstream event	483	20.9
Non-LGBTIQ dating app or website	196	15.1
Religious or faith-based events or services	134	9.7

Note: Responses were analysed among participants who reported that a situation was applicable to them therefore an overall 'n' is not provided.

As displayed in Table 30, participants reporting disability from *Private Lives 3* were most likely to feel accepted at an LGBTIQ event or venue (59.5%; n = 1284). Less than half felt accepted at work (45.9%, n = 853), at an education institution (46.2%, n = 763), on LGBTIQ dating apps or websites (44.0%; n = 633), with family members (43.2%; n = 1091) and accessing a health or support service (34.5%, n = 839). Approximately one-quarter of participants felt supported at social or community events (25.9%; n = 608) and in public, such as in the street or park (23.9%; n = 585). Few participants felt accepted at mainstream events (20.9%; n = 483), on non-LGBTIQ dating apps or websites (15.1%; n = 196) or at religious or faith-based events or services (9.7%, n = 134).

The extent to which participants with disability in *Private Lives 3* feel accepted at LGBTIQ events, with family members, at work and when accessing a health or support service was analysed according to the Disability Flag categories. Tables 31.1-31.4 display these results.

Tables 31.1-31.4: Proportion of adults with disability aged 18+ years who currently feel accepted 'a lot' or 'always', grouped by Disability Flag category

Table 31.1 Mild disability

Feel accepted a lot or always	n	%
LGBTIQ event	248	65.6
At work	205	59.1
With family members	223	52.7
Accessing a health or support service	167	40.7

Table 31.2 Moderate disability

Feel accepted a lot or always	n	%
LGBTIQ event	719	61.9
At work	475	48.0
With family members	582	43.3
Accessing a health or support service	449	35.2

Table 31.3 Severe disability

Feel accepted a lot or always	n	%
LGBTIQ event	362	55.4
At work	173	42.4
With family members	286	37.6
Accessing a health or support service	223	29.9

Table 31.4 No disability

Feel accepted a lot or always	n	%
LGBTIQ event	2384	71.5
At work	3115	67.9
With family members	2215	58.8
Accessing a health or support service	1785	50.6

As displayed in Table 31.1-31.4, participants with no disability had the largest proportion who reported feeling supported across all four settings. Participants with no disability reported feeling the most accepted at an LGBTIQ event (71.5%; n = 2384), followed by participants categorised with a mild disability (65.6%; n = 248), a moderate disability (61.9%; n = 719) and a severe disability (55.4%; n = 362).

Participants with no disability also reported feeling the most accepted at work (67.9%; n = 3115), followed by participants categorised with a mild disability (59.1%; n = 205), a moderate disability (48.0%; n = 475) and a severe disability (42.4%; n = 173).

Similarly, participants with no disability reported feeling the most accepted with family members (58.8%; n = 2215), followed by participants categorised with a mild disability (52.7%; n = 223), a moderate disability (43.3%; n = 286) and a severe disability (37.6%; n = 286).

Finally, participants with no disability reported feeling the most accepted accessing a health or support service (50.6%; n = 1785), followed by participants categorised with a mild disability (40.7%; n = 167), a moderate disability (35.2%; n = 449) and a severe disability (29.9%; n = 223).

4.4 Summary and relation to existing literature

LGBTQA+ young people and adults with disability consistently felt less supported than those without disability and this trend was generally more pronounced for young people with autism/neurodiversity and intellectual disability as well as adults categorised with more severe disabilities. The majority of participants with disability aged 14-21 years in *Writing Themselves in 4* had disclosed their sexual orientation or gender identity to friends, family or classmates. However, less than one-half had disclosed their sexual orientation or gender identity to co-workers, teachers or sports teammates.

Nine-tenths of participants with disability aged 14-21 years in *Writing Themselves in 4* who had disclosed their sexual orientation or gender identity reported feeling supported by friends, followed by two-thirds of teachers and sports teammates. A little over one-half of those who had disclosed to family and co-workers felt supported, while less than half who had disclosed their sexual orientation or gender identity to classmates felt supported. Importantly, a lower proportion of participants with disability in *Writing Themselves in 4* felt supported about their sexual orientation or gender identity by family members or classmates than those not reporting disability.

Among participants aged 18 years or older in *Private Lives 3*, participants with no disability reported feeling more accepted at an LGBTIQ event, at work, with family and when accessing a health or support service than participants with disability.

The findings of this analysis complement and further enhance existing research that details the experiences of LGBTQA+ people with disability disclosing their sexuality or gender identity to significant others. Existing research details how, for many LGBTQA+ young people with disability, the experience of coming out may be markedly different to the experiences of LGBTQA+ young people without disability. It is also important to note that some literature has drawn comparisons between ‘coming out’ regarding sexual orientation or gender identity and ‘coming out’ regarding disability, particularly invisible disability, which may not be immediately known without disclosure.(38) Moreover, literature has observed that LGBTQA+ people with disability may face difficulties with acceptance from LGBTQA+ communities regarding their disability and from disability communities regarding their sexual orientation.(39,40) These patterns reflect the “dual marginalisation” experienced by LGBT people with intellectual disabilities, who are ‘initially marginalised by their disability and pushed farther from social ‘acceptability’ because of their sexual orientation or gender expression’.(22)

5 Safety in educational settings

In previous research, young people in discriminatory or unsupportive educational environments reported poorer educational attainment and truancy.(34,41,42) Moreover, young people with unsupportive classmates were more likely to report changing schools, truancy, avoiding the change rooms and avoiding extra-curricular activities.(34) On the other hand, young LGB people in educational settings that are supportive of LGBTQA+ people were found to report better mental health, higher social connectedness and improved educational attainment.(34,41)

Although research examining specific settings is limited, studies have documented abuse or violence against LGBTQ people with disability across a range of educational settings, including in school and university.(43–45) In the *Writing Themselves In 4* survey, young people aged 14-21 years were asked about their experiences related to feeling safe in education settings. This chapter focuses on the results of those who reported a disability.

5.1 Experiences of feeling unsafe or uncomfortable – young people aged 14-21 years

Participants were asked if they had felt unsafe or uncomfortable at their educational setting due to their sexuality or gender identity in the past 12 months. Tables 32.1-32.4 display the results.

Tables 32.1-32.4: Proportion of young people with disability aged 14-21 years who reported feeling unsafe or uncomfortable in their educational setting due to their sexuality or gender identity in the past 12 months

Table 32.1 Secondary school

Felt unsafe or uncomfortable	n	%
No	443	35.2
Yes	815	64.8

Table 32.2 TAFE

Felt unsafe or uncomfortable	n	%
No	147	57.2
Yes	110	42.8

Table 32.3 University

Felt unsafe or uncomfortable	n	%
No	376	60.1
Yes	250	39.9

Table 32.4 Total

Felt unsafe or uncomfortable	n	%
No	1083	46.1
Yes	1265	53.9

More than half (53.9%; n = 1265) of participants reporting disability in *Writing Themselves In 4* felt unsafe or uncomfortable in their educational setting. Feeling unsafe or uncomfortable in their educational setting was reported most frequently by participants who attended secondary school (64.8%; n = 815), followed by participants who attended TAFE (42.8%, n = 110) and participants who attended university (39.9%; n = 250).

5.1.1 Experiences of feeling unsafe or uncomfortable by disability – young people aged 14-21 years

Tables 33.1-33.7: Proportion of young people aged 14-21 years who reported feeling unsafe or uncomfortable in their educational setting due to their sexuality or gender identity in the past 12 months, grouped by disability

Table 33.1 Any disability*

Felt unsafe or uncomfortable	n	%
No	583	43.3
Yes	763	56.7

Table 33.2 No disability

Felt unsafe or uncomfortable	n	%
No	1717	54.9
Yes	1412	45.1

Table 33.3 Autism, neuro-diverse

Felt unsafe or uncomfortable	n	%
No	274	44.7
Yes	339	55.3

Table 33.4 Autism neuro-diverse with intellectual disability

Felt unsafe or uncomfortable	n	%
No	62	32.1
Yes	131	67.9

Table 33.5 Intellectual disability

Felt unsafe or uncomfortable	n	%
No	53	42.1
Yes	73	57.9

Table 33.6 Physical or sensory

Felt unsafe or uncomfortable	n	%
No	276	41.6
Yes	388	58.4

Table 33.7 Mental health condition

Felt unsafe or uncomfortable	n	%
No	500	49.9
Yes	502	50.1

** In order to be more comparable with general population data, 'any disability' does not include participants who only reported 'mental illness' and no other disability or long-term health condition.*

As shown in Tables 33.1-33.7, a higher proportion of participants with disability in *Writing Themselves In 4* felt unsafe or uncomfortable in their educational setting (56.7%; n = 763) than those not reporting disability (45.1%; n = 1412).

Participants with autism/neurodiversity and intellectual disability had the largest proportion who felt unsafe or uncomfortable in their educational setting (67.9%; n = 131), followed by participants with a physical or sensory disability (58.4%; n = 388), participants with an intellectual disability (57.9%; n = 73), participants with autism/neurodiversity (55.3%; n = 339) and participants with a mental health condition (50.1%; n = 502).

5.2 Feeling safe to engage in activities – young people aged 14-21 years

Participants who reported attending an educational institution in the past 12 months were asked to respond to a series of statements about feelings of safety, preceded by the statement, 'During the past 12 months, at your educational setting have you felt that you could safely...' Responses are displayed in Tables 34.1-34.4.

Table 34.1-35.4: Perceived safety when engaging in LGBTIQ+ affirming practices among young people with disability aged 14-21 years

Table 34.1 Secondary school

During the past 12 months at your education setting have you felt that you <u>could</u> safely ...	n	%
openly identify as LGBTIQ+	656	52.7

Table 34.2 TAFE

During the past 12 months at your education setting have you felt that you <u>could</u> safely ...	n	%
openly identify as LGBTIQ+	169	66.3

Table 34.3 University

During the past 12 months at your education setting have you felt that you <u>could</u> safely ...	n	%
openly identify as LGBTIQ+	467	75.1

Table 34.4 Total

During the past 12 months at your education setting have you felt that you <u>could</u> safely ...	n	%
openly identify as LGBTIQ+	1414	60.8

As shown in Tables 34.1-34.4, 60.8% (n = 1414) of participants with a disability who attended an educational setting felt that they could safely identify as LGBTIQ+. Participants who attended university felt the safest to openly identify as LGBTIQ+ at their educational setting (75.1%; n = 467), followed by participants who attended TAFE (66.3%; n = 169) and participants who attended secondary school (52.7%; n = 656).

Trans and gender diverse participants were then asked 'during the past 12 months, at your educational setting have you felt that you could safely...?' Responses are displayed in Tables 35.1-35.4.

Tables 35.1-35.4: Perceived safety engaging in gender affirming acts in educational settings among young people with disability aged 14-21 years

Table 35.1 Secondary school

During the past 12 months at your education setting have I felt that I <u>could</u> safely ...	n	%
use the bathrooms that match my gender identity	130	26.9
use my chosen name or pronouns	195	40.3

Table 35.2 TAFE

During the past 12 months at your education setting have I felt that I <u>could</u> safely ...	n	%
use the bathrooms that match my gender identity	65	49.2
use my chosen name or pronouns	77	58.3

Table 35.3 University

During the past 12 months at your education setting have I felt that I <u>could</u> safely ...	n	%
use the bathrooms that match my gender identity	142	53.4
use my chosen name or pronouns	184	69.2

Table 35.4 Total

During the past 12 months at your education setting have I felt that I <u>could</u> safely ...	n	%
use the bathrooms that match my gender identity	394	39.9
use my chosen name or pronouns	530	53.7

Only 39.9% (n = 394) of trans or gender diverse participants with a disability and who attended an educational setting felt safe to use the bathrooms that matched their gender identity. Participants who attended university felt the safest to use the bathrooms that matched their gender identity (53.2%; n = 142), followed by participants who attended TAFE (49.2%; n = 65). Less than one-third (26.9%; n = 130) of participants who attended secondary school felt safe to use the bathroom that matched their gender identity.

Just over half (53.7%; n = 530) of trans or gender diverse participants with a disability and who attended an educational setting felt safe to use their chosen name or pronouns at their educational setting. Just over two-thirds (69.2%; n = 184) of participants who attended university felt safe to use their chosen name or pronouns, followed by participants who attended TAFE (58.3%; n = 77). Less than half (40.3%; n = 195) of those who attended a secondary school felt safe to use their chosen names or pronouns.

5.3 Any missed days in the past 12 months – young people aged 14-21 years

Participants were asked how many days they had missed at their educational setting due to feeling unsafe or uncomfortable in the last 12 months. The wording of the question was tailored to those at secondary school, TAFE and university. Responses were analysed according to whether participants had missed one or more days.

Tables 36.1-36.4: Any missed days due to feeling unsafe or uncomfortable at their educational setting in the past 12 months among young people with disability aged 14-21 years

Table 36.1 Secondary school

One or more days missed	n	%
No	574	49.1
Yes	595	50.9

Table 36.2 TAFE

One or more days missed	n	%
No	105	59.0
Yes	73	41.0

Table 36.3 University

One or more days missed	n	%
No	426	73.4
Yes	154	26.6

Table 36.4 Total

One or more days missed	n	%
No	1205	57.0
Yes	910	43.0

As displayed in Table 36.1-36.4, 43.0% (n = 910) of participants with a disability in *Writing Themselves In 4* had missed at least one day of school, TAFE or university in the past 12 months. The highest proportion of participants who had missed days at their educational setting was among those who attended secondary school (50.9%; n = 595), followed by participants who attended TAFE (41.0%; n = 73), and was lowest among participants who attended university (26.6%; n = 154).

5.3.1 Any missed days in past 12 months by disability – young people aged 14-21 years

Table 37.1-37.7: Any missed days due to feeling unsafe or uncomfortable at their educational setting in the past 12 months among young people aged 14-21 years, grouped by disability

Table 37.1 Any disability*

One or more days missed	n	%
No	679	56.5
Yes	522	43.5

Table 37.2 No disability

One or more days missed	n	%
No	2202	74.6
Yes	748	25.4

Table 37.3 Autism, neuro-diverse

Day or days missed	n	%
No	312	56.5
Yes	240	43.5

Table 37.4 Autism, neuro-diverse with intellectual disability

Day or days missed	n	%
No	84	50.9
Yes	81	49.1

Table 37.5 Intellectual disability

Day or days missed	n	%
No	60	53.6
Yes	52	46.4

Table 37.6 Physical or sensory

Day or days missed	n	%
No	322	54.6
Yes	268	45.4

Table 37.7 Mental health condition

Day or days missed	n	%
No	526	57.5
Yes	388	42.5

* In order to be more comparable with general population data, 'any disability' does not include participants who only reported 'mental illness' and no other disability or long-term health condition.

As displayed in Tables 37.1-37.7, a higher proportion (43.5%; n = 522) of participants with disability in *Writing Themselves In 4* had missed at least one day at their educational setting in the past 12 months due to feeling unsafe or uncomfortable than those not reporting disability (25.4%; n = 748). Participants with autism/neurodiversity and intellectual disability had the largest proportion who reported missing at least one day at their educational setting in the past 12 months (49.1%; n = 81), followed by participants with an intellectual disability (46.4%; n = 52), participants with a physical or sensory disability (45.4%; n = 268), participants with autism/neurodiversity (43.5%; n = 240) and participants with a mental health condition (42.5%; n = 388).

5.4 Summary and relation to existing literature

More than half of participants with disability aged 14-21 years in *Writing Themselves In 4* felt unsafe or uncomfortable in their educational setting in the past 12 months. Feeling unsafe or uncomfortable in their educational setting was reported most frequently by participants who attended secondary school, followed by participants who attended TAFE and participants who attended university. A higher proportion of participants with disability in *Writing Themselves In 4* felt unsafe or uncomfortable in their educational setting than those not reporting disability.

Among participants with disability aged 14-21 years in *Writing Themselves In 4*, those who attended university felt the safest to openly identify as LGBTIQA+ at their educational setting, followed by participants who attended TAFE and participants who attended secondary school. Only two-fifths of trans or gender diverse participants with a disability and who attended an educational setting felt safe to use the bathrooms that matched their gender identity.

Overall, two-fifths of participants with a disability in *Writing Themselves In 4*, had missed at least one day of school in the past 12 months. The highest proportion of participants who had missed days at their educational setting was among those who attended secondary school, followed by participants who attended TAFE, and was lowest among participants who attended university. Importantly, a much higher proportion of participants with disability in *Writing Themselves In 4* had missed at least one day of school at their educational setting in the past 12 months than those not reporting disability.

Previous research has linked school absenteeism and experiences of victimisation among LGB students, with associated implications for academic achievement.(46) This is potentially more challenging for those with disability due to dual marginalisation based on their disability as well as their gender or sexual identity.(22)gay, bisexual, transgender, intersex or questioning (LGBTIQ Feeling unsafe or uncomfortable at school or in other education settings can also arise from multiple different experiences. For example, studies in different areas of the world have documented not only experiences of bullying toward LGBT students, but also experiences of not feeling accepted, included or respected, or experiences of additional forms of disadvantage.(47) One study in Australia found a wide range of different negative experiences reported by sexuality and gender diverse secondary school students.(48) Studies have also found that in the general population, people with disability can report a range of different forms of bullying or victimisation at school.(49) In addition, for students in general, lacking a feeling of connectedness to school has been linked to mental health outcomes.(50)

6 Experiences of harassment, abuse and discrimination

Various studies provide evidence that LGBT people with disability experience harassment, verbal abuse, physical violence, neglect and sexual assault at higher rates than LGBT people without disability.(43,51,52) LGBTQ people with disability commonly report feeling isolated and ostracised from both the LGBTQ and disability communities. For example, lesbian-identifying people with disability reported feeling excluded from both the lesbian community and the disability community in the U.S.(40), and those with cognitive disabilities were reported to experience having their sexual autonomy controlled by medical profession gatekeepers. Similarly, gay-identifying people with intellectual disabilities reported feeling lonely and isolated from society in the Netherlands(39), reflecting the multiple marginalisation experienced by LGBT people with disability.(22)

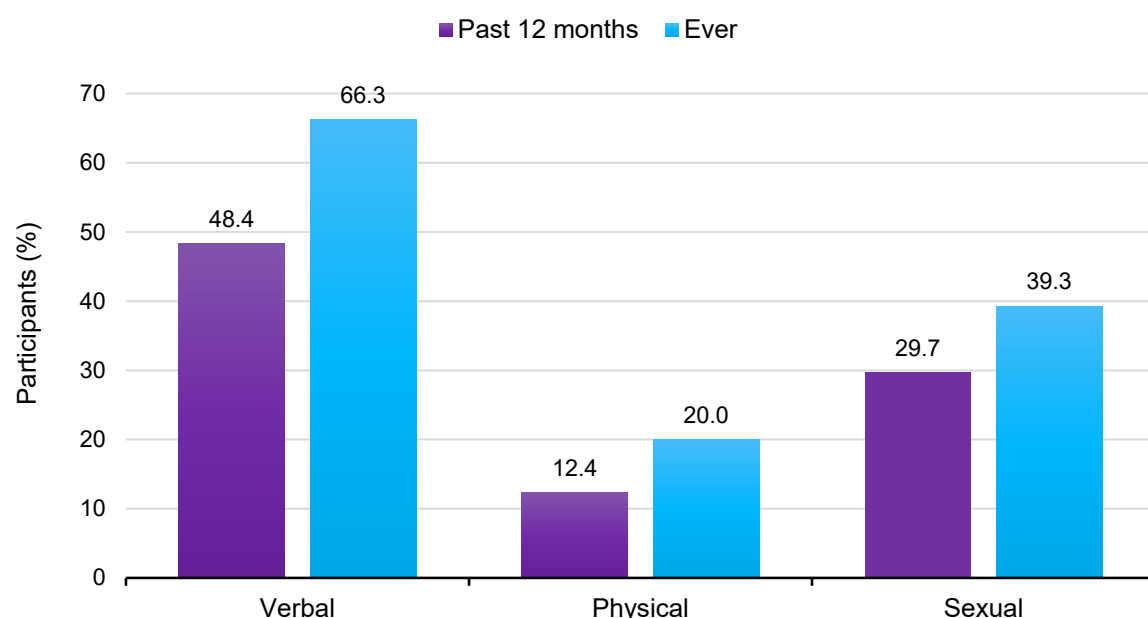
6.1 Experiences of harassment based on sexuality or gender identity among participants with disability – young people aged 14-21 years

Participants in *Writing Themselves In 4* were asked if, in the past 12 months or ever in their lifetimes, they had experienced any of the following forms of harassment or assault based on their sexuality or gender identity:

- Verbal (e.g., been called names or threatened)
- Physical (e.g., being shoved, punched or injured with a weapon)
- Sexual (e.g., unwanted touching, sexual remarks, sexual messages or being forced to perform any unwanted sexual act)

In total, 2416 participants with disability responded to questions regarding experiences of verbal harassment, 2145 responded to questions regarding experiences of physical harassment or assault and 2219 responded to questions regarding experiences of sexual harassment or assault. Figure 4 displays their responses.

Figure 4: Experiences of verbal, physical and sexual harassment or assault based on sexual orientation or gender identity among young people with disability aged 14-21 years



Verbal abuse was the most frequently experienced form of harassment or assault based on sexual orientation or gender identity reported by participants with disability in *Writing Themselves In 4*, with two-thirds (66.3%; $n = 1601$) of participants reporting experiences of verbal harassment in their lifetime and almost half (48.4%; $n = 1170$) experiencing verbal harassment in the past 12 months. Two-fifths of participants (39.3%; $n = 871$) had experienced sexual harassment in their lifetime, with 29.7% ($n = 660$) reporting experiences of sexual assault in the past 12 months. Physical harassment was experienced by 20.0% ($n = 430$) of participants in their lifetime and by 12.4% ($n = 265$) of participants in the past 12 months.

Tables 38.1-38.7: Experiences of verbal, physical and sexual harassment or assault based on sexual orientation or gender identity in the past 12 months among young people aged 14-21 years, grouped by disability

Table 38.1 Any disability*

Harassment or assault in past 12 months	n	%
Verbal	730	52.7
Physical	185	15.0
Sexual	406	31.7

Table 38.2 No disability

Harassment or assault in past 12 months	n	%
Verbal	1089	34.7
Physical	207	7.5
Sexual	517	18.5

Table 38.3 Autism, neuro-diverse

Harassment or assault in past 12 months	n	%
Verbal	317	50.6
Physical	68	11.9
Sexual	186	31.4

Table 38.4 Autism, neuro-diverse with intellectual disability

Harassment or assault in past 12 months	n	%
Verbal	134	63.5
Physical	43	23.1
Sexual	63	33.0

Table 38.5 Intellectual disability

Harassment or assault in past 12 months	n	%
Verbal	75	59.5
Physical	21	19.6
Sexual	40	36.4

Table 38.6 Physical or sensory

Harassment or assault in past 12 months	n	%
Verbal	371	53.8
Physical	101	16.4
Sexual	203	32.0

Table 38.7 Mental health condition

Harassment or assault in past 12 months	n	%
Verbal	440	42.7
Physical	80	8.8
Sexual	254	27.1

** In order to be more comparable with general population data, 'any disability' does not include participants who only reported 'mental illness' and no other disability or long-term health condition.*

As shown in Tables 38.1-38.7, a substantially higher proportion of participants with disability in *Writing Themselves In 4* reported experiences of verbal harassment in the past 12 months (52.7%; n = 730) than those not reporting disability (34.7%; n = 1089). Twice the proportion of participants with disability reported experiences of physical harassment (15.0%; n = 185) compared to those not reporting disability (7.5%; n = 207). Similarly, a substantially higher proportion of participants with disability reported experiences of sexual assault in the past 12 months (31.7%; n = 185) than those without disability (18.5%; n = 517).

Among participants reporting disability, over half had experienced verbal harassment in the past 12 months. Approximately two-thirds of participants with autism/neurodiversity and intellectual disability reported experiences of verbal harassment (63.5%; n = 134), followed by participants with intellectual disability (59.5%; n = 75), participants with physical or sensory disability (53.8%; n = 371), participants with autism/neurodiversity (50.6%; n = 317) and participants with a mental health condition (42.7%; n = 440). It is also worth noting that 62.0% (n = 209) of the overall group of participants with intellectual disability, with or without autism/neurodiversity, reported verbal harassment in the past 12 months.

Among participants reporting disability, more than 1 in 10 participants had experienced physical harassment in the past 12 months. More than one-fifth of participants with autism/neurodiversity and intellectual disability reported experiences of physical harassment (23.1%; n = 43), followed by participants with intellectual disability (19.6%; n = 21), participants with physical or sensory disability (16.4%; n = 101), participants with autism/neurodiversity (11.9%; n = 68) and participants with a mental health condition (8.8%; n = 80). It is also worth noting that 21.8% (n = 64) of the overall group of participants with intellectual disability, with or without autism/neurodiversity, reported physical harassment in the past 12 months.

Among participants reporting disability, almost one-third had experienced sexual assault in the past 12 months. More than one-third of those with intellectual disability had experienced sexual assault (36.4%; n = 40), followed by participants with autism/neurodiversity and intellectual disability (33.0%; n = 63), participants with physical or sensory disability (32.0%; n = 203), participants with autism/neurodiversity (31.4%; n = 186) and participants with a mental health condition (27.1%; n = 254). It is also worth noting that 34.2% (n = 103) of the overall group of participants with intellectual disability, with or without autism/neurodiversity, reported sexual assault in the past 12 months.

Tables 39.1-39.7 Ever experienced verbal, physical or sexual harassment or assault based on sexual orientation or gender identity among young people aged 14-21 years, grouped by disability

Table 39.1 Any disability*

Harassment or assault ever in lifetime	n	%
Verbal	985	71.1
Physical	301	24.3
Sexual	529	41.3

Table 39.2 No disability

Harassment or assault ever in lifetime	n	%
Verbal	1609	51.3
Physical	333	12.1
Sexual	654	23.3

Table 39.3 Autism, neuro-diverse

Harassment or assault ever in lifetime	n	%
Verbal	436	69.6
Physical	124	21.7
Sexual	241	40.7

Table 39.4 Autism, neuro-diverse with intellectual disability

Harassment or assault ever in lifetime	n	%
Verbal	168	79.6
Physical	62	33.3
Sexual	86	45.0

Table 39.5 Intellectual disability

Harassment or assault ever in lifetime	n	%
Verbal	92	73.0
Physical	31	29.0
Sexual	49	44.5

Table 39.6 Physical or sensory

Harassment or assault ever in lifetime	n	%
Verbal	497	72.0
Physical	166	27.0
Sexual	272	42.9

Table 39.7 Mental health condition

Harassment or assault ever in lifetime	n	%
Verbal	616	59.7
Physical	129	14.2
Sexual	342	36.4

** In order to be more comparable with general population data, 'any disability' does not include participants who only reported 'mental illness' and no other disability or long-term health condition.*

As displayed in Tables 39.1-39.7, and similar to recent experiences of harassment, a substantially higher proportion of participants with disability in *Writing Themselves In 4* reported experiences of verbal harassment ever in their lifetime (71.1%; n = 985) compared to participants not reporting disability (51.3%; n = 1609). Approximately double the proportion of participants with disability experienced physical harassment ever in their lifetime (24.3%; n = 301) compared to participants without disability (12.1%; n = 333). Additionally, a substantially higher proportion of people with disability reported experiences of sexual assault (41.3%; n = 529) than participants without disability (23.3%; n = 654).

Among participants reporting disability, almost three-quarters had experienced verbal harassment ever in their lifetime. Almost 80% of participants with autism/neurodiversity with intellectual disability had experienced verbal harassment in their lifetime (79.6%, n = 168), followed by participants with intellectual disability (73.0%; n = 92), participants with physical or sensory disability (72.0%; n = 497), participants with autism/neurodiversity (69.6%; n = 436) and participants with a mental health condition (59.7%; n = 616). It is also worth noting that 77.2% (n = 260) of the overall group of participants with intellectual disability, with or without autism/neurodiversity, reported ever experiencing verbal harassment.

Among participants reporting disability, almost one-quarter had experienced physical harassment ever in their lifetime. Approximately one-third of participants with autism/neurodiversity and intellectual disability reported experiences of physical harassment (33.3%; n = 62), followed by participants with intellectual disability (29.0%; n = 31), participants with physical or sensory disability (27.0%; n = 166), participants with autism/neurodiversity (21.7%; n = 124) and participants with a mental health condition (14.2%; n = 129). It is further worth noting that 31.7% (n = 93) of the overall group of participants with intellectual disability, with or without autism/neurodiversity, reported ever experiencing physical harassment.

Among participants reporting disability, more than two-fifths had experienced sexual assault ever in their lifetime. A little less than half of participants with autism/neurodiversity and intellectual disability reported experiences of sexual assault (45.0%; n = 86), followed by participants with intellectual disability (44.5%; n = 49), participants with physical or sensory disability (42.9%; n = 272), participants with autism/neurodiversity (40.7%; n = 241) and participants with a mental health condition (36.4%; n = 342). It is also worth noting that 44.9% (n = 135) of the overall group of participants with intellectual disability, with or without autism/neurodiversity, reported ever experiencing sexual assault.

6.2 Experiences of harassment or assault based on sexuality or gender identity in the past 12 months by location – young people aged 14-21 years

Participants who reported having experienced verbal, physical or sexual harassment or assault based on their sexual orientation or gender identity in the past 12 months were asked to indicate where these experiences had occurred. They were presented with the following list of locations and could select all those that applied:

- Educational institution (e.g., school, university, TAFE)
- Home
- Public (e.g., transport, street)
- Sport
- Work
- Somewhere else
- None

Note that the analysis of responses was contingent upon their answers to prior questions about their background. For example, educational institution was analysed among participants who reported being at an educational institution in the past 12 months, sport was analysed among participants who reported participating in sport in the past 12 months and work was analysed among participants who reported working in the past 12 months. Tables 40.1-40.3 displays their responses.

Tables 40.1-40.3: Experiences of verbal, physical and sexual harassment or assault based on sexuality or gender identity in the past 12 months by setting among young people with disability aged 14-21 years

Table 40.1 Verbal (n=2416)

Setting	n	%
Educational institution	540	22.4
Home	311	12.9
Public	595	24.6
Sport	34	1.4
Work	109	4.5
Somewhere else	282	11.7
One or more of the above	1170	48.4

Table 40.2 Physical (n=2145)

Setting	n	%
Educational institution	105	4.9
Home	60	2.8
Public	114	5.3
Sport	11	0.5
Work	12	0.6
Somewhere else	41	1.9
One or more of the above	343	15.4

Table 40.3 Sexual (n=2124)

Setting	n	%
Educational institution	74	3.5
Home	278	13.1
Public	4	0.2
Sport	59	2.8
Work	292	13.8
Somewhere else	74	3.5
One or more of the above	565	26.6

As shown in Table 40.1, participants with disability in *Writing Themselves In 4* who experienced verbal harassment in the past 12 months most frequently reported these experiences occurring within a public setting (24.6%; n = 595) followed by an education institution (22.4%; n = 540), at home (12.9%; n = 311), somewhere else that was not listed (11.7%; n = 282), at work (4.5%; n = 109) and when participating in sport (1.4%; n = 34). Almost half of participants with disability reported verbal harassment occurring at one or more of the listed settings in the past 12 months (48.4%; n = 1170).

Participants with disability who experienced physical harassment most frequently reported these experiences occurring within a public setting (5.3%; n = 114) followed by an education institution (4.9%; n = 105), at home (2.8%; n = 60), somewhere else that was not listed (1.9%; n = 41), at work (0.6%; n = 12) and when participating in sport (0.5%; n = 11). Overall, 15.4% (n = 343) of participants reported physical harassment occurring at one or more of the listed settings.

Participants with disability who experienced sexual assault most frequently reported these experiences occurring at work (13.8%; n = 292), followed by at home (13.1%, n = 278), an education institution (3.5%; n = 74), somewhere else that was not listed (3.5%; n = 565), when participating in sport (2.8%; n = 59) and in a public setting (0.2%; n = 4). More than one-quarter of participants reported sexual assault occurring at one or more of the listed settings (26.6%; n = 565).

As illustrated above and in Table 40.1, experiences of verbal harassment were found to be highest in a public setting, followed by an educational setting. This differs from the proportions for the overall sample as reported in the *Writing Themselves In 4* report, which observed experiences of verbal harassment most frequently at educational institutions. Additionally, rates of sexual assault among participants with disability was substantially higher than among the broader sample of *Writing Themselves In 4* participants, particularly at home and at work.

6.3 Harassment or assault perpetrators – young people aged 14-21 years

After being asked where it occurred, those participants who experienced one or more forms of harassment or assault were asked about the perpetrator. The response options presented were tailored to each context.

6.3.1 Perpetrators of harassment or assault in education settings – young people aged 14-21 years

Participants who reported having experienced harassment based on their sexual orientation or gender identity in the past 12 months at an educational institution were asked who was the perpetrator or perpetrators. Table 41 displays the results. Multiple responses were permitted.

Table 41: Perpetrators of harassment or assault in education settings among young people with disability aged 14-21 years (n = 942)

Perpetrator	n	%
Student or students from my year	487	80.2
Student or students from another year	296	48.8
Teacher or teachers	61	10.1
Someone else	47	7.7
Principal or executive team	14	2.3
School nurse or counsellor	7	1.2
Other school staff	4	0.7
Prefer not to say	26	4.3

Note: Multiple responses were available thus percentages do not add up to 100.

As shown in Table 41, participants with disability in *Writing Themselves In 4* who had experienced harassment or assault in an education setting in the past 12 months most frequently reported this harassment to be perpetrated by a student or students from their year (80.2%; n = 487), followed by a student or students from another year (48.8%; n = 296), by a teacher or teachers (10.1%; n = 61), by someone else not listed (7.7%; n = 47), by the principal or someone from the executive team (2.3%; n = 14), by the school nurse or counsellor (1.2%; n = 7) and by other school staff (0.7%; n = 4). Among participants who had experienced harassment or assault in an education setting, 4.3% (n = 26) preferred not to disclose who the perpetrator was.

6.3.2 Perpetrators of harassment or assault at work – young people aged 14-21 years

Those who had experienced harassment or assault at work were asked to indicate the perpetrators. Results are shown in Table 42. Multiple responses were permitted.

Table 42: Perpetrators of harassment or assault at work among young people with disability aged 14-21 years (n = 140)

Perpetrator	n	%
Customer or visitor	71	50.7
Co-worker	66	47.1
Manager	30	21.4
Other staff member	16	11.4
Someone else	8	5.7
Prefer not to say	4	2.9

Note: Multiple responses were available thus percentages do not add up to 100.

As shown in Table 42, participants who had experienced harassment or assault at work in the past 12 months, most frequently reported this harassment to be perpetrated by a customer or visitor (50.7%; n = 71), followed by a co-worker (47.1%; n = 66), by a manager (21.4%; n = 30), by another staff member (11.4%; n = 16) and by someone else not listed (5.7%; n = 8). Among participants who had experienced harassment or assault at work, 2.9% (n = 4) preferred not to disclose who the perpetrator was.

6.3.3 Perpetrators of harassment or assault in the home – young people aged 14-21 years

Those who had experienced harassment or assault in the home were asked to indicate the perpetrator(s). Results are shown in Table 43. Multiple responses were permitted.

Table 43: Perpetrators of harassment or assault in the home among young people with disability aged 14-21 years (n = 563)

Perpetrator	n	%
Parent or carer	209	57.4
Sibling	118	32.4
Someone else	62	17.0
Grandparent or grandparents	50	13.7
Older relative (uncle, aunt)	43	11.8
Partner of parent or carer	26	7.1
Friends of carers or parents	25	6.9
Prefer not to say	30	8.2

Note: Multiple responses were available thus percentages do not add up to 100.

As shown in Table 43, participants who had experienced harassment or assault in the home in the past 12 months, most frequently reported this harassment to be perpetrated by a parent or carer (57.4%; n = 118), followed by a sibling (32.4%; n = 118), by someone else not listed (17.0%; 62), by a grandparent or grandparents (13.7%; n = 50), by an older relative such as an uncle or aunt (11.8%; n = 43), by the partner of a parent or carer (7.1%; n = 26) and by friends of a parent or carer (6.9%; n = 25). Among participants who had experienced harassment or assault at home, 8.2% (n = 30) preferred not to disclose who the perpetrator was.

6.3.4 Perpetrators of harassment or assault in sporting contexts – young people aged 14-21 years

Those who had experienced harassment or assault in sporting contexts were asked to indicate the perpetrator or perpetrators. Results are shown in Table 44. Multiple responses were permitted.

Table 44: Perpetrators of harassment or assault in sporting contexts among young people with disability aged 14-21 years (n = 60)

Perpetrator	n	%
Student or students from my year	23	62.2
Student or students from another year	18	48.7
Spectator or spectators	8	21.6

Perpetrator	n	%
Coach or coaches	6	16.2
Parent or carer	2	5.4
Teacher or teachers	1	2.7
Someone else	1	2.7
Prefer not to say	1	2.7

Note: Multiple responses were available thus percentages do not add up to 100.

As shown in Table 44, participants who had experienced harassment or assault in sporting contexts in the past 12 months, most frequently reported this harassment to be perpetrated by a student or students from their year (62.2%; n = 23), followed by a student or students from another year (48.7%; n = 18), by a spectator or spectators (21.6%; n = 8), by a coach or coaches (16.2%; n = 6), by a parent or carer (5.4%; n = 2), by a teacher or teachers (2.7%; n = 1) and by someone else not listed (2.7%; n = 1). Among participants who had experienced harassment or assault in sporting contexts, 2.7% (n = 1) preferred not to disclose who the perpetrator was.

6.4 Experiences of accessing support regarding harassment or assault – young people aged 14-21 years

Participants with disability reporting any verbal, physical or sexual harassment or assault in the past 12 months based on their sexual orientation or gender identity were asked if they received any help or support dealing with this in the past 12 months. Multiple responses were permitted.

Table 45: Received any help or support in dealing with harassment or assault based on sexuality or gender identity in the past 12 months among young people with disability aged 14-21 years (n = 1344)

Help or support provider	n	%
LGBTIQA+ friends I have met in real life	538	40.0
Non-LGBTIQA+ Friends	379	28.2
LGBTIQA+ friends I have never met in real life	313	23.3
Parent or carer	165	12.3
GP or medical service	135	10.0

Help or support provider	n	%
Teacher or teachers	108	8.0
Other family member	81	6.0
Police	38	2.8
Manager or co-worker	26	1.9
Someone else	69	5.1
No, I didn't receive help from anyone	498	37.1

Note: Multiple responses were available thus percentages do not add up to 100.

Two-fifths of participants with disability in *Writing Themselves In 4* reported receiving help or support from LGBTIQ+ friends they had met in real life in dealing with harassment or assault based on their sexual orientation or gender identity in the past 12 months (40.0%; n = 538). Under one-third of participants reported receiving help or support from non-LGBTIQ+ friends (28.2%; n = 379), followed by help or support from LGBTIQ+ friends that they had never met in real life (23.3%; n = 165). Just over one-tenth reported receiving help or support from a parent or carer (12.3%; n = 313), followed by help from a GP or medical service (10.0%; n = 135), a teacher or teachers (8.0%; n = 108), other family members (6.0%; n = 81) and someone else not listed (5.1%; n = 69). Less than 3% of participants received help or support from police (2.8%; n = 26) and from a manager or co-worker (1.9%; n = 26).

More than one-third of participants reported that they did not receive help from anyone (37.0%; n = 498). Conversely, participants without disability had lower rates of receiving help, with more than two-tenths reporting that they did not receive help from anyone (42.8%). Furthermore, only 4.4% of participants without disability received help or support from a GP or medical service, as compared to 10.0% of participants with disability. Participants without disability also reported lower rates of receiving help or support from LGBTIQ+ friends that they had met in real life (32.0%) and from LGBTIQ+ friends that they had never met in real life (13.9%).

6.5 Unfair treatment due to sexual orientation and/or gender identity - adults aged 18+ years

Participants were asked to what extent they felt they had been treated unfairly because of their sexual orientation in the past 12 months, with response options including 'not at all', 'a little', 'somewhat', 'a lot' and 'always'. In addition, trans and gender diverse participants were asked to what extent they felt they had been treated unfairly because of their gender identity in the past 12 months, with the same response options as above. These were general questions designed to capture the degree to which people encountered discrimination in any area of their lives. Table 46.1-46.4 displays these results.

Tables 46.1-46.4: Extent to which you feel you have been unfairly treated due to sexual orientation (n = 6320) and gender identity (n = 1539) among adults with disability aged 18+ years

Table 46.1 Mild disability

In the past 12 months, do you feel you have been treated unfairly because of your...	n	%
Sexual orientation	242	56.9
Gender identity	90	83.3

Table 46.2 Moderate disability

In the past 12 months, do you feel you have been treated unfairly because of your...	n	%
Sexual orientation	842	62.1
Gender identity	376	81.4

Table 46.3 Severe disability

In the past 12 months, do you feel you have been treated unfairly because of your...	n	%
Sexual orientation	520	67.5
Gender identity	304	83.5

Table 46.4 No disability

In the past 12 months, do you feel you have been treated unfairly because of your...	n	%
Sexual orientation	1989	52.8
Gender identity	427	70.6

As displayed in Table 46.1-46.4, more than two-thirds of participants who were categorised with severe disability in *Private Lives 3* felt that they had been treated unfairly because of their sexual orientation (67.5%; n = 520), followed by participants categorised with a moderate disability (62.1%; n = 842) and participants categorised with a mild disability (56.9%; n = 242). Compared to participants with disability, a lower proportion of those not reporting disability felt that they had been treated unfairly because of their sexual orientation (52.8%; n = 1989).

Among participants who identified as trans or gender diverse, more than four-fifths of participants who were categorised with a severe disability felt that they had been treated unfairly because of their gender identity (83.5%; n = 304), followed by participants categorised with a mild disability (83.3%; n = 90) and those categorised with a moderate disability (81.4%; n = 376). Compared to participants with disability, a lower proportion of those not reporting disability felt that they had been treated unfairly because of their gender identity (70.6%; n = 427).

6.6 Experiences of violence based on sexual orientation and/or gender identity - adults aged 18+ years

Participants were asked if they had experienced specific forms of heterosexist violence or harassment based on their sexual orientation or gender identity in the past 12 months. Table 47 displays these results.

Table 47: Experiences of violence and harassment due to sexual orientation or gender identity in the past 12 months among adults with disability aged 18+ years

Type of violence or harassment	n	%
Socially excluded	1175	50.3
Verbal abuse (including hateful or obscene phone calls)	986	42.5
Harassment such as being spat at and offensive gestures	709	30.7
Received written threats of abuse via emails, social media	697	30.5
Threats of physical violence, physical attack or assault without a weapon	474	20.6
Sexual assault	390	17.4
Received written threats of abuse in other ways	327	14.8
Refused employment/promotion	299	14.6
Refusal of service	303	13.3
Deliberate damage to property or vandalism – House	167	7.4
Received written threats of abuse via graffiti	154	7.1
Physical attack or assault with a weapon (knife, bottle, stones)	137	6.1
Deliberate damage to property or vandalism – Car	115	5.4
Theft – Money	116	5.2
Theft – Property	97	4.4

Type of violence or harassment	n	%
Break-in – House	75	3.4
Deliberate damage to property or vandalism – Work	60	2.9
Theft – Car	33	1.6
Other	87	33.7

Note: Responses were analysed among participants who reported that a situation was applicable to them therefore an overall 'n' is not provided.

As shown in Table 47, approximately one-half of participants with disability reported experiencing social exclusion (50.3%; n = 1175). More than two-fifths had experienced verbal abuse including hateful or obscene phone calls (42.5%; n = 986). Just under one-third had experienced harassment such as being spat at or offensive gestures (30.7%; n = 709), followed by written threats of abuse via emails or social media (30.5%; n = 697). Approximately one-fifth or less had experienced threats of physical violence, physical attack or assault without a weapon (20.6%; n = 474), followed by experiences of sexual assault (17.4%; n = 390), written threats of abuse other than email or social media (14.8%; n = 327), refused employment or promotion (14.6%; n = 299) and refusal of service (13.3%; n = 303). Less than 10% of participants had experienced deliberate damage or vandalism to their house (7.4%; n = 167), followed by written threats of abuse via graffiti (7.1%; n = 154), physical assault or attack with a weapon (6.1%; n = 137), deliberate damage or vandalism to their car (5.4%; n = 115), money theft (5.2%; n = 116), property theft (4.4%; n = 97), house break-in (3.4%; n = 75), deliberate damage or vandalism to work property (2.9%; n = 60) and car theft (1.6%; n = 33). Approximately one-third reported experiencing another kind of violence or harassment due to their sexual orientation or gender identity that was not listed as a response option (33.7%; n = 87).

Table 48.1-48.4: Experiences of violence and harassment due to sexual orientation or gender identity in the past 12 months among adults aged 18+ years, grouped by Disability Flag category

Table 48.1 Mild disability

Type of violence or harassment	n	%
Socially excluded	160	40.6
Verbal abuse (including hateful or obscene phone calls)	135	34.8
Harassment such as being spat at and offensive gestures	101	26.2
Threats of physical violence, physical attack or assault without a weapon	53	13.8
Sexual assault	53	14.0

Table 48.2 Moderate disability

Type of violence or harassment	n	%
Socially excluded	600	48.9
Verbal abuse (including hateful or obscene phone calls)	507	41.6
Harassment such as being spat at and offensive gestures	353	29.0
Threats of physical violence, physical attack or assault without a weapon	228	18.9
Sexual assault	187	15.8

Table 48.3 Severe disability

Type of violence or harassment	n	%
Socially excluded	415	58.1
Verbal abuse (including hateful or obscene phone calls)	344	48.5
Harassment such as being spat at and offensive gestures	255	36.1
Threats of physical violence, physical attack or assault without a weapon	193	27.3
Sexual assault	150	22.2

Table 48.4 No disability

Type of violence or harassment	n	%
Socially excluded	1108	31.7
Verbal abuse (including hateful or obscene phone calls)	1017	29.2
Harassment such as being spat at and offensive gestures	643	18.7
Threats of physical violence, physical attack or assault without a weapon	360	10.5
Sexual assault	268	7.8

Note: Responses were analysed among participants who reported that a situation was applicable to them therefore an overall 'n' is not provided.

As displayed in Tables 48.1-48.4, more than half of participants who were categorised with severe disability had experienced social exclusion due to their sexual orientation or gender identity in the past 12 months (58.1%; n = 415), followed by participants categorised with moderate disability (48.9%; n = 600) and those categorised with mild disability (40.6%; n = 160). Compared to participants with disability, a lower proportion of those not reporting disability had experienced social exclusion (31.7%; n = 1108).

Almost half of participants categorised with severe disability had experienced verbal abuse, including hateful or obscene phone calls, due to their sexual orientation or gender identity in the past 12 months (48.5%; n = 344), followed by participants categorised with moderate disability (41.6%; n = 507) and those categorised with mild disability (34.8%; n = 135). Compared to participants with disability, a lower proportion of those not reporting disability had experienced verbal abuse (29.2%; n = 1017).

More than one-third of participants categorised with severe disability had experienced harassment such as being spat at and offensive gestures due to their sexual orientation or gender identity in the past 12 months (36.1%; n = 255), followed by participants categorised with moderate disability (29.0%; n = 353) and those categorised with mild disability (26.2%; n = 101). Compared to participants with disability, a lower proportion of those not reporting disability had experienced harassment such as being spat at and offensive gestures (18.7%; n = 643).

More than one-quarter of participants categorised with severe disability had experienced threats of physical violence, physical attack or assault without a weapon due to their sexual orientation or gender identity in the past 12 months (27.3%; n = 193), followed by participants categorised with moderate disability (18.9%; n = 228) and those categorised with mild disability (13.8%; n = 53). Compared to participants with disability, a lower proportion of those not reporting disability had experienced threats of physical violence, physical attack or assault without a weapon (10.5%; n = 360).

Just over one-fifth of participants categorised with severe disability had experienced sexual assault due to their sexual orientation or gender identity in the past 12 months (22.2%; n = 150), followed by participants categorised with moderate disability (15.8%; n = 187) and those categorised with mild disability (14.0%; n = 53). Compared to participants with disability, a lower proportion of those not reporting disability had experienced sexual assault (7.8%; n = 268).

6.7 Unfair treatment as a result of disability or long-term health condition - adults aged 18+ years

Participants who reported a disability or long-term health condition were asked the extent to which 'you feel that you have been treated unfairly by others as a result of your disability or long-term health condition' in the past 12 months, with response options provided on a five-point scale ranging from 'not at all' to 'always'. Tables 49.1-49.3 displays these results.

Tables 49.1-49.3: Treated unfairly by others in the past 12 months due to a disability or long-term health condition among adults with disability aged 18+ years, grouped by Disability Flag category (n = 2609)

Table 49.1 Mild disability

	n	%
Not at all	247	57.3
A little	106	24.6
Somewhat	54	12.5
A lot	21	4.9
Always	3	0.7

Table 49.2 Moderate disability

	n	%
Not at all	612	44.3
A little	377	27.3
Somewhat	245	17.7
A lot	135	9.8
Always	14	1.0

Table 49.3 Severe disability

	n	%
Not at all	178	22.4
A little	173	21.8
Somewhat	198	24.9
A lot	204	25.7
Always	42	5.3

More than three-quarters (77.7%; n = 617) of participants who were categorised with severe disability reported being treated unfairly by others in the past 12 months as a result of their disability or long-term health condition. This was followed by more than half (55.8%; n = 771) of participants who were categorised with moderate disability and 4 in 10 (42.7%; n = 184) of those categorised with mild disability.

6.8 Summary and relation to existing literature

High levels of harassment or assault based on their sexual orientation or gender identity were reported among young people aged 14-21 years with disability in *Writing Themselves In 4*, with two-thirds of participants reporting experiences of verbal harassment, two-fifths sexual harassment or assault and almost one-third physical harassment in their lifetime. A substantially higher proportion of participants with disability in *Writing Themselves In 4* reported experiences of verbal, physical and sexual harassment or assault in the past 12 months than those not reporting disability.

Experiences of harassment or assault were reported to have occurred most frequently in a public setting, followed by an educational setting among participants with disability. This differs from the proportions for the overall sample, which observed experiences of harassment most frequently at educational institutions. Additionally, rates of sexual harassment or assault among participants with disability was substantially higher than among the broader sample of *Writing Themselves In 4* participants, particularly at home and at work.

More than one-third of participants with disability in *Writing Themselves In 4* who had experienced harassment or assault based on their sexual orientation or gender in the past 12 months reported that they did not receive help from anyone in this timeframe. Among those who received help, it was most commonly received from LGBTIQ+ friends they had met in real life. Approximately one-tenth had received help from parents or carers or a GP or medical service.

Among adults aged 18+ years in *Private Lives 3*, participants with disability reported higher rates of feeling that they had been treated unfairly due to sexual orientation or gender identity than those without disability. Similarly, participants with disability reported higher levels of violence and harassment due to their sexual orientation or gender identity. For example, three-fifths of participants who were categorised with severe disability had experienced social exclusion and one-fifth sexual assault due to their sexual orientation or gender identity in the past 12 months compared to one-third and one-tenth of those not reporting disability, respectively.

Similarly, more than three-quarters of participants who were categorised with severe disability reported being treated unfairly by others in the past 12 months as a result of their disability or long-term health condition. This was followed by more than half of participants who were categorised with moderate disability and two-fifths of those categorised with mild disability.

While there is relatively little other research on experiences of abuse, harassment and discrimination among LGBTQA+ people with disability, some studies in Australia and elsewhere in the world have also documented similar experiences in this group.(40,43,51,52) research examining multiple forms of harassment among children/adolescents is lacking. This study documents the prevalence of prejudice-based harassment (i.e., harassment on the basis of gender, race/ethnicity, weight or physical appearance, sexual orientation, and disability status As shown in this chapter, such experiences can arise in multiple different ways, including verbal, physical and sexual, as well as occurring across different settings and from different types of perpetrators. The findings presented here suggest that among LGBTQA+ people, those with disability are further vulnerable to a range of negative experiences based on their sexual orientation or gender identity compared to those without disability. Studies have also found that negative experiences can occur within disability organisations or support environments where support workers may not always be supportive of people's sexual orientation or gender identity, such as studies involving LGBTQ people with intellectual disability.(53) As reported in this chapter, relatively low proportions of young people with disability did not receive help for an experience of abuse or harassment. While availability of support may be one potential factor, another possible consideration is that, as revealed in some studies, some LGBTQ people with disability can feel afraid to disclose their sexual orientation or gender identity out of a concern for acceptance or safety.(53,54)

7 Family violence

LGBTQA+ people can face abuse and violence across their lifespan due to the various effects of stigma, discrimination and prejudice. They may also experience a range of unique circumstances where they are subject to violence that may not be experienced by other groups, such as rejection or abuse after ‘coming out’ to family members.(55–57) There has been little research in Australia on the experiences of violence from a family member or intimate partner among LGBTQA+ people with disability. The *Private Lives 3* survey asked several questions on this topic and in this chapter, we present results in relation to participants with disability.

The term ‘family violence’ is used broadly here to reflect circumstances in which violence can occur and to recognise that it can involve more than one perpetrator and victim survivor. Family violence encompasses violence perpetrated by family members or intimate partners.

Violence from an intimate partner refers to forms of violence (such as verbal, physical, sexual or psychological) that occur within the context of an intimate (a close, though not necessarily sexual) relationship, such as a marriage, a de facto partnership or other kinds of less formal relationships.(58)

Violence from a family member refers to forms of violence within a family, which may include immediate family, extended family or broader kinship networks.

7.1 Experiences of family violence - adults aged 18+ years

Online and telephone resources were provided to participants, including contact details for QLife, Lifeline, Beyondblue, suicide call-back services and emergency services, prior to these questions appearing in the survey. Participants were also given the option to skip this survey section.

There are no generally agreed or accepted standards for defining what constitutes intimate partner or family violence in Australia.(59) To gain as comprehensive a picture as possible, *Private Lives 3* participants were asked to report on whether they had ever experienced one or more different forms of violence from intimate partners or family members from the list shown below.

Participants were asked, ‘have you experienced any of the following from intimate partner/s’ and ‘have you experienced any of the following from family members’. Response choices included:

- physical violence (e.g., hitting, throwing heavy objects or threats and physical intimidation regardless of whether an injury resulted)
- verbal abuse (e.g., regular criticism, insults or demeaning language)
- sexual assault (e.g., undesired sexual behaviour through force or other means)
- financial abuse (e.g., had money stolen or access controlled, prevented from working or studying, had debts accrued by them in your name)

- emotional abuse (e.g., regularly manipulated, humiliated in front of others, gaslighted, bullied, blamed for abuse)
- harassment or stalking (e.g., monitoring movements, coerced into a relationship commitment or religious practice, forced to stop practicing your own religious or spiritual practices)
- property damage (e.g., destroying or threatening to destroy possessions or property, including pets)
- social isolation (e.g., made it difficult to see friends, family or community)
- threats of self-harm or suicide (e.g., partner or family member threatened self-harm or suicide)
- LGBTIQ-related abuse (e.g., shamed you about being LGBTIQ, threatened to 'out' you or your HIV status, withheld hormones or medication)
- Additional options of 'other' and 'I have not experienced any of these from an intimate partner' or 'I have not experienced any of these from a family member'

Responses to these questions were used to indicate whether a participant had experienced violence from a family member or intimate partner as well as to explore the type of violence experienced.

Participants who selected one or more of the response options were categorised as having ever experienced family violence in their lifetime, while those who selected the option "I have not experienced any of these from an intimate partner" or 'I have not experienced any of these from a family member' were categorised as having not experienced family violence in their lifetime. Table 50 displays the proportion of participants who experienced violence from an intimate partner and the proportion of participants who experienced violence from a family member.

Tables 50.1-50.4: Proportion of adults aged 18+ years ever experiencing violence from an intimate partner or family member, grouped by Disability Flag category (n = 5853)

Table 50.1 Mild disability

Intimate partner or family violence	n	%
Violence from an intimate partner	264	67.3
Violence from a family member	271	69.1

Table 50.2 Moderate disability

Intimate partner or family violence	n	%
Violence from an intimate partner	879	69.3
Violence from a family member	1016	78.4

Table 50.3 Severe disability

Intimate partner or family violence	n	%
Violence from an intimate partner	552	73.0
Violence from a family member	627	81.4

Table 50.4 No disability

Intimate partner or family violence	n	%
Violence from an intimate partner	1875	54.6
Violence from a family member	1916	55.4

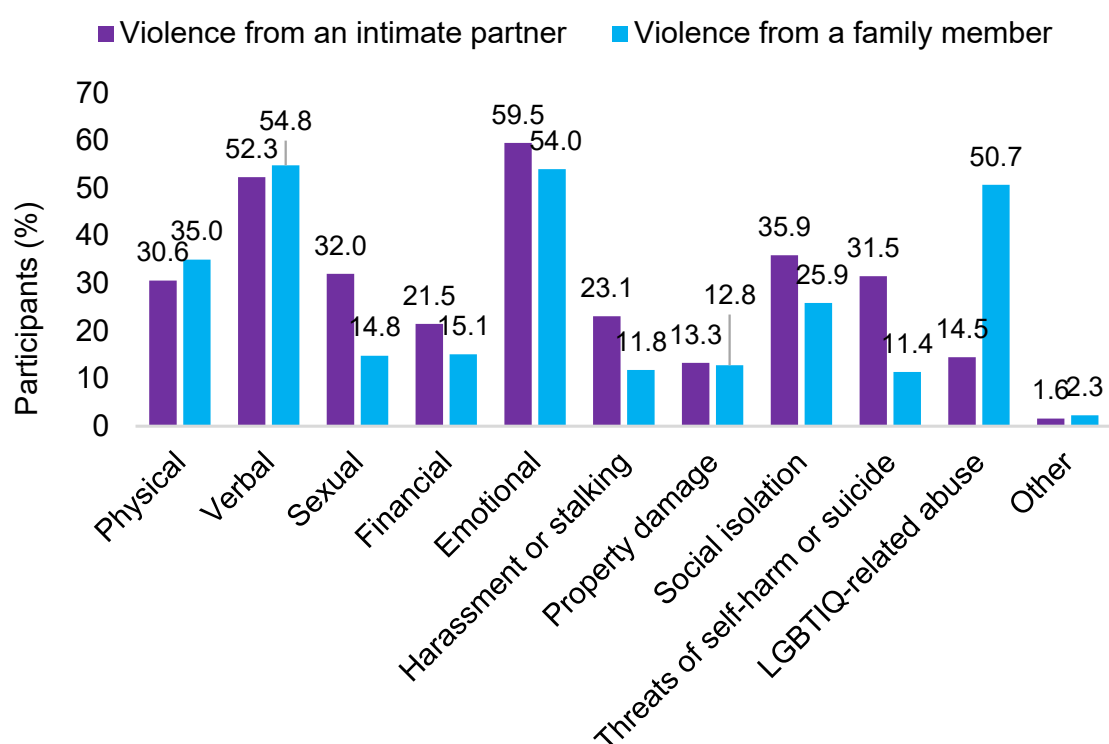
As displayed in Tables 50.1-50.4, participants in *Private Lives 3* with no disability had the lowest proportion who experienced violence from an intimate partner (54.6%; n = 1875). Almost three-quarters of participants who were categorised with severe disability had experienced violence from an intimate partner (73.0%; n = 552), followed by more than two-thirds of those categorised with moderate disability (69.3%; n = 879) or mild disability (67.3%; n = 264).

Similarly, participants with no disability had the lowest proportion who had experienced violence from a family member (55.4%; n = 1916). More than 80% of participants categorised with severe disability had experienced violence from a family member (81.4%; n = 627), followed by more than three-quarters of participants categorised with moderate disability (78.4%; n = 1016) and more than two-thirds of those categorised with mild disability (69.1%; n = 271).

7.2 Forms of family violence experienced - adults aged 18+ years

Types of violence experienced by participants in *Private Lives 3* with disability are displayed in Figure 5.

Figure 5: Proportion of adults with disability aged 18+ years ever experiencing violence from an intimate partner (n = 2416) or family member (n = 2458)



As displayed in Figure 5, emotional abuse (59.5%; n = 1435) was the most frequently reported type of violence perpetrated by an intimate partner. This was followed by verbal abuse verbal abuse (52.3%; n = 1263) and social isolation (35.9%; n = 867). Approximately one-third or fewer participants had experienced sexual violence from an intimate partner (32.0%; n = 773), threats of self-harm or suicide (31.5%; n = 761) and physical violence (30.6%; n = 739). More than one-fifth of participants had experienced harassment or stalking from an intimate partner (23.1%; n = 559) and financial abuse (21.5%; n = 519), and more than 1 in 10 had experienced LGBTIQ-related abuse (14.5%; n = 351) and property damage (13.3%; n = 320). A small proportion of participants reported experiencing another form of violence from an intimate partner that was not listed (1.6%; n = 38).

Verbal abuse (54.8%; n = 1348) was the most frequently reported type of violence from a family member. This was followed closely by emotional abuse (54.0%; n = 1328). More than half of participants had experienced LGBTIQ-related abuse from a family member (50.7%; n = 1246). A little over one-third had experienced physical abuse from a family member (35.0%; n = 860), followed by social isolation (25.9%; n = 639). More than 1 in 10 participants had experienced financial abuse from a family member (15.1%; n = 370), followed by sexual abuse (14.8%; n = 364), property damage (12.8%; n = 12.8), harassment or stalking (11.8%; n = 291) and threats of self-harm or suicide (11.4%; n = 281). A small proportion of participants reported experiencing another form of violence from a family member that was not listed (2.3%; n = 56).

Tables 51.1-51.4: Proportion of adults aged 18+ years ever experiencing, verbal, physical and sexual violence from an intimate partner, grouped by Disability Flag category (n = 5853)

Table 51.1 Mild disability

Intimate partner violence	n	%
Verbal	212	54.1
Physical	121	30.9
Sexual	96	24.5

Table 51.2 Moderate disability

Intimate partner violence	n	%
Verbal	629	49.6
Physical	361	28.5
Sexual	383	30.2

Table 51.3 Severe disability

Intimate partner violence	n	%
Verbal	422	55.8
Physical	257	34.0
Sexual	294	38.9

Table 51.4 No disability

Intimate partner violence	n	%
Verbal	1235	35.9
Physical	740	21.5
Sexual	498	14.5

As displayed in Tables 51.1-51.4, participants not reporting disability in *Private Lives 3* had the lowest proportion who reported ever experiencing verbal abuse (35.9%; n = 1235), physical abuse (21.5%; n = 740) and sexual abuse (14.5%; n = 498) from an intimate partner compared to participants with disability. More than half of participants who were categorised with severe disability had experienced verbal abuse from an intimate partner (55.8%; n = 422), followed by participants categorised with mild disability (54.1%; n = 212) and those categorised with moderate disability (49.6%; n = 629). More than one-third of participants categorised with severe disability had experienced physical abuse from an intimate partner (34.0%; n = 257), followed by participants categorised with mild disability (30.9%; n = 121) and those categorised with moderate disability (28.5%; n = 361). Similarly, more than one-third of participants categorised with severe disability had experienced sexual abuse from an intimate partner (38.9%; n = 294), followed by participants categorised with moderate disability (30.2%; n = 383) and those categorised with mild disability (24.5%; n = 96).

Tables 52.1-52.4: Proportion of adults aged 18+ years ever experiencing verbal, physical and sexual violence from a family member, grouped by Disability Flag category (n = 5918)**Table 52.1 Mild disability**

Family violence	n	%
Verbal	178	45.4
Physical	113	28.8
Sexual	49	12.5

Table 52.2 Moderate disability

Family violence	n	%
Verbal	701	54.1
Physical	420	32.4
Sexual	180	13.9

Table 52.3 Severe disability

Family violence	n	%
Verbal	469	60.9
Physical	327	42.5
Sexual	135	17.5

Table 52.4 No disability

Family violence	n	%
Verbal	1088	31.5
Physical	568	16.4
Sexual	213	6.2

As shown in Table 52.1-52.4, participants without disability similarly had the lowest proportion who reported ever experiencing verbal abuse (16.4%; n = 1088), physical abuse (31.5%; n = 568) and sexual abuse (6.2%; n = 213) from a family member. Almost two-thirds of participants who were categorised with severe disability had experienced verbal abuse from a family member (60.9%; n = 469), followed by participants categorised with moderate disability (54.1%; n = 701) and those categorised with mild disability (45.4%; n = 178). More than two-fifths of participants categorised with severe disability had experienced physical abuse from a family member (42.5%; n = 327), followed by participants categorised with moderate disability (32.4%; n = 420) and those categorised with mild disability (28.8%; n = 113). More than 1 in 10 participants categorised with severe disability had experienced sexual abuse from a family member (17.5%; n = 135), followed by participants categorised with moderate disability (13.9%; n = 180) and those categorised with mild disability (12.5%; n = 49).

7.3 Perpetrators of intimate partner violence - adults aged 18+ years

Participants who reported having ever experienced violence from an intimate partner were asked 'in the most recent relationship where you experienced this, how did your partner/s describe their gender?' Table 53 displays the results.

Table 53: Gender of the intimate partner who perpetrated the violence among adults with disability aged 18+ years (n = 1696)

Intimate partner violence perpetrator	n	%
Cisgender man	2121	57.0
Cisgender woman	1322	35.5
Non-binary	131	3.5
Trans woman	78	2.1
Trans man	76	2.0
Someone different	68	1.8
Prefer not to say	40	1.1

As displayed in Table 53, among adults with disability aged 18+ years who had experienced violence from an intimate partner, more than half reported that the perpetrator of their most recent experience of violence was a cisgender man (57.0%; n = 2121). More than one-third reported that their most recent experience of violence from an intimate partner was perpetrated by a cisgender woman (35.5%; n = 1322). A small proportion of participants reported the gender of the perpetrator to be non-binary (3.5%; n = 131), trans woman (2.1%; n = 78), trans man (2.0%; n = 76) or another gender identity not listed (1.8%; n = 68). A small number of participants who had experienced violence from an intimate partner preferred not to identify the gender of the perpetrator (1.1%; n = 40).

7.4 Perpetrators of family member violence - adults aged 18+ years

Participants who reported having ever experienced family violence were asked to select 'the relation the family member/s had to you at the most recent time this occurred'.

Table 54 displays the results.

Table 54: Gender of the family member who perpetrated the violence among adults with disability aged 18+ years (n = 1922)

Family violence perpetrator	n	%
Parent	2175	76.3
Older sibling	557	19.5

Family violence perpetrator	n	%
Extended family member	516	18.1
Younger sibling	382	13.4
In-laws	135	4.7
Other family member	93	3.3
Child or grandchild	30	1.1
Prefer not to say	83	2.9

As shown in Table 54, among adults with disability aged 18+ years who had experienced violence from a family member, more than three-quarters reported that the family who perpetrated their most recent experience of violence was a parent (76.3%; n = 2175). Approximately one-fifth reported that the family member was an older sibling (19.5%; n = 557), followed by an extended family member (18.1%; n = 516) and a younger sibling (13.4%; n = 382). A small proportion of participants reported that the family member who perpetrated their most recent experience of violence was an in-law (4.7%; n = 135), another family member that was not listed (3.3%; n = 93) or a child or grandchild (1.1%; n = 30). A small number of participants who had experienced violence from a family member preferred not to identify the gender of the perpetrator (2.9%; n = 83).

7.5 Reporting violence and experiences of support - adults aged 18+ years

Participants who reported having ever experienced violence from an intimate partner or family member were asked whether they had reported the most recent instance in which this occurred to a professional service, such as the police, doctor or domestic or family violence service. Those who indicated that they had reported it to a particular service were also asked whether or not they felt supported by that service. Table 55 displays these results.

Table 55: Service or person to which intimate partner or family violence was reported the most recent time it occurred and proportion reporting feeling supported, among adults with disability aged 18+ years (n = 2139)

Service to which assault was reported the most recent time	n	%	Felt supported (%)
Counselling service or psychologist	496	23.2	89.4
Police (including LGBTIQ liaison officers)	144	6.7	45.0
Doctor or hospital	112	5.2	68.4

Service to which assault was reported the most recent time	n	%	Felt supported (%)
Telephone helpline	70	3.3	58.6
Lawyer, legal service, court system	67	3.1	57.1
Domestic or family violence service	65	3.0	65.1
Teacher or educational institution	40	1.9	69.9
Employer	32	1.5	71.3
Sexual assault service	30	1.4	79.6
LGBTIQ organisation	28	1.3	73.9
Religious or spiritual community leader or elder	16	0.8	64.9
Other	110	5.1	84.3
I did not report this abusive behaviour	1443	67.5	-

More than two-thirds of participants with disability in *Private Lives 3* who had experienced family violence did not report their most recent experience of violence to any professional services (67.5%; n = 1443). Of those who did report it, the most frequently reported service was a counselling service or psychologist (23.2%; n = 496). Only small proportions of participants reported to the remaining services, including police (6.7%; n = 144), doctor or hospital (5.2%; n = 112), telephone helpline (3.3%; n = 70), lawyer, legal service or court system (3.1%; n = 67), domestic or family violence service (3.0%; n = 65), teacher or educational institution (1.9%; n = 40), employer (1.5%; n = 32), sexual assault service (1.4%; n = 30), LGBTIQ organisation (1.3%; n = 28), religious or spiritual community leader or elder (0.8%; n = 16) or another service that was not listed (5.1%; n = 110).

Among participants who had reported to these services, the highest proportion felt supported if they had reported to a counselling service or psychologist (89.4%), followed by a sexual assault service (79.6%), LGBTIQ organisation (73.9%), employer (71.3%), teacher or educational institution (69.9%), doctor or hospital (68.4%), domestic of family violence service (65.1%), religious or spiritual community leader or elder (64.9%), telephone helpline (58.6%) or lawyer, legal service or court system (57.1%). Those who reported to the police had the lowest proportion who felt supported (45.0%). Among participants who had reported to a service other than those listed, 84.3% had felt supported.

7.6 Preferences for future support - adults aged 18+ years

All participants with disability (n = 2614) were asked where they would prefer to access support services if they ever experienced intimate partner or family violence in the future. Just over one-third (35.1%; n = 918) reported 'from a mainstream domestic violence service that is LGBTIQ-inclusive', 22.8% (n = 596) 'from a domestic violence service that caters only to lesbian, gay, bisexual, transgender and/or intersex people, 4.3% (n = 112) from 'a mainstream domestic violence service', 22.8% (n = 595) 'did not know' and 15.0% (n = 393) had 'no preference'.

7.7 Experiences of sexual assault - adults aged 18+ years

Participants were asked if 'anyone ever coerced or forced you into sexual acts you did not want to engage in?' This included such acts as kissing, touching, sexual intercourse or being forced to watch pornography or unwanted sexual acts. Almost two-thirds (64.1%; n = 1680) of adults with disability aged 18+ years reported having ever been coerced or forced into sexual acts they did not want to engage in, with 12.0% (n = 314) reporting this in relation to the past 12 months.

Tables 56.1-56.4 Proportion of adults aged 18+ years experiencing sexual assault in the past 12 months and ever, grouped by Disability Flag category (n = 6518)

Table 56.1 Mild disability

Sexual assault	n	%
Past 12 months	30	6.9
Ever	243	56.3

Table 56.2 Moderate disability

Sexual assault	n	%
Past 12 months	155	11.2
Ever	848	61.0

Table 56.3 Severe disability

Sexual assault	n	%
Past 12 months	129	16.1
Ever	540	67.5

Table 56.4 No disability

Sexual assault	n	%
Past 12 months	261	6.7
Ever	1545	39.7

As displayed in Table 56.1-56.4, participants not reporting disability in *Private Lives 3* had the lowest proportion who had experienced sexual assault in the past 12 months (6.7%; n = 261) or ever in their lifetime (39.7%; n = 1545) compared to participants with disability. Participants who were categorised with severe disability had the highest proportion who reported experiencing sexual assault in the past 12 months (16.1%; n = 129), followed by participants categorised with moderate disability (11.2%; n = 155) and those categorised with mild disability (6.9%; n = 30).

Similarly, participants categorised with severe disability had the highest proportion who had ever experienced sexual assault in their lifetime (67.5%; n = 540), followed by participants categorised with moderate disability (61.0%; n = 848) and those categorised with mild disability (56.3%; n = 243).

Participants were then asked who perpetrated the sexual assault at the most recent time in which this occurred. Table 57 displays these results.

Table 57: Relation of sexual assault perpetrator to participants among adults with disability aged 18+ years (n = 1629)

Sexual assault perpetrator	n	%
Former intimate partner	403	24.7
Intimate partner	342	21.0
Friend	339	20.8
Casual encounter (e.g., a hook-up)	282	17.3
Stranger	277	17.0
Another family member	65	4.0
Parent or guardian	53	3.3
Family-like relation	48	3.0
A co-worker or boss	44	2.7
A sex work client	35	2.2

Sexual assault perpetrator	n	%
Sibling	34	2.1
Someone in a professional setting	27	1.7
Someone else	91	5.6
Prefer not to say	30	1.8

As shown in Table 57, among participants with disability in *Private Lives 3* who had experienced sexual assault, almost one-quarter reported that their most recent experience of sexual assault was perpetrated by a former intimate partner (24.7%; n = 403). Approximately one-fifth or fewer reported that the perpetrator was an intimate partner (21.0%; n = 342), a friend (20.8%; n = 339), a casual encounter (17.3%; n = 282) or a stranger (17.0%; n = 277). Smaller proportions of participants reported that the perpetrator of their most recent experience of sexual assault was someone else not listed (5.6%; n = 91) or another family member different to those listed (4.0%; n = 65), followed by a parent or guardian (3.3%; n = 53), a family-like relation (3.0%; n = 48), a co-worker or boss (2.7%; n = 44), a sex work client (2.2%; n = 35), a sibling (2.1%; n = 34) or someone in a professional setting (1.7%; n = 27). Among participants who had experienced sexual assault, 1.8% (n = 30) preferred not to disclose who the perpetrator of their most recent experience of sexual assault was.

7.8 Summary and relation to existing literature

Adults with disability aged 18 + years from *Private Lives 3* reported very high rates of family violence. Almost three-quarters of those who were categorised with severe disability had experienced violence from an intimate partner, followed by more than two-thirds of those categorised with moderate or mild disability. Similarly, over four-fifths of participants categorised with severe disability had experienced violence from a family member, followed by more than three-quarters of those categorised with moderate disability and more than one-third of those categorised with mild disability.

Participants categorised with severe disability reported over twice the levels of verbal, physical and sexual violence from a family member in their lifetimes than those without disability. The vast majority of violence from a family member was perpetrated by parents.

More than two-thirds of participants with disability in *Private Lives 3* who had experienced family violence did not report their most recent experience of violence to any services. Of those who did report it, the most frequently reported service was a counselling service or psychologist. Only small proportions of participants reported to the remaining services, including police, doctor or hospital, telephone helpline or domestic or family violence service. Among participants who had reported to these services, the highest proportion felt supported if they had reported to a counselling service or psychologist, followed by a sexual assault service and an LGBTIQ organisation. The lowest proportion felt supported in circumstances where they had reported their experience of family violence to the police.

Overall, these findings point to a further heightened vulnerability for those with disability when compared to those without disability in relation to both violence from a family member and violence from an intimate partner. Despite this, these findings also suggest that many instances go unreported to services, and the degree to which participants felt supported when reporting their experiences was mixed depending on the service. Some studies in the more general population have also found that such experiences often go unreported, such as people with intellectual disability experiencing sexual violence.(60)under-reporting remains a problem. This paper explored under-reporting alongside prevention possibilities using safeguarding alerts raised in a Community Learning Disability Team within a UK NHS trust. Design/methodology/ approach Using a combination of authentic but anonymised case vignettes and descriptive data drawn from the safeguarding team, under-reporting was examined through the lens of an ecological model. Safeguarding alerts raised in a particular year were compared with the number expected if all (estimated Qualitative research in Australia involving people who work in disability and mainstream violence services pointed to several potential barriers for people with intellectual disability in reporting experiences of violence.(61) This included suggestions that relevant professionals who support or work with people with intellectual disability may not always have sufficient awareness of ways to support them in reporting and accessing help in relation to experiences of violence. In some circumstances, LGBTQA+ people with disability may have further concerns about the support they may receive if this further involves disclosing their sexual orientation or gender identity.(53)

8 Mental health and suicidality

Numerous studies have noted an elevated prevalence of mental ill-health among LGBTQA+ people as compared to heterosexual and/or cisgender populations. This is reflected in a range of outcomes, including very high rates of psychological distress, suicidal ideation, self-harm and suicide attempts. Despite these widely documented issues of concern, many LGBTQA+ people also experience significant challenges accessing safe and affirming mental health care. These experiences can be further exacerbated for people from a range of intersectional backgrounds, including people with disability. While the nature of such experience has been documented in several, valuable qualitative studies, the prevalence of mental ill-health and service response need for people with disability has not previously been established in Australia within a large and diverse sample. Hence, this chapter presents data on mental health and wellbeing and access to care in relation to LGBTQA+ young people and adults with disability.

8.1 Psychological distress (K10)

The Kessler Psychological Distress Scale (K10) is a 10-item standardised scale developed to measure psychological distress, based on questions related to symptoms of anxiety and depression in the past 4 weeks. Responses to the questionnaire are summed to create a scale ranging from 10 to 50 with a higher score indicating higher levels of psychological distress. Both *Writing Themselves In 4* and *Private Lives 3* followed the Australian Bureau of Statistics approach for scoring and computing categories for the K10.(62)

8.1.1 Experience of psychological distress – young people aged 14–21 years

Table 58: Proportion of young people with disability aged 14–21 years who were experiencing psychological distress (n = 2486)

Psychological distress	n	%
Low (10–15)	30	1.2
Moderate (16–21)	169	6.8
High (22–29)	582	23.4
Very high (30–50)	1705	68.6

As shown in Table 58, 92.0% (n = 2287) of young people with disability in *Writing Themselves In 4* reported experiencing high or very high levels of psychological distress in the past 4 weeks.

8.1.2 Experience of psychological distress – adults aged 18+ years

Table 59: Proportion of adults with disability aged 18+ years who were experiencing psychological distress (n = 2569)

Psychological distress	n	%
Low (10–15)	178	6.9
Moderate (16–21)	388	15.1
High (22–29)	796	31.0
Very high (30–50)	1207	47.0

As displayed in Table 59, 78.0% (n = 2003) of adults with disability in *Private Lives 3* reported experiencing high or very high levels of psychological distress in the past 4 weeks.

8.1.3 Experience of psychological distress by disability – young people aged 14-21 years

Tables 60.1-60.7 show the proportion of participants who experienced low, moderate, high or very high levels of psychological distress broken down by disability.

Tables 60.1-60.7: Proportion of young people aged 14-21 years experiencing psychological distress, grouped by disability (n = 5737)

Table 60.1 Any disability*

Psychological distress	n	%
Low or moderate	131	9.1
High or very high	1302	90.9

Table 60.2 No disability

Psychological distress	n	%
Low or moderate	955	29.4
High or very high	2296	70.6

Table 60.3 Autism, neuro-diverse

Psychological distress	n	%
Low or moderate	59	9.1
High or very high	590	90.9

Table 60.4 Autism, neuro-diverse with intellectual disability

Psychological distress	n	%
Low or moderate	8	3.8
High or very high	205	96.2

Table 60.5 Intellectual disability

Psychological distress	n	%
Low or moderate	10	7.6
High or very high	122	92.4

Table 60.6 Physical or sensory

Psychological distress	n	%
Low or moderate	63	8.8
High or very high	653	91.2

Table 60.7 Mental health condition

Psychological distress	n	%
Low or moderate	68	6.5
High or very high	985	93.5

** In order to be more comparable with general population data, 'any disability' does not include participants who only reported 'mental illness' and no other disability or long-term health condition.*

As displayed in Tables 60.1-60.2, a larger proportion of participants with any disability in *Writing Themselves In 4* had experienced high or very high levels of psychological distress (90.9%; n = 1302) compared to participants without disability (70.6%; n = 2296).

Among participants with disability, the vast majority had experienced high or very high levels of psychological distress in the past 4 weeks. Participants reporting autism/neurodiversity with intellectual disability had the highest proportion who had experienced high or very high psychological distress (96.2%; n = 205), followed by participants with a mental health condition (93.5%; n = 985), participants with intellectual disability (92.4%; n = 122), participants with physical or sensory disability (91.2%; n = 653) and participants with autism/neurodiversity (90.9%; n = 59). In addition, 94.8% (n = 327) of the overall group of participants with intellectual disability, with or without autism/neurodiversity, reported high or very high levels of psychological distress.

8.1.4 Experience of psychological distress by disability – adults aged 18+ years

Tables 61.1-61.4 Proportion of adults aged 18+ years experiencing psychological distress, grouped by Disability Flag category (n = 6385)

Table 61.1 Mild disability

Psychological distress	n	%
Low or moderate	151	35.6
High or very high	273	64.4

Table 61.2 Moderate disability

Psychological distress	n	%
Low or moderate	312	22.9
High or very high	1053	77.1

Table 61.3 Severe disability

Psychological distress	n	%
Low or moderate	103	13.2
High or very high	677	86.8

Table 61.4 No disability

Psychological distress	n	%
Low or moderate	2224	58.2
High or very high	1592	41.7

As shown in Tables 61.1-61.4, a much lower proportion of participants without disability in *Private Lives 3* reported high or very high levels of psychological distress in the past 4 weeks (41.7%; n = 1592) compared to participants with disability. Among participants with disability, those categorised with severe disability had the highest proportion who had experienced high or very high psychological distress (86.8%; n = 677), followed by participants categorised with moderate disability (77.1%; n = 1053) and those categorised with mild disability (64.4%; n = 273).

8.1.5 Psychological distress according to experiences of harassment and assault – young people aged 14-21 years

Tables 62.1-62.6 Psychological distress according to experiences of harassment or assault among young people with disability aged 14-21 years**Table 62.1 No verbal harassment or assault past 12 months**

Psychological distress	n	%
High or very high	1101	88.8

Table 62.2 Verbal harassment or assault past 12 months

Psychological distress	n	%
High or very high	1112	95.6

Table 62.3 No physical harassment or assault past 12 months

Psychological distress	n	%
High or very high	1702	91.0

Table 62.4 Physical harassment or assault past 12 months

Psychological distress	n	%
High or very high	253	95.8

Table 62.5 No sexual harassment or assault past 12 months

Psychological distress	n	%
High or very high	1407	90.6

Table 62.6 Sexual harassment or assault past 12 months

Psychological distress	n	%
High or very high	619	94.5

A greater proportion of participants with disability who had experienced verbal, physical or sexual harassment or assault in the past 12 months reported high or very high psychological distress compared to participants who had not experienced these forms of harassment in the same time period. A greater proportion of participants who had experienced verbal harassment also reported high or very high psychological distress (95.6%; n = 1112) compared to participants who had not experienced any verbal harassment (88.8%; n = 1101). A higher proportion of participants who had experienced physical harassment reported high or very high psychological distress (95.8%; n = 253) compared to those who had not (91.0%; n = 1702). Finally, a greater proportion of participants who had experienced sexual assault reported high or very high psychological distress (94.5%; n = 619) compared to participants who had not (90.6%; n = 1407).

8.1.6 Psychological distress according to experiences of discrimination, harassment and exclusion – adults aged 18+ years

Tables 63.1-63.6: Psychological distress according to experiences of harassment and assault among adults with disability aged 18+ years**Table 63.1 No social exclusion past 12 months**

Psychological distress	n	%
High or very high	805	70.8

Table 63.2 Social exclusion past 12 months

Psychological distress	n	%
High or very high	985	85.7

Table 63.3 No verbal abuse past 12 months

Psychological distress	n	%
High or very high	952	73.0

Table 63.4 Verbal abuse past 12 months

Psychological distress	n	%
High or very high	833	86.1

Table 63.5 No harassment past 12 months

Psychological distress	n	%
High or very high	1167	74.4

Table 63.6 Harassment past 12 months

Psychological distress	n	%
High or very high	606	87.2

As shown in Tables 63.1-63.6, a greater proportion of participants with disability in *Private Lives* 3 who had experienced harassment or assault in the past 12 months reported high or very high psychological distress compared to those who had not experienced harassment or assault in the past 12 months. A higher proportion of participants who had experienced social exclusion in the past 12 months were experiencing high or very high psychological distress (85.7%; n = 985) compared to participants who had not experienced social exclusion (70.8%; n = 805). A higher proportion of participants who had experienced verbal abuse including hateful or obscene phone calls reported high or very high psychological distress (86.1%; n = 833) compared to those who had not (73.0%; n = 952). Finally, a higher proportion of participants who had experienced harassment such as being spat at and offensive gestures reported high or very high psychological distress (87.2%; n = 606) compared to those who had not (74.4%; n = 1167).

8.2 Suicidal ideation and attempts

Suicide is the leading cause of death among people aged between 15-24 years in Australia.(63)

Writing Themselves In 4 and *Private Lives 3* asked participants about suicidal ideation (defined as ‘experiences of thoughts about suicide, wanting to die or about ending your life’) and suicide attempts (defined as having ‘attempted suicide or to end your life’).

Previous research has found that asking people about suicide does not increase the risk of suicide.(64) Nonetheless, as a precaution, online and telephone resources were provided for QLife and Kids Helpline prior to these questions in both of the surveys, as well as the end of each survey. Prior to the questions being asked, participants were given the option to choose ‘prefer not to answer these questions’ with the bold text ‘If you feel uncomfortable answering these questions, please skip them’. Skipping this question does not make your other responses any less valuable’. Participants were also given the option of ‘prefer not to answer’ for each question regarding suicidal ideation, suicide plans, suicide attempts, self-harm ideation and self-harm attempts.

8.2.1 Suicidal ideation and suicide attempt among participants with disability – young people aged 14-21 years

Tables 64.1-64.2 displays the proportions of *Writing Themselves In 4* participants with disability who responded to questions regarding suicidal ideation or suicide attempts.

Tables 64.1-64.2: Proportion of young people with disability aged 14-21 years experiencing suicidal ideation or suicide attempt in the past 12 months or ever

Table 64.1 Suicidal ideation

	n	%
Past 12 months	1753	70.5
Ever	2222	89.3
Prefer not to say	93	3.8

Table 64.2 Suicide attempt

	n	%
Past 12 months	387	15.7
Ever	971	39.4
Prefer not to say	165	6.7

As shown in Tables 64.1-64.2, among participants with disability in *Writing Themselves In 4*, almost 90% had experienced suicidal ideation at some point in their lifetime (89.3%; n = 2222) and approximately 70% had experienced suicidal ideation in the past 12 months (70.5%; n = 1753). Almost two-fifths of participants with disability had ever attempted suicide (39.4%; n = 971) and more than 1 in 10 had attempted suicide in the past 12 months (15.7%; n = 387).

The closest comparable population-based data comes from the second Australian Child and Adolescent Survey of Mental Health and Wellbeing(65) where data from 16-17-year-olds is the most appropriate reference point. A summary of this comparison of suicidal ideation (n = 910 for 16-17-year-olds) and suicide attempts (n = 900 for 16-17-year-olds) among participants aged 16-17 years with disability in *Writing Themselves In 4* and those in the general population aged 16-17 years is shown in Table 65 below.

8.2.2 Suicidal ideation and suicide attempt among participants with disability – young people aged 16-17 years

Tables 65.1-65.4 Proportion of participants with disability and the general population experiencing suicidal ideation or suicide attempt among young people aged 16-17 years

Table 65.1 *Writing Themselves In 4* participants with disability aged 16-17 years, Suicidal ideation

	n	%
Past 12 months	638	70.1
Ever	800	87.9
Prefer not to say	38	4.1

Table 65.2 *Writing Themselves In 4* participants with disability aged 16-17 years, Suicide attempt

	n	%
Past 12 months	164	18.2
Ever	354	39.3
Prefer not to say	58	6.5

Table 65.3 General Australian population aged 16-17 years, Suicidal ideation

	n	%
Past 12 months	-	11.2
Ever	-	-
Prefer not to say	-	-

Table 65.4 General Australian population aged 16-17 years, Suicide attempt

	n	%
Past 12 months	-	3.8
Ever	-	5.3
Prefer not to say	-	-

As shown in Tables 65.1-65.4, a greater proportion of 16-17-year-old participants with disability in *Writing Themselves In 4* had experienced suicidal ideation (70.1%; n = 638) or a suicide attempt (18.2%; n = 164) in the past 12 months compared to the general Australian population of people aged 16-17 years, of whom 11.2% had experienced suicidal ideation and 3.8% a suicide attempt in the past 12 months. Additionally, the proportion of 16-17-year-old participants with disability in *Writing Themselves In 4* who had attempted suicide in their lifetime was almost eight times greater (39.3%; n = 354) than the proportion of the general Australian population of people aged 16-17 years old who had attempted suicide in their lifetime (5.3%).

8.2.3 Suicidal ideation and suicide attempt among participants with disability – adults aged 18+ years

Tables 66.1-66.4: Proportion of participants with disability and the general population experiencing suicidal ideation or suicide attempt among adults aged 18+ years**Table 66.1 *Private Lives 3* participants with disability, Suicidal ideation**

	n	%
Past 12 months	1567	59.8
Ever	2309	88.2
Prefer not to say	64	2.5

Table 66.2 *Private Lives 3* participants with disability, Suicide attempt

	n	%
Past 12 months	184	8.4
Ever	950	43.4
Prefer not to say	115	5.2

Table 66.3 General Australian population, Suicidal ideation

	n	%
Past 12 months	-	2.3
Ever	-	13.3
Prefer not to say	-	-

Table 66.4 General Australian population, Suicide attempt

	n	%
Past 12 months	-	0.4
Ever	-	3.2
Prefer not to say	-	-

As shown in Tables 66.1-66.4, a much greater proportion of participants with disability in *Private Lives 3* had experienced suicidal ideation (59.4%; n = 1567) or a suicide attempt (8.4%; n = 184) in the past 12 months compared to the general population. In the general population, 2.3% of participants had experienced suicidal ideation in the past 12 months and 0.4% had attempted suicide in the past 12 months. As the closest comparable population-based data, general population data shown in Table 66 is from the *2007 National Survey of Mental Health and Wellbeing*.(66)suicide plans and suicide attempts for Australian adults as a whole and for particular sociodemographic and clinical population subgroups, and to explore the health service use of people with suicidality. Method: Data came from the 2007 National Survey of Mental Health and Wellbeing (2007 NSMHWB

Additionally, a much greater proportion of participants with disability in *Private Lives 3* had experienced suicidal ideation or a suicide attempt in their lifetime compared to participants from the general Australian population. Almost 9 in 10 participants with disability in *Private Lives 3* had ever experienced suicidal ideation (88.2%; n = 2309) compared to a little over 1 in 10 in the general population (13.3%). More than two-fifths of participants with disability in *Private Lives 3* had ever attempted suicide (43.4%; n = 950) compared to 3.2% of the general population.

8.2.4 Suicidal ideation in the past 12 months and ever by disability – young people aged 14-21 years

Tables 67 displays the proportion of young people aged 14-21 years in *Writing Themselves In 4* who reported experiencing suicidal ideation or a suicide attempt in the past 12 months according to disability.

Tables 67.1-67.7: Suicidal ideation in the past 12 months and ever among young people aged 14-21 years, grouped by disability (n = 5721)

Table 67.1 Any disability*

Suicidal ideation	n	%
Past 12 months	998	69.6
Ever	1265	88.3

Table 67.2 No disability

Suicidal ideation	n	%
Past 12 months	1550	47.9
Ever	2244	69.4

Table 67.3 Autism neuro-diverse

Suicidal ideation	n	%
Past 12 months	443	68.5
Ever	570	88.1

Table 67.4 Autism, neuro-diverse with intellectual disability

Suicidal ideation	n	%
Past 12 months	162	75.7
Ever	196	91.6

Table 67.5 Intellectual disability

Suicidal ideation	n	%
Past 12 months	95	72.5
Ever	119	90.8

Table 67.6 Physical or sensory

Suicidal ideation	n	%
Past 12 months	508	70.9
Ever	639	89.2

Table 67.7 Mental health condition

Suicidal ideation	n	%
Past 12 months	755	71.6
Ever	957	90.7

** In order to be more comparable with general population data, 'any disability' does not include participants who only reported 'mental illness' and no other disability or long-term health condition.*

As displayed in Tables 67.1-67.7, young people with disability in *Writing Themselves In 4* had a greater proportion who experienced suicidal ideation in the past 12 months or ever in their lifetime than those without disability. Among participants with disability, 69.9% (n = 998) reported suicidal ideation in the past 12 months and 88.3% (n = 1265) reported ever experiencing suicidal ideation. This compared to those without disability, for whom 47.9% (n = 1550) reported suicidal ideation in the past 12 months and 69.4% (n = 2244) ever in their lifetime.

Among participants with disability in *Writing Themselves In 4*, proportions of those reporting suicidal ideation in the past 12 months or ever in their lifetime were similar across disability groupings. Approximately three-quarters of participants with autism/neurodiversity and intellectual disability had experienced suicidal ideation in the past 12 months (75.7%; n = 162), followed by participants with intellectual disability (72.5%; n = 95), participants with a mental health condition (71.6%; n = 755), participants with physical or sensory disability (70.9%; n = 508) and participants with autism/neurodiversity (68.5% n = 443).

Proportions of participants who had ever experienced suicidal ideation in their lifetime were also similar across disability groupings. More than 90% of participants with autism/neurodiversity and intellectual disability had ever experienced suicidal ideation in their lifetime (91.6%; n = 196), followed by participants with intellectual disability (90.8%; n = 119), participants with a mental health condition (90.7%; n = 957), participants with physical or sensory disability (89.2%; n = 639) and participants with autism/neurodiversity (88.1%; n = 570).

8.2.5 Suicidal ideation in the past 12 months and ever by disability – adults aged 18+ years

Tables 68.1-68.4: Suicidal ideation in the past 12 months and ever among adults aged 18+ years, grouped by Disability Flag category (n = 6499)

Table 68.1 Mild disability

Suicidal ideation	n	%
Past 12 months	228	53.1
Ever	365	85.1

Table 68.2 Moderate disability

Suicidal ideation	n	%
Past 12 months	795	57.2
Ever	1217	87.6

Table 68.3 Severe disability

Suicidal ideation	n	%
Past 12 months	544	68.0
Ever	727	90.9

Table 68.4 No disability

Suicidal ideation	n	%
Past 12 months	1125	29.0
Ever	2526	65.1

As shown in Tables 68.1-68.4, adults with disability in *Private Lives 3* reported substantially higher rates of suicidal ideation in the past 12 months and ever in their lifetime than participants without disability. Among participants who did not report disability, under one-third had experienced suicidal ideation in the past 12 months (29.0%; n = 1125) compared to more than two-thirds of participants categorised with severe disability (68.0%; n = 544) and more than half of participants categorised with moderate disability (57.2%; n = 795) or mild disability (53.1%; n = 228).

Almost two-thirds of participants without disability had ever experienced suicidal ideation in their lifetime (65.1%; n = 2526) compared to more than 90% of participants categorised with severe disability (90.9%; n = 727) and more than 80% of participants categorised with moderate disability (87.6%; n = 1217) or mild disability (85.1%; n = 365).

8.2.6 Suicide attempts in the past 12 months and ever by disability – young people aged 14-21 years

Table 69.1-69.7: Suicide attempt in the past 12 months and ever among young people aged 14-21 years, grouped by disability (n = 5630)

Table 69.1 Any disability*

Suicide attempt	n	%
Past 12 months	214	15.0
Ever	567	39.8

Table 69.2 No disability

Suicide attempt	n	%
Past 12 months	191	6.0
Ever	498	15.7

Table 69.3 Autism, neuro-diverse

Suicide attempt	n	%
Past 12 months	81	12.6
Ever	229	35.6

Table 69.4 Autism, neuro-diverse with intellectual disability

Suicide attempt	n	%
Past 12 months	50	23.5
Ever	111	52.1

Table 69.5 Intellectual disability

Suicide attempt	n	%
Past 12 months	22	16.9
Ever	63	48.5

Table 69.6 Physical or sensory

Suicide attempt	n	%
Past 12 months	113	15.9
Ever	307	43.1

Table 69.7 Mental health condition

Suicide attempt	n	%
Past 12 months	173	16.6
Ever	404	38.8

* In order to be more comparable with general population data, 'any disability' does not include participants who only reported 'mental illness' and no other disability or long-term health condition.

As displayed in Tables 69.1-69.7, a higher proportion of participants with disability in *Writing Themselves In 4* had attempted suicide in the past 12 months or ever in their lifetime than those without disability. Among participants with disability, 15.0% (n = 214) reported a suicide attempt in the past 12 months and 39.8% (n = 567) reported ever attempting suicide in their lifetime. This compared to those without disability, for whom 6.0% (n = 191) had attempted suicide in the past 12 months and 15.7% (n = 498) reported ever attempting suicide in their lifetime.

Among those with disability in *Writing Themselves In 4*, participants who reported autism/neurodiversity with intellectual disability had the highest proportion who reported having attempted suicide in the past 12 months, with almost one-quarter of these participants attempting suicide (23.5%; n = 50). This was followed by participants with intellectual disability (16.9%; n = 22), participants with physical or sensory disability (15.9%; n = 113), participants with autism/neurodiversity (12.6%; n = 81) and participants with a mental health condition (16.6%; n = 173). It is further worth noting that 20.1% (n = 72) of the overall group of participants with intellectual disability, with or without autism/neurodiversity, reported having attempted suicide in the past 12 months.

Over half of participants who reported autism/neurodiversity with intellectual disability had ever attempted suicide in their lifetime (52.1%; n = 111) followed by participants with intellectual disability (48.5%; n = 63). This was followed by participants with physical or sensory disability (43.1%; n = 307), participants with a mental health condition (38.8%; n = 404) and participants with autism/neurodiversity (35.6%; n = 229). It is further worth noting that more than half (50.7%; n = 174) of the overall group of participants with intellectual disability, with or without autism/neurodiversity, reported ever having attempted suicide.

8.2.7 Suicide attempts in the past 12 months and ever by disability – adults aged 18+ years

Tables 70.1-70.4: Suicide attempt in the past 12 months and ever among adults aged 18+ years, grouped by Disability Flag category – (n = 5043)

Table 70.1 Mild disability

Suicide attempt	n	%
Past 12 months	17	5.0
Ever	121	35.8

Table 70.2 Moderate disability

Suicide attempt	n	%
Past 12 months	81	7.0
Ever	482	41.6

Table 70.3 Severe disability

Suicide attempt	n	%
Past 12 months	86	12.4
Ever	347	50.1

Table 70.4 No disability

Suicide attempt	n	%
Past 12 months	73	2.6
Ever	593	20.8

As shown in Tables 70.1-70.4, participants with disability in *Private Lives 3* reported higher rates of attempted suicide in the past 12 months and ever in their lifetime than participants without disability. Among participants without disability, less than 3% had attempted suicide in the past 12 months (2.6%; n = 73) compared to more than 1 in 10 participants categorised with severe disability (12.4%; n = 86) and just under 1 in 10 participants categorised with moderate disability (7.0%; n = 81) or mild disability (5.0%; n = 17).

Approximately one-fifth of participants without disability had ever attempted suicide in their lifetime (20.8%; n = 593) compared to half of participants categorised with severe disability (50.1%; n = 347), two-fifths of participants categorised with moderate disability (41.6%; n = 482) and more than one-third of participants categorised with mild disability (35.8%; n = 121).

8.2.8 Suicidal ideation according to experiences of harassment and assault among young people aged 14-21 years

Tables 71.1-71.6: Suicidal ideation in the past 12 months according to experiences of harassment or assault among young people with disability aged 14-21 years

Table 71.1 No verbal harassment or assault past 12 months

	n	%
Suicidal ideation in past 12 months	794	63.9

Table 71.2 Verbal harassment or assault past 12 months

	n	%
Suicidal ideation in past 12 months	900	77.3

Table 71.3 No physical harassment or assault past 12 months

	n	%
Suicidal ideation in past 12 months	1289	68.7

Table 71.4 Physical harassment or assault past 12 months

	n	%
Suicidal ideation in past 12 months	222	83.8

Table 71.5 No sexual harassment or assault past 12 months

	n	%
Suicidal ideation in past 12 months	1063	68.4

Table 71.6 Sexual harassment or assault past 12 months

	n	%
Suicidal ideation in past 12 months	504	76.5

As shown in Tables 71.1-71.6, a higher proportion of young people with disability in *Writing Themselves In 4* who had experienced verbal, physical or sexual harassment or assault in the past 12 months reported experiencing suicidal ideation in the past 12 months compared to those who had not experienced these forms of harassment in the past 12 months. Specifically, a greater proportion of participants who had experienced verbal harassment had experienced suicidal ideation in the past 12 months (77.3%; n = 900) compared to participants who had not experienced verbal harassment (63.9%; n = 794). Participants who had experienced physical harassment had a higher proportion who had reported suicidal ideation in the past 12 months (83.3%; n = 222) compared to those who had not (68.7%; n = 1289). Likewise, participants who had experienced sexual assault had a greater proportion who reported suicidal ideation in the past 12 months (76.5%; n = 504) compared to those who had not (58.4%; n = 1063).

8.2.9 Suicidal ideation according to experiences of harassment and assault among adults aged 18+ years

Tables 72.1-72.6: Suicidal ideation in the past 12 months according to experiences of harassment or abuse among adults with disability aged 18+ years**Table 72.1 No social exclusion past 12 months**

	n	%
Suicidal ideation in past 12 months	600	51.9

Table 72.2 Social exclusion past 12 months

	n	%
Suicidal ideation in past 12 months	813	69.5

Table 72.3 No verbal abuse past 12 months

	n	%
Suicidal ideation in past 12 months	736	55.4

Table 72.4 Verbal abuse past 12 months

	n	%
Suicidal ideation in past 12 months	670	68.4

Table 72.5 No harassment past 12 months

	n	%
Suicidal ideation in past 12 months	896	56.2

Table 72.6 Harassment past 12 months

	n	%
Suicidal ideation in past 12 months	496	70.2

A greater proportion of adults with disability in *Private Lives 3* who had experienced harassment or abuse in the past 12 months reported experiencing suicidal ideation in the past 12 months than those who had not experienced harassment or assault in the past 12 months. Specifically, participants who experienced social exclusion in the past 12 months had a higher proportion who reported suicidal ideation in the past 12 months (69.5%; n = 813) compared to participants who had not experienced social exclusion (51.9%; n = 600). Participants who experienced verbal abuse including hateful or obscene phone calls had a higher proportion who reported suicidal ideation (68.4%; n = 670) compared to those who had not (55.4%; n = 736). Likewise, participants who experienced harassment such as being spat at and offensive gestures had a higher proportion who reported suicidal ideation (70.2%; n = 496) compared to those who had not (56.2%; n = 896).

8.2.10 Suicide attempts according to experiences of harassment or assault among young people aged 14-21 years

Tables 73.1-73.6: Suicide attempts in the past 12 months according to experiences of harassment or assault among young people with disability aged 14-21 years

Table 73.1 No verbal harassment or assault past 12 months

	n	%
Suicide attempt in past 12 months	124	10.1

Table 73.2 Verbal harassment or assault past 12 months

	n	%
Suicide attempt in past 12 months	256	22.1

Table 73.3 No physical harassment or assault past 12 months

	n	%
Suicide attempt in past 12 months	235	12.6

Table 73.4 Physical harassment or assault past 12 months

	n	%
Suicide attempt in past 12 months	92	34.8

Table 73.5 No sexual harassment or assault past 12 months

	n	%
Suicide attempt in past 12 months	183	11.8

Table 73.6 Sexual harassment or assault past 12 months

	n	%
Suicide attempt in past 12 months	162	24.7

As shown in Tables 73.1-73.6, a higher proportion of young people with disability in *Writing Themselves In 4* who had experienced verbal, physical or sexual harassment or assault in the past 12 months had attempted suicide in the same time period compared to participants who had not experienced these forms of harassment. Specifically, a greater proportion of participants who had experienced verbal harassment had attempted suicide in the past 12 months (22.1%; n = 256) compared to participants who had not experienced verbal harassment (10.1%; n = 124). A higher proportion of participants who had experienced physical harassment had attempted suicide in the past 12 months (34.8%; n = 92) compared to those who had not (12.6%; n = 235). Likewise, a higher proportion of participants who had experienced sexual assault had attempted suicide (24.7%; n = 162) compared to those who had not (11.8%; n = 183).

8.2.11 Suicide attempts according to experiences of harassment or abuse among adults aged 18+ years

Tables 74.1-74.6: Suicide attempts in the past 12 months according to experiences of harassment or abuse among adults with disability aged 18+ years

Table 74.1 No social exclusion past 12 months

	n	%
Suicide attempt in past 12 months	43	4.4

Table 74.2 Social exclusion past 12 months

	n	%
Suicide attempt in past 12 months	124	12.5

Table 74.3 No verbal abuse past 12 months

	n	%
Suicide attempt in past 12 months	60	5.3

Table 74.4 Verbal abuse past 12 months

	n	%
Suicide attempt in past 12 months	103	12.7

Table 74.5 No harassment past 12 months

	n	%
Suicide attempt in past 12 months	86	6.4

Table 74.6 Harassment past 12 months

	n	%
Suicide attempt in past 12 months	78	12.9

As displayed in Tables 74.1-74.6, a greater proportion of participants with disability in *Private Lives 3* who had experienced harassment or abuse in the past 12 months reported attempting suicide in the past 12 months compared to those who had not experienced harassment or assault in the past 12 months. Specifically, a greater proportion of participants who had experienced social exclusion had attempted suicide in the past 12 months (12.5%; n = 124) compared to participants who had not experienced social exclusion (4.4%; n = 43). A higher proportion of participants who had experienced verbal abuse including hateful or obscene phone calls had attempted suicide (12.7%; n = 103) compared to those who had not (5.3%; n = 60). Similarly, a higher proportion of participants who had experienced harassment such as being spat at and offensive gestures had attempted suicide (12.9%; n = 78) compared to those who had not (6.4%; n = 86).

8.3 Support for those in distress – young people aged 14-21 years

Young people in *Writing Themselves In 4* who answered that they had ever experienced suicidal ideation, planning, attempts or self-harm in their lifetime were asked if they had ever accessed an in-person professional counselling or support service, a professional telephone support service or a professional text or webchat support service in relation to suicide or self-harm. Table 75 displays the results for participants with disability.

Table 75: Ever accessed professional suicide or self-harm support services among young people with disability who reported ever experiencing suicidal ideation, planning, attempts or self-harm (n = 2307)

Suicide support service	n	%
In-person professional counselling or support service	1472	63.8
Professional text or webchat support service	429	18.6
Professional telephone support service	342	14.8
Ever accessed any of the above support services	1581	68.5

As displayed in Table 75, among participants with disability in *Writing Themselves In 4* who reported any suicidal ideation, planning, attempts or self-harm in their lifetime, just over two-thirds had ever accessed professional in-person, online or telephone support services (68.5%; n = 1581). A little under two-thirds had accessed in-person professional counselling or support services (63.8%; n = 1472), under one-fifth had accessed professional text or webchat support services (18.6%; n = 429) and less than 15% had accessed professional telephone support services (14.8%; n = 342).

It is of further note that among the 1983 participants with disability in *Writing Themselves In 4* who reported any suicidal ideation, planning, attempts or self-harm in the past 12 months, only half (50.9%; n = 1009) had accessed a professional suicide or self-harm support service in this time frame.

8.4 Most recent experience accessing professional support services regarding suicide or self-harm – young people aged 14-21 years

8.4.1 Professional suicide or self-harm support service accessed – young people aged 14-21 years

Young people in *Writing Themselves In 4* who reported ever accessing professional support services in relation to suicide or self-harm were asked which service they accessed the most recent time. Table 76 displays these results for participants with disability.

Table 76: Professional suicide or self-harm support service most recently accessed (n = 1579)

Professional support service accessed most recent time	n	%
In-person professional counselling or support service	1355	85.8
Professional text or webchat support service	73	4.6
Professional telephone support service	131	9.6

As shown in Table 76, among participants with disability in *Writing Themselves In 4* who had ever accessed professional suicide or self-harm support services, the most recently accessed service for most participants was an in-person professional counselling or support service (85.8%; n = 1355), followed by a professional text or webchat support service (4.6%; n = 73) and a professional telephone support service (9.6%; n = 131).

8.4.2 Professional suicide or self-harm support service outcomes – young people aged 14-21 years

Young people in *Writing Themselves In 4* were asked if the professional services they most recently accessed regarding suicide or self-harm helped to improve the situation. Responses were on a 5-point scale ranging from 'no, made it much worse' to 'yes, made it much better'. Table 77 displays the responses for participants with disability who responded 'yes, made it better' or 'yes, made it much better'.

Table 77: Professional suicide or self-harm support service and whether the situation was made better or much better (n = 1579)

Professional support service most recently accessed	n	%
LGBTIQA+ specific service (n = 54)	33	61.1
In-person professional counselling or support service (n = 1355)	812	59.9
Professional telephone support service (n = 73)	36	49.3
Professional text or webchat support service (n = 131)	51	33.8

As displayed in Table 77, many young people with disability in *Writing Themselves In 4* who had accessed a professional support service did not feel that this service had made their situation better. Among those who had accessed an in-person professional counselling or support service, approximately three-fifths felt that this service had made their situation better (59.9%; n = 812). Less than half of participants who had accessed a professional telephone support service felt that this had made their situation better (49.3%; n = 36) and approximately one-third who had accessed a professional text or webchat support service felt that this had made their situation better (33.8%; n = 51).

Participants with disability who had most recently accessed professional services regarding suicide or self-harm were also asked if it was an LGBTIQA+ service. Of the 54 participants who had accessed an LGBTIQA+ professional service regarding suicide or self-harm the most recent time, approximately three-fifths (61.1%; n = 33) said that the situation was made better.

8.5 Preferences for accessing professional suicide or self-harm support services – young people aged 14-21 years

Young people in *Writing Themselves In 4* were asked if they were to ever need professional help for suicide or self-harm in the future, how they would prefer to receive it. Responses by participants with disability are shown in Table 78.

Table 78: Participant preferences for future access to professional suicide or self-harm support services (n = 2497)

Suicide support access method preference	n	%
In-person	1851	74.1
By text or webchat	397	15.9
By telephone	38	1.5
Other	15	0.6
Don't know	196	7.8

As shown in Table 78, among participants with disability in *Writing Themselves In 4*, almost three-quarters expressed a preference for receiving potential future professional suicide or self-harm support services in-person (74.1%; n = 1851). Less than one-fifth held a preference for suicide support services that were accessed by text or webchat (15.9%; n = 397). Few participants expressed a preference for a telephone support service (1.5%; n = 38) or a professional support service provided through other means (0.6%; n = 15). Less than 1 in 10 participants were unsure of their preference for service provision (7.8%; n = 196).

8.6 Summary and relation to existing literature

Overall, young people with disability in *Writing Themselves In 4* and adults with disability in *Private Lives 3* reported higher levels of psychological distress in the past 4 weeks, as well as higher levels of suicidal ideation and suicide attempts in the past 12 months and in their lifetimes, than their peers without disability, and substantially higher than the general Australian population. For example, nine-tenths of participants with disability aged 14-21 years in *Writing Themselves In 4* had experienced high or very high levels of psychological distress compared to seven-tenths of participants without disability. Similarly, 15% of those with disability had attempted suicide in the past 12 months compared to 6% among those without disability.

Young people with disability aged 14-21 years in *Writing Themselves In 4* and adults aged 18+ years in *Private Lives 3* who had experienced harassment, abuse, assault or exclusion in the past 12 months based on their sexual orientation or gender identity reported higher levels of psychological distress, suicidal ideation and suicide attempts compared to participants who did not report experiencing these forms or harassment in the past 12 months. For example, one-fifth of young people with disability aged 14-21 years in *Writing Themselves In 4* who had experienced verbal harassment had attempted suicide in the past 12 months compared to one-tenth of participants who had not experienced any harassment. Similarly, one-third of those who had experienced physical harassment had attempted suicide in the past 12 months compared to one-tenth of those who had not. Among adults with disability aged 18+ years in *Private Lives 3*, 13% of participants who had experienced social exclusion in the past 12 months had attempted suicide compared to 4.4% who had not.

Suicide support services were not accessed by many participants with disability who had experienced suicidal ideation or had attempted suicide. Among young people with disability in *Writing Themselves In 4* who reported any suicidal ideation, planning, attempts or self-harm in the past 12 months, only half had accessed a professional suicide or self-harm support service in this time frame. Among participants who had accessed an in-person professional counselling or support service, approximately three-fifths felt that this service had made their situation better. Less than half of participants who had accessed a professional telephone support service felt that this had made their situation better, and approximately one-third who had accessed a professional text or webchat support service felt that this had made their situation better. Three-fifths of young people with disability who had accessed an LGBTIQ+ professional service regarding suicide or self-harm the most recent time reported that the situation was made better.

Among young people with disability in *Writing Themselves In 4*, almost three-quarters expressed a preference for receiving potential future professional suicide support services in-person. Less than one-fifth held a preference for suicide support services that were accessed by text or webchat, and few participants expressed a preference for a telephone support service.

The findings of this analysis align with other research conducted among this population. Mixed method research from both Australia and the United States has identified that LGBT people with disability have been found to be more likely to experience mental health conditions, psychological distress and suicidality compared to both LGBT people without disability and heterosexual-identifying people.(44,51,67) Poorer mental health among LGB people is largely due to stigma, prejudice and discrimination and hostile and stressful social environments.(68,69) These findings are particularly prevalent among LGBTQA+ youth with disability. For example, lesbian, gay, bisexual and trans and gender diverse students with disability who reported experiences of victimisation had the highest rates of suicidal ideation compared to their heterosexual peers without disability in the U.S.(44) Specifically, they were 2.8 times more likely to report suicidal ideation compared to their heterosexual counterparts without disability. This compares to 2.2 times more likely for lesbian, gay, bisexual and trans and gender diverse youth without disability and 2.0 times more likely for heterosexual youth with disability.

It is important to note that many LGBTQA+ people with disability live happy and confident lives. However, many may struggle with mental health at some point in their lives and may also experience barriers to care, including experiences of bias or negative attitudes from service providers, and larger systemic issues. Experiences of discrimination were identified as the main reason that lesbian, gay and bisexual people with disability reported difficulty accessing services in a U.S. study.(70) Similarly, studies have found that health providers may be knowledgeable regarding either their sexual orientation or their disability, but not the intersection of these two experiences.(10,71) Importantly, studies have shown that lesbian, gay and bisexual people with disability reported structural barriers accessing lesbian, gay and bisexual communities(72) while lesbian, gay, bisexual and trans and gender diverse youth with disability under the care of social service providers, special education programs or supported living facilities reported being prohibited or restricted from expressing or discussing their LGBT identities.(73) Moreover, health providers and staff have reported lacking confidence in discussing prejudice towards LGB clients with intellectual disability.(74)

9 Community connection

Community connection can lead to social support and companionship, which in turn may aid people in dealing with stress(75–77)gay, bisexual and transgender (LGBT and is associated with resilience and wellbeing among LGBQ adults.(78)

LGBTQA+ people with disability have been found to face dual marginalisation(22)gay, bisexual, transgender, intersex or questioning (LGBTIQ, resulting in feelings of loneliness, exclusion and limited support and understanding from both LGBTQA+ and disability communities respectively. (79,80)

This chapter examines community engagement, feelings of community belonging and service and venue accessibility among LGBTQA+ young people and adults with disability.

9.1 Engagement with LGBTIQ+ support groups or organisations – young people aged 14-21 years

Participants from *Writing Themselves In 4* were asked how often they had attended an LGBTIQ+ youth event. The results for participants with disability are shown in Table 79.

Table 79: Proportion of participants attending an LGBTIQ+ event in the past 12 months among young people aged 14-21 years with disability (n = 2441)

LGBTIQ+ youth event attendance	n	%
Never	1996	81.8
Once	363	14.9
Monthly	77	3.2
Weekly	5	0.2

As shown in Table 79, among participants with disability in *Writing Themselves In 4*, most had not attended an LGBTIQ+ event in the past 12 months (81.8%; n = 1996). A little over 1 in 10 had attended an LGBTIQ+ event once in the past 12 months (14.9%; n = 363). Only small proportions had attended LGBTIQ+ events monthly (3.2%; n = 77) or weekly (0.2%; n = 5).

9.2 Community belonging – adults aged 18+ years

Participants from *Private Lives 3* were presented with the following statement, ‘The following questions are about LGBTIQ communities. By LGBTIQ communities, we do not mean any particular neighbourhood or social group, but in general, groups of gay men, bisexual men and women, lesbians, transgender and intersex individuals’. Participants were then asked the extent to which ‘you feel you’re a part of the Australian LGBTIQ community’. Response options were provided on a 5-point scale ranging from ‘strongly disagree’ to ‘strongly agree’. Table 80 displays these results.

Tables 80.1-80.4: You feel you're part of Australia's LGBTIQ community among adults aged 18+ years, grouped by Disability Flag category (n = 6,524)

Table 80.1 Mild disability

Feel part of LGBTIQ community	n	%
Do not agree	184	42.5
Agree or strongly agree	249	57.5

Table 80.2 Moderate disability

Feel part of LGBTIQ community	n	%
Do not agree	642	46.1
Agree or strongly agree	750	53.9

Table 80.3 Severe disability

Feel part of LGBTIQ community	n	%
Do not agree	364	45.5
Agree or strongly agree	436	54.5

Table 80.4 No disability

Feel part of LGBTIQ community	n	%
Do not agree	1651	42.3
Agree or strongly agree	2248	57.7

As displayed in Tables 80.1-80.4, similar proportions of participants in *Private Lives 3* across the different disability groups felt that they were a part of Australia's LGBTIQ community. Participants without disability had the highest proportion who felt that they were a part of Australia's LGBTIQ community (57.7%; n = 2248), followed closely by participants categorised with mild disability (57.5%; n = 249), participants categorised with moderate disability (53.9%; n = 750) and participants categorised with severe disability (54.5%; n = 436).

9.3 Service accessibility – young people aged 14-21 years

Participants reporting a disability or long-term health condition were asked specific questions, which were developed in consultation with a disability advisory group, in order to best inform service provision and models of best practice. Participants reporting a disability or long-term health condition were asked, 'Thinking about your disability/neurodiversity or long-term health condition, please answer the following questions on a scale from 'very easy' to 'very hard'. Participants could respond 'not applicable' to any questions that were not relevant to them (e.g., questions regarding work settings for participants not engaged in employment). Questions were on a 5-point scale ranging from 'very easy' to 'very hard'. Participants were asked the following questions, and numbers in brackets below reflect the sample of participants who provided a response to these questions.

- Does your educational institution make it easy or hard for you to learn? (n = 2,347)
- Does your workplace make it easy or hard for you to work efficiently? (n = 1,635)
- Do LGBTIQ+ social or community venues in your area make it easy for you to use them? (n = 1,785)
- Do LGBTIQ+ services or support groups in your area make it easy or hard for you to use them? (n = 1,779)

Tables 81.1-81.6 display the proportion of participants who selected either 'easy' or 'very easy' for each question.

Tables 81.1-81.6: Accessibility of educational settings, workplaces, LGBTIQ+ venues or LGBTIQ+ services among young people with disability aged 14-21 years

Table 81.1 Any disability*

Accessibility of settings	n	%
Educational institution makes it easy or very easy for you to learn	395	29.2
Workplace makes it easy or very easy for you to work efficiently	334	35.8
LGBTIQ+ social or community venues in your area make it easy or very easy for you to use them	461	44.2
LGBTIQ+ services or support groups in your area make it easy or very easy for you to use them	486	47.6

Table 81.2 Autism, neuro-diverse

Accessibility of settings	n	%
Educational institution makes it easy/very easy for you to learn	181	29.4
Workplace makes it easy/very easy for you to work efficiently	151	36.5
LGBTIQA+ social or community venues in your area make it easy/very easy for you to use them	215	44.9
LGBTIQA+ services or support groups in your area make it easy/very easy for you to use them	243	51.3

Table 81.3 Autism, neuro-diverse with intellectual disability

Accessibility of settings	n	%
Educational institution makes it easy/very easy for you to learn	45	22.3
Workplace makes it easy/very easy for you to work efficiently	37	29.4
LGBTIQA+ social or community venues in your area make it easy/very easy for you to use them	62	41.1
LGBTIQA+ services or support groups in your area make it easy/very easy for you to use them	61	42.1

Table 81.4 Intellectual disability

Accessibility of settings	n	%
Educational institution makes it easy/very easy for you to learn	33	26.8
Workplace makes it easy/very easy for you to work efficiently	27	31.0
LGBTIQA+ social or community venues in your area make it easy/very easy for you to use them	35	38.0
LGBTIQA+ services or support groups in your area make it easy/very easy for you to use them	36	38.3

Table 81.5 Physical or sensory

Accessibility of settings	n	%
Educational institution makes it easy/very easy for you to learn	207	30.7
Workplace makes it easy/very easy for you to work efficiently	153	34.2
LGBTIQA+ social or community venues in your area make it easy/very easy for you to use them	238	44.6
LGBTIQA+ services or support groups in your area make it easy/very easy for you to use them	250	48.9

Table 81.6 Mental health condition

Accessibility of settings	n	%
Educational institution makes it easy/very easy for you to learn	295	29.7
Workplace makes it easy/very easy for you to work efficiently	291	41.4
LGBTIQA+ social or community venues in your area make it easy/very easy for you to use them	279	37.6
LGBTIQA+ services or support groups in your area make it easy/very easy for you to use them	288	38.0

** In order to be more comparable with general population data, 'any disability' does not include participants who only reported 'mental illness' and no other disability or long-term health condition.*

As displayed in Tables 81.1-81.6, among young people aged 14-21 years with disability in *Writing Themselves In 4*, under one-third felt that their educational institution makes it easy or very easy for them to learn (29.2%; n = 395). More than one-third of participants with disability felt that their workplace makes it easy or very easy for them to work efficiently (35.8%; n = 334). Less than half felt that local LGBTIQA+ social or community venues (44.2%; n = 461) and local LGBTIQA+ services or support groups (47.6%; n = 486) made it easy for them to use.

Participants with a physical or sensory disability had the highest proportion who felt that their educational institution makes it easy or very easy for them to learn (30.7%; n = 207). This was followed by participants with a mental health condition (29.7%; n = 295), participants with autism/neurodiversity (29.4%; n = 181), participants with intellectual disability (26.8%; n = 33) and participants with autism/neurodiversity and intellectual disability (22.3%; n = 45).

Just over two-fifths of participants with a mental health condition felt that their workplace makes it easy or very easy for them to work efficiently (41.4%; n = 291). This was followed by participants with autism/neurodiversity (36.5%; n = 151), participants with physical or sensory disability (34.2%; n = 153), participants with intellectual disability (31.0%; n = 27) and participants with autism/neurodiversity and intellectual disability (29.4%; n = 37).

Participants with autism/neurodiversity had the highest proportion who felt that local LGBTIQ+ social or community venues made it easy for them to use (44.9%; n = 215). This was followed by participants with physical or sensory disability (44.6%; n = 238), participants with autism/neurodiversity and intellectual disability (41.1%; n = 62), participants with intellectual disability (38.0%; n = 35) and participants with a mental health condition (37.6%; n = 279).

A little over half of participants with autism/neurodiversity felt that local LGBTIQ+ services or support groups made it easy for them to use (51.3%; n = 243). This was followed by participants with physical or sensory disability (48.9%; n = 250), participants with autism/neurodiversity and intellectual disability (42.1%; n = 61), participants with intellectual disability (38.3%; n = 36) and participants with a mental health condition (38.0%; n = 288).

9.4 Perceptions of community inclusion – young people aged 14-21 years

Participants reporting a disability or long-term health condition were asked, 'How strongly do you agree with the following statements?' Numbers in brackets below reflect the sample of participants who provided a response to these statements.

- I feel like I am included within the LGBTIQ+ community (n = 2,453)
- I feel like the voices of LGBTIQ+ people with disabilities are heard and understood (n = 2,411)
- I feel like my LGBTIQ+ identity is supported by my peers with disabilities (n = 2,158)
- I feel like my LGBTIQ+ identity is supported by the NDIS or disability support providers (n = 1,665)

Participants could respond 'not applicable' to any questions that were not relevant to them. Questions were on a 5-point scale ranging from 'strongly disagree' to 'strongly agree'. Tables 82.1-82.6 display the proportion of participants who responded 'agree' or 'strongly agree'.

Tables 82.1-82.6: Perception of inclusion within LGBTIQ+ communities among young people with disability aged 14-21 years

Table 82.1 Any disability*

Inclusion within LGBTIQ+ communities	n	%
I feel like I am included within the LGBTIQ+ community	808	57.3
I feel like the voices of LGBTIQ+ people with disabilities are heard and understood	378	27.2
I feel like my LGBTIQ+ identity is supported by my peers with disabilities	692	55.3
I feel like my LGBTIQ+ identity is supported by the NDIS or disability support providers	211	21.5

Table 82.2 Autism, neuro-diverse

Inclusion within LGBTIQ+ communities	n	%
I feel like I am included within the LGBTIQ+ community	389	60.5
I feel like the voices of LGBTIQ+ people with disabilities are heard and understood	164	26.0
I feel like my LGBTIQ+ identity is supported by my peers with disabilities	339	59.3
I feel like my LGBTIQ+ identity is supported by the NDIS or disability support providers	90	20.4

Table 82.3 Autism, neuro-diverse with intellectual disability

Inclusion within LGBTIQ+ communities	n	%
I feel like I am included within the LGBTIQ+ community	116	56.3
I feel like the voices of LGBTIQ+ people with disabilities are heard and understood	47	23.0
I feel like my LGBTIQ+ identity is supported by my peers with disabilities	95	50.0
I feel like my LGBTIQ+ identity is supported by the NDIS or disability support providers	30	19.9

Table 82.4 Intellectual disability

Inclusion within LGBTIQ+ communities	n	%
I feel like I am included within the LGBTIQ+ community	67	52.8
I feel like the voices of LGBTIQ+ people with disabilities are heard and understood	43	33.6
I feel like my LGBTIQ+ identity is supported by my peers with disabilities	53	46.5
I feel like my LGBTIQ+ identity is supported by the NDIS or disability support providers	24	25.3

Table 82.5 Physical or sensory

Inclusion within LGBTIQ+ communities	n	%
I feel like I am included within the LGBTIQ+ community	402	56.7
I feel like the voices of LGBTIQ+ people with disabilities are heard and understood	181	25.9
I feel like my LGBTIQ+ identity is supported by my peers with disabilities	346	56.0
I feel like my LGBTIQ+ identity is supported by the NDIS or disability support providers	102	20.8

Table 82.6 Mental health condition

Inclusion within LGBTIQ+ communities	n	%
I feel like I am included within the LGBTIQ+ community	571	54.7
I feel like the voices of LGBTIQ+ people with disabilities are heard and understood	302	29.6
I feel like my LGBTIQ+ identity is supported by my peers with disabilities	545	60.1
I feel like my LGBTIQ+ identity is supported by the NDIS or disability support providers	172	25.1

** In order to be more comparable with general population data, 'any disability' does not include participants who only reported 'mental illness' and no other disability or long-term health condition.*

As shown in Tables 82.1-82.6, among young people aged 14-21 years with disability in *Writing Themselves In 4*, over half felt that they were included within the LGBTIQA+ community (57.3%; n = 808). Less than one-third felt that the voices of LGBTIQA+ people with disabilities are heard or understood (17.2%; n = 378), a little over half felt that their LGBTIQA+ identity is supported by their peers with disabilities (55.3%; n = 692) and a little more than one-fifth felt that their LGBTIQA+ identity is supported by the NDIS or disability support providers (21.5%; n = 211).

Participants with autism/neurodiversity had the highest proportion who felt that they were included within the LGBTIQA+ community (60.5%; n = 389). This was followed by participants with physical or sensory disability (56.7%; n = 402), participants with autism/neurodiversity and intellectual disability (56.3%; n = 116), participants with a mental health condition (54.7%; n = 571) and participants with intellectual disability (52.8%; n = 67).

Approximately one-third of participants with intellectual disability felt that the voices of LGBTIQA+ people with disabilities are heard or understood (33.6%; n = 43). This was followed by participants with a mental health condition (29.6%; n = 302), participants with autism/neurodiversity (26.0%; n = 164), participants with physical or sensory disability (25.9%; n = 181) and participants with autism/neurodiversity and intellectual disability (23.0%; n = 47).

Participants with a mental health condition had the highest proportion who felt that their LGBTIQA+ identity is supported by their peers with disabilities (60.1%; n = 545). This was followed by participants with autism/neurodiversity (59.3%; n = 339), participants with physical or sensory disability (56.0%; n = 346), participants with autism/neurodiversity and intellectual disability (50.0%; n = 95) and participants with intellectual disability (46.5%; n = 53).

Similar proportions of participants across the disability groupings felt that their LGBTIQA+ identity is supported by the NDIS or disability support providers. A little over one-fifth of those with an intellectual disability felt that their LGBTIQA+ identity is supported by the NDIS or disability support providers (25.3%; n = 24), followed by participants with a mental health condition (25.1%; n = 172), participants with physical or sensory disability (20.8%; n = 102), participants with autism/neurodiversity (20.4%; n = 90) and participants with autism/neurodiversity and intellectual disability (19.9%; n = 30).

9.5 Summary and relation to existing literature

A majority of adults aged 18+ years with disability reported that they felt part of LGBTIQ communities, although there were large proportions who did not feel this way. Among participants aged 14-21 years with disability in *Writing Themselves In 4*, one-fifth had attended an LGBTIQA+ event in the past 12 months.

The majority of young people aged 14-21 years with disability in *Writing Themselves In 4* reported receiving limited support in education and workplaces. Only three-tenths felt that their educational institution makes it easy or very easy for them to learn and slightly over one-third felt that their workplace makes it easy or very easy for them to work efficiently.

Similarly, the majority of young people aged 14-21 years with disability in *Writing Themselves In 4* reported difficulties in accessing LGBTIQ+ social or community venues and services or support groups. Less than half felt that local LGBTIQ+ social or community venues and local LGBTIQ+ services or support groups made it easy for them to use these venues or services.

Importantly, four-fifths of young people aged 14-21 years with disability in *Writing Themselves In 4* reported feeling that the voices of LGBTIQ+ people with disabilities are not heard or understood. A little over half felt that their LGBTIQ+ identity is supported by their peers with disabilities and only one-fifth felt that their LGBTIQ+ identity is supported by the NDIS or disability support providers.

Research from the UK documents how LGBT people with disability frequently feel unwelcome in gay community spaces, an experience that is often amplified by negative stereotypes about people with intellectual disability(81,82). Other studies have shown that LGB people with disabilities reported structural barriers accessing the LGB community(83,84) while LGBT youth with disabilities under the care of social service providers, special education programs, or supported living facilities reported being prohibited or restricted from expressing/discussing their LGBT identities (73). In general, LGBT people with disabilities may frequently experience the delegitimization of their sexual or gender identities, being seen as incapable of determining their sexuality or gender identity for themselves(85). Moreover, health providers and staff have reported lacking confidence in discussing prejudice towards LGB clients with intellectual(82,86) and cognitive disabilities(87).

10 Intersections: multicultural background and disability

Many people in Australia are from multicultural backgrounds, with one-quarter born overseas and almost half with one parent born overseas.(88) Some LGBTQA+ people from multicultural backgrounds are more likely to report heterosexism within their communities(89) and may experience exclusion from the LGBTQA+ community.(90,91) LGBTQA+ people with disability from multicultural backgrounds may also face multiple forms of discrimination and marginalisation.(92)

There is very limited data regarding LGBTQA+ people from multicultural backgrounds with disability in Australia, an issue exacerbated by challenges in authentically defining people in regard to their ancestry and multicultural background. The following chapter provides an overview regarding the experiences of LGBTQA+ people with disability from diverse multicultural backgrounds in *Writing Themselves In 4* and *Private Lives 3*.

10.1 Measuring multicultural background among young people aged 14-21 years with disability

In *Writing Themselves In 4*, response options relating to multicultural background were derived from previous Australian research.(93) The majority of participants identified as Anglo-Celtic or European, similar to national and general population data.(94) Due to insufficient numbers of participants with disability from non-Anglo-Celtic backgrounds, analyses distinguished between those who were Anglo-Celtic (n=1608) and those in a 'multicultural' category (n=661). The multicultural category captures all those who selected more than one ethnic background option or identified with a background that was different from Anglo-Celtic. In this respect, the 'multicultural' category is an overarching point of comparison to Anglo-Celtic participants in the sample. 'Multicultural' is a broad categorisation that was utilised to accommodate the complexity and wide diversity in cultural, religious and/or ethnic backgrounds. It is intended to provide macro-level quantitative analyses regarding the unique lived experiences faced by multicultural LGBTQA+ people in general.

It also of note that both the *Writing Themselves In 4* and *Private Lives 3* surveys were only available in English and therefore provide limited representation of participants who have less capacity in reading and responding to written English. Future iterations of this research would benefit greatly from translations and promotional materials in languages spoken commonly among culturally and linguistically diverse LGBTQA+ people in Australia with disability.

10.2 Measuring multicultural background among adults aged 18+ years with disability

In *Private Lives 3*, participants were asked to describe their ethnic background with a text response, which was subsequently coded into two broad categories based on these responses: 1) individuals from multicultural backgrounds; and 2) individuals of Anglo-Celtic heritage.

Multicultural is a broad categorisation that was utilised to accommodate the complexity and wide diversity in cultural, religious and/or ethnic backgrounds and is intended to provide macro-level quantitative analyses regarding the unique lived experiences faced by multicultural LGBTIQ people in general.

As with *Writing Themselves In 4*, these analyses do not include First Nations participants who participated in the *Private Lives 3* survey (n = 174). Specific in-depth outputs are planned for the analysis and interpretation of First Nations data, in close collaboration with Aboriginal and Torres Strait Islander organisations in order to meaningfully and appropriately document their unique experiences.

10.3 Community belonging

10.3.1 Feeling part of Australia's LGBTIQ community – adults aged 18+ years

Participants from *Private Lives 3* were asked the extent to which 'you feel you're a part of the Australian LGBTIQ community'. Response options were provided on a 5-point scale ranging from 'strongly disagree' to 'strongly agree'. Table 83 displays these results according to whether participants were from multicultural backgrounds or an Anglo-Celtic background.

Tables 83.1-83.2: You feel you're part of Australia's LGBTIQ community among adults with disability aged 18+ years, grouped by cultural background (n = 2269)

Table 83.1 Multicultural

Feel part of LGBTIQ community	n	%
Do not agree	718	44.7
Agree/strongly agree	890	55.3

Table 83.2 Anglo-Celtic

Feel part of LGBTIQ community	n	%
Do not agree	290	43.9
Agree/strongly agree	371	56.1

As displayed in Tables 83.1-83.2, among participants with disability in *Private Lives 3*, a little over half felt that they were a part of Australia's LGBTIQ community regardless of whether they were from an Anglo-Celtic background (56.1%; n = 371) or a multicultural background (55.3%; n = 890).

10.3.2 Attended an LGBTIQ+ youth event in the past 12 months – young people aged 14-21 years

Participants from *Writing Themselves In 4* were asked how often they had attended an LGBTIQ+ youth event in the past 12 months. Response options were 'never', 'annually', 'monthly' and 'weekly'. Table 84 displays the results for any attendance in the past 12 months.

Tables 84.1-84.2: Attended an LGBTIQ+ youth event in the past 12 months among young people with disability aged 14-21 years, grouped by cultural background (n = 2295)

Table 84.1 Multicultural

Attended LGBTIQ+ event	n	%
No	991	82.5
Yes	210	17.5

Table 84.2 Anglo-Celtic

Attended LGBTIQ+ event	n	%
No	880	80.4
Yes	214	19.6

As shown in Tables 84.1-84.2, among participants with disability in *Writing Themselves In 4*, just under one-fifth had attended an LGBTIQ+ youth event in the past 12 months regardless of whether they were from an Anglo-Celtic background (19.6%; n = 214) or from a multicultural background (17.5%; n = 210).

10.4 Feelings of acceptance – adults aged 18+ years

Table 85 displays the numbers and percentages of participants in *Private Lives 3* who felt they were accepted 'a lot' or 'always' in a range of situations according to whether they were from multicultural backgrounds or an Anglo-Celtic background.

Tables 85.1-85.2: Proportion of adults with disability aged 18+ years who currently feel accepted 'a lot' or 'always', grouped by cultural background

Table 85.1 Multicultural

Situation	n	%
LGBTIQ venue	314	55.9

Situation	n	%
At work	216	49.2
At an educational institution	207	47.0
With family members	230	36.1
Accessing a health or support service	203	32.8
In public (e.g., in the street/park)	143	23.0
Religious or faith-based events or services	46	11.9

Table 85.2 Anglo-Celtic

Situation	n	%
LGBTIQ venue	812	61.2
At work	548	50.0
At an educational institution	471	47.8
With family members	721	46.4
Accessing a health or support service	540	35.9
In public (e.g., in the street/park)	366	24.3
Religious or faith-based events or services	71	8.8

Note: Responses were analysed among participants who reported that a situation was applicable to them therefore an overall 'n' is not provided.

As displayed in Tables 85.1-85.2, a greater proportion of participants with disability in *Private Lives 3* who were from an Anglo-Celtic background felt accepted at an LGBTIQ venue (61.2%; n = 812) compared to participants from a multicultural background (55.9%; n = 314).

Half of participants from an Anglo-Celtic background felt accepted at work (50.0%; n = 548). Similarly, approximately half of participants from multicultural backgrounds felt accepted at work (49.2%; n = 216).

Just under half of participants from Anglo-Celtic backgrounds (47.8%; n = 471) and multicultural backgrounds (47.0%; n = 207) felt accepted at their educational settings.

A higher proportion of participants from an Anglo-Celtic background felt accepted with family members (46.4%; n = 721) compared to participants from a multicultural background (36.1%; n = 230).

A little over one-third of participants from a multicultural background felt accepted when accessing a health or support service (35.9%; n = 540) followed closely by participants from a multicultural background (32.8%; n = 203).

A little under one-quarter of participants from Anglo-Celtic backgrounds (24.3%; n = 366) and multicultural backgrounds (23.0%; n = 143) felt accepted in public spaces.

A marginally higher proportion of participants from a multicultural background felt accepted at a religious or faith-based event or service (11.9%; n = 46) compared to participants from a multicultural background (8.8%; n = 71).

10.5 Psychological distress (K10)

10.5.1 Psychological distress – young people aged 14-21 years

Table 86 displays the K10 psychological distress levels of participants aged 14-21 years according to whether they were from multicultural backgrounds or an Anglo-Celtic background.

Tables 86.1-86.2: Psychological distress among young people with disability aged 14-21 years, grouped by cultural background (n = 2334)

Table 86.1 Multicultural

Psychological distress	n	%
Low or moderate	84	6.9
High or very high	1141	93.1

Table 86.2 Anglo-Celtic

Psychological distress	n	%
Low or moderate	107	9.6
High or very high	1002	90.4

As displayed in Tables 86.1-86.2, more than 90% of participants with disability in *Writing Themselves In 4* who were from a multicultural background reported high or very high levels of psychological distress (93.1%; n = 1141), followed by approximately 90% of participants from an Anglo-Celtic background (90.4%; n = 1002).

10.5.2 Psychological distress – adults aged 18+ years

Table 87 displays the K10 psychological distress levels of participants aged 18+ years according to whether they were from multicultural backgrounds or an Anglo-Celtic background.

Tables 87.1-87.2: Psychological distress among adults with disability aged 18+ years, grouped by cultural background (n = 2269)

Table 87.1 Multicultural

Psychological distress	n	%
Low or moderate	133	20.6
High or very high	514	79.4

Table 87.2 Anglo-Celtic

Psychological distress	n	%
Low or moderate	372	23.6
High or very high	1206	76.4

As shown in Tables 87.1-87.2, almost 80% of participants with disability in *Private Lives 3* who were from a multicultural background reported high or very high levels of psychological distress (79.4%; n = 514), followed by approximately three-quarters of participants from an Anglo-Celtic background (76.4%; n = 1206).

10.6 Experiences of discrimination, harassment and assault

10.6.1 Harassment or assault in the past 12 months – young people aged 14-21 years

Participants from *Writing Themselves In 4* were asked if they had experienced any of the following forms of harassment or assault based on their sexuality or gender identity in the past 12 months:

- Verbal (e.g., been called names or threatened)
- Physical (e.g., being shoved, punched or injured with a weapon)
- Sexual (e.g., unwanted touching, sexual remarks, sexual messages or being forced to perform any unwanted sexual act)

Tables 88.1-88.2: Experiences of verbal (n = 2272), physical (n = 2019) or sexual harassment or assault (n = 2089) in the past 12 months relating to sexuality or gender identity among young people with disability aged 14-21 years, grouped by cultural background

Table 88.1 Multicultural

Harassment or assault in past 12 months	n	%
Verbal	617	51.6
Physical	151	14.2
Sexual	350	32.0

Table 88.2 Anglo-Celtic

Harassment or assault in past 12 months	n	%
Verbal	479	44.5
Physical	93	9.7
Sexual	269	27.0

As displayed in Tables 88.1-88.2, higher proportions of participants with disability in *Writing Themselves In 4* who were from a multicultural background had experienced harassment or assault compared to participants from an Anglo-Celtic background. Over half of participants who were from a multicultural background had experienced verbal harassment in the past 12 months (51.6%; n = 617) compared to over two-fifths of those from an Anglo-Celtic background (44.5%; n = 479).

Likewise, a higher proportion of participants from a multicultural background had experienced physical harassment in the past 12 months (14.2%; n = 151) compared to participants from an Anglo-Celtic background (9.7%; n = 93).

Similarly, a higher proportion of participants from a multicultural background had experienced sexual assault in the past 12 months (32.0%; n = 350) compared to participants from an Anglo-Celtic background (27.0%; n = 269).

Participants with disability reporting any verbal, physical or sexual harassment or assault in the past 12 months based on their sexual orientation or gender identity were also asked if they received any help or support dealing with this in the past 12 months.

Tables 89.1-89.2: Received any help or support in dealing with harassment or assault based on sexuality or gender identity in the past 12 months among young people with disability aged 14-21 years (n = 1344), grouped by cultural background

Table 89.1 Multicultural

Help or support provider	n	%
LGBTIQA+ friends I have met in real life	268	37.8
Non-LGBTIQA+ Friends	221	31.1
LGBTIQA+ friends I have never met in real life	160	22.5
Parent or carer	87	12.3
GP or medical service	72	10.1
Teacher or teachers	59	8.3
Other family member	47	6.6
Police	24	3.4
Manager or co-worker	13	1.8
Someone else	32	4.5
No, I didn't receive help from anyone	272	38.3

Table 89.2 Anglo-Celtic

Help or support provider	n	%
LGBTIQA+ friends I have met in real life	243	44.4
Non-LGBTIQA+ Friends	135	24.7
LGBTIQA+ friends I have never met in real life	138	25.2
Parent or carer	68	12.4
GP or medical service	57	10.4
Teacher or teachers	40	7.3
Other family member	29	5.3

Help or support provider	n	%
Police	13	2.4
Manager or co-worker	12	2.2
Someone else	33	6.0
No, I didn't receive help from anyone	192	35.1

Note: Multiple responses were available thus percentages do not add up to 100.

As shown in Tables 89.1-89.2, a higher proportion of participants with disability from a multicultural background (38.3%; n = 272) did not receive help from anyone with regard to experiences of harassment or assault compared to people from Anglo-Celtic backgrounds (35.1%; n = 192). However, similar patterns of support are illustrated across both multicultural and Anglo-Celtic backgrounds, with the highest proportion of participants from both groups reporting that help or support was received from LGBTIQ+ friends that participants had met in real life (multicultural: 37.8%; n = 268; Anglo-Celtic: 44.4%; n = 243), followed by non-LGBTIQ+ friends (multicultural: 31.1%; n = 221; Anglo-Celtic: 24.7%; n = 135), LGBTIQ+ friends that participants had never met in real life (multicultural: 22.5%; n = 160; Anglo-Celtic: 25.2%; n = 138), a parent or carer (multicultural: 12.3%; n = 87; Anglo-Celtic: 12.4%; n = 68), and a GP or medical service (multicultural: 10.1%; n = 72; Anglo-Celtic: 10.4%; n = 57). Smaller proportions of participants reported receiving help or support from a teacher (multicultural: 8.3%; n = 59; Anglo-Celtic: 7.3%; n = 40), other family member (multicultural: 6.6%; n = 47; Anglo-Celtic: 5.3%; n = 29), police (multicultural: 3.4%; n = 24; Anglo-Celtic: 2.4%; n = 13), a manager or co-worker (multicultural: 1.8%; n = 13; Anglo-Celtic: 2.2%; n = 12), or someone else (multicultural: 4.5%; n = 32; Anglo-Celtic: 6.0%; n = 33).

10.6.2 Harassment, assault and social exclusion in the past 12 months based on sexuality or gender identity – adults aged 18+ years

Tables 90.1-90.2: Experiences of harassment, assault and social exclusion due to sexual orientation or gender identity in the past 12 months among adults with disability aged 18+ years, grouped by cultural background

Table 90.1 Multicultural

Harassment or assault in past 12 months	n	%
Socially excluded	340	56.7

Harassment or assault in past 12 months	n	%
Verbal abuse (including hateful or obscene phone calls)	268	45.4
Harassment such as being spat at and offensive gestures	207	35.0
Sexual assault	114	19.9

Table 90.2 Anglo-Celtic

Harassment or assault in past 12 months	n	%
Socially excluded	663	46.2
Verbal abuse (including hateful or obscene phone calls)	577	40.3
Harassment such as being spat at and offensive gestures	402	28.2
Sexual assault	212	15.3

Note: Responses were analysed among participants who reported that a situation was applicable to them therefore an overall 'n' is not provided.

As displayed in Tables 90.1-90.2, higher proportions of participants with a disability in Private Lives 3 who were from a multicultural background had experienced harassment and assault compared to participants from an Anglo-Celtic background. More than half of participants from a multicultural background had experienced social exclusion in the past 12 months (56.7%; n = 340), followed by more than two-fifths of participants from an Anglo-Celtic background (46.2%; n = 663).

A higher proportion of participants from a multicultural background had experienced verbal abuse including hateful or obscene phone calls in the past 12 months (45.4%; n = 268) compared to participants from an Anglo-Celtic background (40.3%; n = 577).

More than one-third of participants from a multicultural background had experienced harassment such as being spat at and offensive gestures in the past 12 months (35.0%; n = 207), followed by 28.2% (n = 402) of participants from an Anglo-Celtic background.

Almost one-fifth of participants from a multicultural background had experienced sexual assault in the past 12 months (19.9%; n = 114), followed by 15.3% (n = 212) of participants from an Anglo-Celtic background.

10.7 Experiences of family violence – adults aged 18+ years

Tables 91.1-91.2: Ever experienced violence from an intimate partner (n = 2101) or family member (n = 2128) among adults with disability aged 18+ years, grouped by cultural background

Table 91.1 Multicultural

Source of violence	n	%
Intimate partner	446	71.6
Family member	512	81.3

Table 91.2 Anglo-Celtic

Source of violence	n	%
Intimate partner	1017	68.8
Family member	1131	75.5

As shown in Tables 91.1-91.2, a slightly higher proportion of participants with disability in *Private Lives 3* and from multicultural backgrounds reported having ever experienced violence from an intimate partner in their lifetime (71.6%; n = 446) compared to those from an Anglo-Celtic background (68.8%; n = 1017).

Similarly, a higher proportion of participants from a multicultural background had ever experienced violence from a family member in their lifetime (81.3%; n = 512) compared to those from an Anglo-Celtic background (75.5%; n = 1131).

Participants who reported having ever experienced violence from an intimate partner or family member were also asked whether they had reported the most recent instance in which this occurred and whether or not they felt supported by that service.

Tables 92.1-92.2: Service or person to which intimate partner or family violence was reported the most recent time it occurred and proportion reporting feeling supported, among adults with disability aged 18+ years (n = 2139), grouped by cultural background

Table 92.1 Multicultural

Service to which assault was reported the most recent time	n	%	Felt supported (%)
Counselling service or psychologist	139	24.8	77.6
Police (including LGBTIQ liaison officers)	42	7.5	5.3

Service to which assault was reported the most recent time	n	%	Felt supported (%)
Doctor or hospital	28	5.0	11.2
Telephone helpline	18	3.2	5.3
Lawyer, legal service, court system	21	3.8	5.9
Domestic or family violence service	22	3.9	7.2
Teacher or educational institution	15	2.7	5.3
Employer	9	1.6	4.0
Sexual assault service	12	2.1	5.9
LGBTIQ organisation	7	1.3	2.0
Religious or spiritual community leader or elder	3	0.5	1.3
Other	30	5.4	15.8
I did not report this abusive behaviour	371	66.3	-

Table 92.2 Anglo-Celtic

Service to which assault was reported the most recent time	n	%	Felt supported (%)
Counselling service or psychologist	292	22.7	74.8
Police (including LGBTIQ liaison officers)	74	5.7	9.8
Doctor or hospital	61	4.7	13.2
Telephone helpline	36	2.8	6.9
Lawyer, legal service, court system	36	2.8	6.3
Domestic or family violence service	32	2.5	6.0
Teacher or educational institution	20	1.6	2.8
Employer	18	1.4	4.1
Sexual assault service	12	0.9	3.5

Service to which assault was reported the most recent time	n	%	Felt supported (%)
LGBTIQ organisation	16	1.2	4.4
Religious or spiritual community leader or elder	9	0.7	1.9
Other	62	4.8	14.2
I did not report this abusive behaviour	880	68.3	-

As displayed in Tables 92.1-92.2, regardless of cultural background, approximately two-thirds of participants with disability did not report their most recent experience of intimate partner or family violence (multicultural: 66.3%; n = 371; Anglo-Celtic: 68.3%; n = 880). Similar patterns of reporting intimate partner or family violence were found between participants from multicultural and Anglo-Celtic backgrounds, with the highest proportion of participants from both multicultural (24.8%; n = 139) and Anglo-Celtic (22.7%; n = 292) backgrounds reporting their most recent experience of violence to a counselling service or psychologist. A much smaller proportion of participants from both of these groups reported the violence to the police (multicultural: 7.5%; n = 42; Anglo-Celtic: 5.7%; n = 74), followed by a doctor or hospital (multicultural: 5.0%; n = 28; Anglo-Celtic: 4.7%; n = 61), a telephone helpline (multicultural: 3.2%; n = 18; Anglo-Celtic: 2.8%; n = 36), lawyer, legal service or court system (multicultural: 3.8%; n = 21; Anglo-Celtic: 2.8%; n = 36), domestic or family violence service (multicultural: 3.9%; n = 22; Anglo-Celtic: 2.5%; n = 32), teacher or education institution (multicultural: 2.7%; n = 15; Anglo-Celtic: 1.6%; n = 20), employer (multicultural: 1.6%; n = 9; Anglo-Celtic: 1.4%; n = 18), sexual assault service (multicultural: 2.1%; n = 12; Anglo-Celtic: 0.9%; n = 12), LGBTIQ organisation (multicultural: 1.3%; n = 7; Anglo-Celtic: 1.2%; n = 16), and religious or spiritual community leader or elder (multicultural: 0.5%; n = 3; Anglo-Celtic: 0.7%; n = 9). Approximately 5% of participants from both groups reported somewhere else that was not listed (multicultural: 5.4%; n = 30; Anglo-Celtic: 4.8%; n = 62).

Of the participants with disability who reported their most recent experience of intimate partner or family violence, regardless of cultural background, many did not report feeling supported when they reported. For both groups, the highest proportion of participants felt supported if they had reported to a counselling service or psychologist, this was marginally greater for participants from a multicultural background (77.6%) than for participants from an Anglo-Celtic background (74.8%). A slightly higher proportion of participants from an Anglo-Celtic background (13.2%) than from a multicultural background (11.2%) felt supported by a doctor or hospital and by police (multicultural: 5.3%; Anglo-Celtic: 9.8%). Smaller proportions of participants from both multicultural and Anglo-Celtic backgrounds felt supported by a telephone helpline (multicultural: 5.3%; Anglo-Celtic: 6.9%), a lawyer, legal service or court system (multicultural: 5.9%; Anglo-Celtic: 6.3%), a domestic or family violence service (multicultural:

7.2%; Anglo-Celtic: 6.0%), teacher or education institution (multicultural: 5.3%; Anglo-Celtic: 2.8%), employer (multicultural: 4.0%; Anglo-Celtic: 4.1%), sexual assault service (multicultural: 5.9%; Anglo-Celtic: 3.5%), LGBTIQ organisation (multicultural: 2.0%; Anglo-Celtic: 4.4%), and religious or spiritual community leader or elder (multicultural: 1.3%; Anglo-Celtic: 1.9%). More than one-tenth of participants from both groups who reported somewhere else that was not listed indicated that they had felt supported (multicultural: 15.8%; Anglo-Celtic: 14.2%).

10.8 Suicidal ideation and suicide attempts

10.8.1 Suicidal ideation – young people aged 14-21 years

Tables 93.1-93.2: Suicidal ideation among young people with disability aged 14-21 years, grouped by cultural background (n = 2337)

Table 93.1 Multicultural

Suicidal ideation	n	%
Past 12 months	877	71.4
Ever	1111	90.5

Table 93.2 Anglo-Celtic

Suicidal ideation	n	%
Past 12 months	762	68.7
Ever	976	88.0

As displayed in Tables 93.1-93.2, participants with disability in *Writing Themselves In 4* and from multicultural backgrounds experienced high rates of suicidal ideation both in the past 12 months (71.4%; n = 877) and ever in their lifetime (90.5%; n = 1111). This was slightly higher than experiences of suicidal ideation among participants from an Anglo-Celtic background in the past 12 months (68.7%; n = 762) and ever in their lifetime (88.0%; n = 976).

10.8.2 Suicidal ideation – adults aged 18+ years

Tables 94.1-94.2: Suicidal ideation among adults with disability aged 18+ years, grouped by cultural background (n = 2268)

Table 94.1 Multicultural

Suicidal ideation	n	%
Past 12 months	411	62.2
Ever	594	89.9

Table 94.2 Anglo-Celtic

Suicidal ideation	n	%
Past 12 months	948	59.0
Ever	1408	87.6

Participants with disability in *Private Lives 3* from multicultural backgrounds reported high rates of suicidal ideation, both ever (89.9%; n = 594) and in the past 12 months (62.2%; n = 411). This compares to 2.3% in the past 12 months among the general Australian population.(66)suicide plans and suicide attempts for Australian adults as a whole and for particular sociodemographic and clinical population subgroups, and to explore the health service use of people with suicidality.Method: Data came from the 2007 National Survey of Mental Health and Wellbeing (2007 NSMHWB It is also somewhat higher than participants from an Anglo-Celtic background, especially in the past 12 months (59.0%; n = 948).

10.8.3 Suicide attempts – young people aged 14-21 years

Tables 95.1-95.2: Suicide attempt among young people with disability aged 14-21 years, grouped by cultural background (n = 2317)

Table 95.1 Multicultural

Suicide attempt	n	%
Past 12 months	204	16.7
Ever	490	40.1

Table 95.2 Anglo-Celtic

Suicide attempt	n	%
Past 12 months	141	12.9
Ever	401	36.6

As displayed in Tables 95.1-95.2, a higher proportion of participants with disability in *Writing Themselves In 4* from a multicultural background reported a suicide attempt in the past 12 months (16.7%; n = 204) compared to participants from an Anglo-Celtic background (12.9%; n = 141). Similarly, a higher proportion of participants from a multicultural background reported a suicide attempt ever in their lifetime (40.1%; n = 490) compared to participants from an Anglo-Celtic background (36.6%; n = 401).

10.8.4 Suicide attempts – adults aged 18+ years

Tables 96.1-96.2: Suicide attempt among adults with disability aged 18+ years, grouped by cultural background (n = 1910)

Table 96.1 Multicultural

Suicide attempt	n	%
Past 12 months	40	7.2
Ever	255	45.6

Table 96.2 Anglo-Celtic

Suicide attempt	n	%
Past 12 months	104	7.7
Ever	555	41.1

Participants with disability in *Private Lives 3* displayed similar proportions who reported a suicide attempt in the past 12 months between those from an Anglo-Celtic (7.7%; n = 104) or multicultural background (7.2%; n = 40). However, a slightly higher proportion of participants from a multicultural background had ever attempted suicide in their lifetime (45.6%; n = 255) compared to participants from an Anglo-Celtic background (41.1%; n = 555).

10.9 Unfair treatment as a result of ethnicity, cultural identity or heritage – adults aged 18+ years

Tables 97.1-97.2: Treated unfairly by others due to ethnicity, cultural identity or heritage in the past 12 months among adults with disability aged 18+ years, grouped by cultural background (n = 1935)

Table 97.1 Multicultural

Unfair treatment	n	%
Not at all	461	69.8
A little	104	15.8
Somewhat	54	8.2
A lot	30	4.5

Unfair treatment	n	%
Always	11	1.7

Table 97.2 Anglo-Celtic

Unfair treatment	n	%
Not at all	1474	92.0
A little	88	5.5
Somewhat	30	1.9
A lot	9	0.6
Always	2	0.1

As displayed in Tables 97.1-97.2, a substantially higher proportion of participants in *Private Lives 3* from a multicultural background had been treated unfairly by others due to their ethnicity, cultural identity or heritage in the past 12 months (30.2%; n = 199) compared to participants from an Anglo-Celtic background (8.1%; n = 129).

10.10 Summary

Overall, participants with disability from multicultural backgrounds reported lower levels of participation and feelings of acceptance with LGBTIQ groups and events, lower levels of feelings of acceptance with family members and higher levels of experiences of harassment based on their sexual orientation or gender and psychological distress.

Higher proportions of young people aged 14-21 years with disability in *Writing Themselves In 4* who were from a multicultural background had experienced verbal, physical and sexual harassment or assault compared to participants from an Anglo-Celtic background. Similarly, adults aged 18+ years from *Private Lives 3* with disability from a multicultural background reported higher levels of social exclusion, verbal abuse, harassment and sexual assault based on their sexual orientation or gender identity. Adults aged 18+ years with disability from a multicultural background also reported higher levels of family violence.

Both young people aged 14-21 years with disability in *Writing Themselves In 4* and adults aged 18+ years from *Private Lives 3* with disability reported higher levels of psychological distress, suicidal ideation and suicide attempts in the past 12 months than their Anglo-Celtic peers.

Importantly, one-third of adults aged 18+ years with disability in *Private Lives 3* from a multicultural background had been treated unfairly by others due to their ethnicity, cultural identity or heritage in the past 12 months compared to less than one-tenth of those who were Anglo-Celtic.

11 Intersections: area of residence and disability

LGBTQA+ people with disability who live in a regional and rural area may face a variety of additional challenges, such as limited access to accessible and inclusive health and support services, cultures and social spaces as well as disability peer support networks or LGBTQA+ support networks. Lesbian, gay, bisexual and trans and gender diverse young people residing in a rural and remote area in Australia reported higher levels of isolation and discrimination than their peers in more urban areas⁽⁹⁵⁾, while adults reported higher levels of discrimination in health care settings.⁽⁹⁶⁾

Writing Themselves In 4 and *Private Lives 3* participants were asked ‘How would you describe the area in which you live?’ Responses were as follows:

- Capital city - city centre
- Capital city - suburbs
- Regional city or town
- Rural (countryside)
- Remote (countryside and far from any towns or cities)

Responses for ‘rural’ and ‘remote’ were combined into one category for analysis purposes. This chapter therefore analyses participant responses across four broad categories: ‘capital city, city centre’, ‘capital city, suburbs’, ‘regional city or town’, ‘Rural or remote area’. The following chapter provides an overview regarding the experiences of LGBTQA+ people with disability residing in a range of urban and rural environments in *Writing Themselves In 4* and *Private Lives 3*.

11.1 Community belonging

11.1.1 Feeling part of Australia’s LGBTIQ community – adults aged 18+ years

Participants from *Private Lives 3* were asked the extent to which ‘you feel you’re a part of the Australian LGBTIQ community’. Response options were provided on a 5-point scale ranging from ‘strongly disagree’ to ‘strongly agree’. Table 96 displays these results according to participants’ area of residence.

Tables 98.1-98.4: You feel you’re part of Australia’s LGBTIQ community among adults with disability aged 18+ years, grouped by area of residence (n = 2602)

Table 98.1 Inner suburban

Feel part of LGBTIQ community	n	%
Do not agree	410	40.5
Agree or strongly agree	603	59.5

Table 98.2 Outer suburban

Feel part of LGBTIQ community	n	%
Do not agree	368	47.3
Agree or strongly agree	410	52.7

Table 98.3 Regional city or town

Feel part of LGBTIQ community	n	%
Do not agree	309	49.4
Agree or strongly agree	317	50.6

Table 98.4 Rural or remote

Feel part of LGBTIQ community	n	%
Do not agree	93	50.3
Agree or strongly agree	92	49.7

As displayed in Tables 98.1-98.4, the greatest proportion of participants with disability in *Private Lives 3* who felt that they were a part of Australia's LGBTIQ community resided in an inner suburban area (59.5%; n = 603), followed by participants residing in an outer suburban area (52.7%; n = 410), participants residing in a regional city or town (50.6%; n = 317) and participants residing in a rural or remote area (50.3%; n = 93).

11.1.2 Attended an LGBTIQA+ youth event in the past 12 months – young people aged 14-21 years

Participants from *Writing Themselves In 4* were asked how often they had attended an LGBTIQA+ youth event in the past 12 months. Response options were 'never', 'annually', 'monthly' and 'weekly'. Table 97 displays the results for any attendance in the past 12 months.

Tables 99.1-99.4: Attended an LGBTIQA+ youth event in the past 12 months among young people with disability aged 14-21 years, grouped by area of residence (n = 2439)

Table 99.1 Inner suburban

Attended LGBTIQA+ event	n	%
No	123	75.5
Yes	40	24.5

Table 99.2 Outer suburban

Attended LGBTIQ+ event	n	%
No	1132	81.3
Yes	261	18.7

Table 99.3 Regional city or town

Attended LGBTIQ+ event	n	%
No	503	83.7
Yes	98	16.3

Table 99.4 Rural or remote

Attended LGBTIQ+ event	n	%
No	236	83.7
Yes	46	16.3

As shown in Tables 99.1-99.4, the greatest proportion of participants with disability in *Writing Themselves In 4* who had attended an LGBTIQ+ youth event resided in an inner suburban area (24.5%; n = 40), followed by participants residing in an outer suburban area (18.7%; n = 261), participants residing in a regional city or town (16.3%; n = 98) and participants residing in a rural or remote area (16.3%; n = 46).

11.2 Feelings of acceptance – adults aged 18+ years

Table 100 displays the numbers and percentages of participants from *Private Lives 3* according to their area of residence who felt they were accepted ‘a lot’ or ‘always’ in different situations.

Tables 100.1-100.4: Proportion of adults with disability aged 18+ years who currently feel accepted ‘a lot’ or ‘always’, grouped by area of residence

Table 100.1 Inner suburban

Feel accepted in these settings	n	%
LGBTIQ venue	540	59.9
At work	402	54.3

Feel accepted in these settings	n	%
At an educational institution	304	47.6
In public (e.g., in the street or park)	245	25.5
With family members	442	45.1
Accessing a health or support service	350	36.6
Religious or faith-based events or services	48	9.5

Table 100.2 Outer suburban

Feel accepted in these settings	n	%
LGBTIQ venue	365	57.7
At work	238	45.9
At an educational institution	243	48.6
In public (e.g., in the street or park)	159	22.0
With family members	309	40.8
Accessing a health or support service	237	32.7
Religious or faith-based events or services	50	11.5

Table 100.3 Regional city or town

Feel accepted in these settings	n	%
LGBTIQ venue	281	59.7
At work	154	42.5
At an educational institution	169	43.8
In public (e.g., in the street or park)	133	22.9
With family members	250	42.2
Accessing a health or support service	189	33.6
Religious or faith-based events or services	23	7.1

Table 100.4 Rural or remote

Feel accepted in these settings	n	%
LGBTIQ venue	86	64.2
At work	53	48.6
At an educational institution	42	37.5
In public (e.g., in the street or park)	44	26.3
With family members	78	44.3
Accessing a health or support service	54	32.9
Religious or faith-based events or services	12	11.5

Note: Responses were analysed among participants who reported that a situation was applicable to them therefore an overall 'n' is not provided.

As displayed in Tables 100.1-100.4, the greatest proportion of participants with disability in *Private Lives 3* who felt accepted in an LGBTIQ venue resided in a rural or remote area (64.2%; n = 86), followed by participants in an inner suburban area (59.9%; n = 540), participants in a regional city or town (59.7%; n = 281) and participants in an outer suburban area (57.7%; n = 365).

More than half of participants residing in an inner suburban area felt accepted at work (54.3%; n = 401), followed by participants in a rural or remote area (48.6%; n = 53), participants in an outer suburban area (45.9%; n = 238) and participants in a regional city or town (42.5%; n = 154).

Just under one-half of participants residing in an outer suburban area felt accepted at their educational institution (48.6%; n = 243), followed by participants in an inner suburban area (47.6%; n = 304), participants in a regional city or town (43.8%; n = 169) and participants in a rural or remote area (37.5%; n = 42).

Approximately one-quarter of participants residing in a rural or remote area felt accepted in public spaces (26.3%; n = 44), followed by participants in an inner suburban area (25.5%; n = 245), participants in a rural city or town (22.9%; n = 44) and participants in an outer suburban area (22.0%; n = 159).

The proportions of participants who felt accepted with family members were similar across residential areas. Over two-fifths of participants residing in an inner suburban area felt accepted with family members (45.1%; n = 442), followed by participants in a rural or remote area (44.3%; n = 78), participants in a regional town or city (42.2%; n = 250) and participants in an outer suburban area (40.8%; n = 309).

More than one-third of participants residing in an inner suburban area felt accepted when accessing a health or support service (36.6%; n = 350), followed by participants in a regional city or town (33.6%; n = 189), participants in a rural or remote area (32.9%; n = 54) and participants in an outer suburban area (32.7%; n = 237).

Small proportions of participants felt accepted at religious or faith-based events or services. A little over 1 in 10 participants residing in an outer suburban area (11.5%; n = 50) and rural or remote area (11.5%; n = 12) felt accepted at religious or faith-based events or services, followed by participants in an inner suburban area (9.5%; n = 48) and participants in a regional city or town (7.1%; n = 23).

11.3 Psychological distress (K10)

Tables 101.1-101.4 and 102.1-102.4 display the K10 psychological distress levels of participants according to their area of residence.

11.3.1 Psychological distress – young people aged 14-21 years

Tables 101.1-101.4: Psychological distress among young people with disability aged 14-21 years, grouped by area of residence (n = 2484)

Table 101.1 Inner suburban

Psychological distress	n	%
Low or moderate	13	7.8
High or very high	154	92.2

Table 101.2 Outer suburban

Psychological distress	n	%
Low or moderate	121	8.6
High or very high	1294	91.4

Table 101.3 Regional city or town

Psychological distress	n	%
Low or moderate	49	7.9
High or very high	570	92.1

Table 101.4 Rural or remote

Psychological distress	n	%
Low or moderate	16	5.7
High or very high	267	94.3

As displayed in Tables 101.1-101.4, the vast majority of participants with disability in *Writing Themselves In 4* expressed high or very high levels of psychological distress in the past 4 weeks. The largest proportion of participants who had experienced high or very high psychological distress were residing in rural or remote areas (94.3%; n = 267), followed closely by participants in an inner suburban area (92.2%; n = 154), participants in a regional city or town (92.1%; n = 570) and participants in an outer suburban area (91.4%; n = 1294).

11.3.2 Psychological distress – adults aged 18+ years

Tables 102.1-102.4: Psychological distress among adults with disability aged 18+ years, grouped by area of residence (n = 2547)

Table 102.1 Inner suburban

Psychological distress	n	%
Low or moderate	243	24.5
High or very high	751	75.5

Table 102.2 Outer suburban

Psychological distress	n	%
Low or moderate	143	18.6
High or very high	624	81.4

Table 102.3 Regional city or town

Psychological distress	n	%
Low or moderate	133	21.9
High or very high	475	78.1

Table 102.4 Rural or remote

Psychological distress	n	%
Low or moderate	21	23.0
High or very high	137	77.0

As shown in Tables 102.1-102.4, the majority of participants with disability in *Private Lives 3* expressed high or very high levels of psychological distress in the past 4 weeks. More than four-fifths of participants residing in an outer suburban area had experienced high or very high psychological distress (81.4%; n = 624), followed by participants in a regional city or town (78.1%; n = 475), participants in a rural or remote area (77.0%; n = 137) and participants in an inner suburban area (75.5%; n = 751).

11.4 Experiences of discrimination, harassment and assault

11.4.1 Harassment or assault in the past 12 months – young people aged 14-21 years

Participants from *Writing Themselves In 4* were asked if they had experienced any of the following forms of harassment or assault based on their sexuality or gender identity in the past 12 months:

- Verbal (e.g., been called names or threatened)
- Physical (e.g., being shoved, punched or injured with a weapon)
- Sexual (e.g., unwanted touching, sexual remarks, sexual messages or being forced to perform any unwanted sexual act)

Tables 103.1-103.4: Experiences of verbal (n = 2414), physical (n = 2144) and sexual (n = 2218) harassment or assault in past 12 months relating to sexuality or gender identity among young people with disability aged 14-21 years, grouped by area of residence

Table 103.1 Inner suburban

Harassment or assault in past 12 months	n	%
Verbal	75	48.1
Physical	17	12.3
Sexual	60	41.1

Table 103.2 Outer suburban

Harassment or assault in past 12 months	n	%
Verbal	666	48.1
Physical	139	11.3
Sexual	373	29.3

Table 103.3 Regional city or town

Harassment or assault in past 12 months	n	%
Verbal	273	45.9
Physical	62	11.7
Sexual	150	27.5

Table 103.4 Rural or remote

Harassment or assault in past 12 months	n	%
Verbal	155	55.8
Physical	46	18.8
Sexual	76	29.9

As displayed in Tables 103.1-103.4, more than half of participants with disability in *Writing Themselves In 4* who were residing in a rural or remote area had experienced verbal harassment in the past 12 months (55.8%; n = 155), followed by participants in an inner suburban area (48.1%; n = 75), participants in an outer suburban area (48.1%; n = 666) and participants in a regional city or town (45.9%; n = 273).

Participants in a rural or remote town similarly had the highest proportion who had experienced physical harassment in the past 12 months (18.8%; n = 46), followed by participants in an inner suburban area (12.3%; n = 17), participants in an outer suburban area (11.3%; n = 139) and participants in a regional city or town (11.7%; n = 62).

Participants in an inner suburban area had the highest proportion who had experienced sexual assault (41.1%; n = 60), followed by participants in a rural or remote area (29.9%; n = 76), participants in an outer suburban area (29.3%; n = 373) and participants in a regional city or town (27.5%; n = 150).

11.4.2 Harassment, assault and social exclusion in the past 12 months based on sexuality or gender identity – adults aged 18+ years

Tables 104.1-104.4: Experiences of harassment, assault and social exclusion due to sexual orientation or gender identity in the past 12 months among adults with disability aged 18+ years, grouped by area of residence

Table 104.1 Inner suburban

Harassment or assault in past 12 months	n	%
Socially excluded	425	46.4
Verbal abuse (including hateful or obscene phone calls)	377	41.9
Harassment such as being spat at and offensive gestures	291	32.2
Sexual assault	135	15.3

Table 104.2 Outer suburban

Harassment or assault in past 12 months	n	%
Socially excluded	367	53.0
Verbal abuse (including hateful or obscene phone calls)	295	42.0
Harassment such as being spat at and offensive gestures	197	28.5
Sexual assault	117	17.5

Table 104.3 Regional city or town

Harassment or assault in past 12 months	n	%
Socially excluded	286	51.7
Verbal abuse (including hateful or obscene phone calls)	243	44.1
Harassment such as being spat at and offensive gestures	169	31.1
Sexual assault	99	18.6

Table 104.4 Rural or remote

Harassment or assault in past 12 months	n	%
Socially excluded	88	56.4
Verbal abuse (including hateful or obscene phone calls)	67	45.3
Harassment such as being spat at and offensive gestures	48	31.6
Sexual assault	38	26.4

Note: Responses were analysed among participants who reported that a situation was applicable to them therefore an overall 'n' is not provided.

As displayed in Tables 104.1-104.4, more than half of participants with disability in *Private Lives 3* who were residing in a rural or remote area reported having experienced social exclusion in the past 12 months (56.4%; n = 88), followed by participants in an outer suburban area (53.0%; n = 367), participants in a regional city or town (51.7%; n = 286) and participants in an inner suburban area (46.4%; n = 425).

The proportions of participants who had experienced verbal abuse, including hateful or obscene phone calls in the past 12 months, were similar across residential areas. More than two-fifths of participants residing in a rural or remote area had experienced verbal abuse (45.3%; n = 67), followed by participants in a regional city or town (44.1%; n = 243), participants in an outer suburban area (42.0%; n = 295) and participants in an inner suburban area (41.9%; n = 377).

A little under one-third of participants residing in an inner suburban area had experienced harassment such as being spat at and offensive gestures in the past 12 months (32.2%; n = 291), followed by participants in a rural or remote area (31.6%; n = 48), participants in a regional city or town (31.1%; n = 169) and participants in an outer suburban area (28.5%; n = 197).

More than one-quarter of participants residing in a rural or remote area had experienced sexual assault in the past 12 months (26.4%; n = 38), followed by participants in a regional city or town (18.6%; n = 99), participants in an out suburban area (17.5%; n = 117) and participants in an inner suburban area (15.3%; n = 135).

11.5 Experiences of family violence – adults aged 18+ years

Tables 105.1-105.4: Ever experienced violence from an intimate partner (n = 2394) or family member (n = 2437) among adults with disability aged 18+ years, grouped by area of residence

Table 105.1 Inner suburban

Source of violence	n	%
Intimate partner	660	70.4
Family member	710	75.9

Table 105.2 Outer suburban

Source of violence	n	%
Intimate partner	487	68.2
Family member	593	79.6

Table 105.3 Regional city or town

Source of violence	n	%
Intimate partner	392	68.2
Family member	470	80.2

Table 105.4 Rural or remote

Source of violence	n	%
Intimate partner	137	81.6
Family member	127	74.7

As displayed in Tables 105.1-105.4, most of the adults with disability across residential areas in *Private Lives 3* had experienced some form of family violence in their lifetime. More than 80% of participants who were residing in a rural or remote location had experienced violence from an intimate partner (81.6%; n = 137), followed by participants in an inner suburban area (70.4%; n = 660), participants in an outer suburban area (68.2%; n = 487) and participants in a regional city or town (68.2%; n = 392).

Approximately 80% of participants who were residing in a regional city or town had experienced violence from a family member (80.2%; n = 470), followed by participants in an outer suburban area (79.6%; n = 593), participants in an inner suburban area (75.9%; n = 710) and participants in a rural or remote area (74.7%; n = 127).

11.6 Suicidal ideation and suicide attempts

11.6.1 Suicidal ideation – young people aged 14-21 years

Tables 106.1-106.4: Suicidal ideation among young people with disability aged 14-21 years, grouped by area of residence (n = 2337)

Table 106.1 Inner suburban

Suicidal ideation	n	%
Past 12 months	111	66.5
Ever	145	86.8

Table 106.2 Outer suburban

Suicidal ideation	n	%
Past 12 months	982	69.3
Ever	1266	89.3

Table 106.3 Regional city or town

Suicidal ideation	n	%
Past 12 months	438	71.0
Ever	553	89.6

Table 106.4 Rural or remote

Suicidal ideation	n	%
Past 12 months	221	77.5
Ever	257	90.2

As displayed in Tables 106.1-106.4, more than three-quarters of participants with disability in *Writing Themselves In 4* who were residing in a rural or remote area had experienced suicidal ideation in the past 12 months (77.5%; n = 221), followed by participants in a regional city or town (71.0%; n = 438), participants in an outer suburban area (69.3%; n = 982) and participants in an inner suburban area (66.5%; n = 111).

The majority of participants across residential areas in *Writing Themselves In 4* had experienced suicidal ideation ever in their lifetime. Approximately 90% of participants who were residing in a rural or remote area had experienced suicidal ideation ever in their lifetime (90.2%; n = 257), followed by participants in a regional city or town (89.6%; n = 553), participants in an outer suburban area (89.3%; n = 1266) and participants in an inner suburban area (86.8%; n = 145).

11.6.2 Suicidal ideation – adults aged 18+ years

Tables 107.1-107.4: Suicidal ideation among adults with disability aged 18+ years, grouped by area of residence (n = 2596)

Table 107.1 Inner suburban

Suicidal ideation	n	%
Past 12 months	596	59.0
Ever	887	87.8

Table 107.2 Outer suburban

Suicidal ideation	n	%
Past 12 months	489	63.0
Ever	700	90.2

Table 107.3 Regional city or town

Suicidal ideation	n	%
Past 12 months	355	56.8
Ever	541	86.6

Table 107.4 Rural or remote

Suicidal ideation	n	%
Past 12 months	114	61.6
Ever	163	88.1

As shown in Tables 107.1-107.4, almost two-thirds of participants with disability in *Private Lives 3* who were residing in an outer suburban area had experienced suicidal ideation in the past 12 months (63.0%; n = 489), followed by participants in a rural or remote area (61.6%; n = 114), participants in an inner suburban area (59.0%; n = 596) and participants in a regional city or town (56.8%; n = 355).

The majority of participants across all residential locations in *Private Lives 3* had experienced suicidal ideation at some stage in their lifetime. Approximately 90% of participants who were residing in an outer suburban area had experienced suicidal ideation ever in their lifetime (90.2%; n = 700), followed by participants in a rural or remote area (88.1%; n = 163), participants in an inner suburban area (87.8%; n = 887) and participants in a regional city or town (86.6%; n = 541).

11.6.3 Suicide attempts – young people aged 14-21 years

Tables 108.1-108.4: Suicide attempt among young people with disability aged 14-21 years, grouped by area of residence (n = 2317)

Table 108.1 Inner suburban

Suicide attempt	n	%
Past 12 months	21	12.7
Ever	67	40.6

Table 108.2 Outer suburban

Suicide attempt	n	%
Past 12 months	226	16.1
Ever	548	39.0

Table 108.3 Regional city or town

Suicide attempt	n	%
Past 12 months	85	13.9
Ever	236	38.7

Table 108.4 Rural or remote

Suicide attempt	n	%
Past 12 months	55	19.4
Ever	119	42.0

As displayed in Tables 108.1-108.4, almost one-fifth of participants with disability in *Writing Themselves In 4* who were residing in a rural or remote area had attempted suicide in the past 12 months (19.4%; n = 55), followed by participants in an outer suburban area (16.1%; n = 226), participants in a regional city or town (13.9%; n = 85) and participants in an inner suburban area (12.7%; n = 21).

More than two-fifths of participants in *Writing Themselves In* who were residing in a rural or remote area had attempted suicide in their lifetime (42.0%; n = 119), followed by participants in an inner suburban area (40.6%; n = 67), participants in an outer suburban area (39.0%; n = 548) and participants in a regional city or town (38.7%; n = 236).

11.6.4 Suicide attempts – adults aged 18+ years

Tables 109.1-109.4: Suicide attempt among adults with disability aged 18+ years, grouped by area of residence (n = 2170)

Table 109.1 Inner suburban

Suicide attempt	n	%
Past 12 months	57	6.8
Ever	341	40.7

Table 109.2 Outer suburban

Suicide attempt	n	%
Past 12 months	62	9.5
Ever	291	44.6

Table 109.3 Regional city or town

Suicide attempt	n	%
Past 12 months	47	8.9
Ever	229	43.1

Table 109.4 Rural or remote

Suicide attempt	n	%
Past 12 months	18	12.2
Ever	79	53.4

As displayed in Tables 109.1-109.4, a little more than 1 in 10 participants with disability in *Private Lives 3* who were residing in a rural or remote area had attempted suicide in the past 12 months (12.2%; n = 18), followed by participants in an outer suburban area (9.5%; n = 62), participants in a regional city or town (8.9%; n = 47) and participants in an inner suburban area (6.8%; n = 57).

More than half of participants in *Private Lives 3* who were residing in a rural and remote area had attempted suicide ever in their lifetime (53.4%; n = 79), followed by participants in an outer suburban area (44.6%; n = 291), participants in a regional city or town (43.1%; n = 229) and participants in an inner suburban area (40.7%; n = 341).

11.7 Summary

A greater proportion of participants with disability aged 18+ years in *Private Lives 3* who were residing in inner suburban areas reported feeling a part of Australia's LGBTIQ community and accepted at LGBTIQ venues than those residing in a regional city or town or a rural or remote area.

Participants with disability aged 14-21 years in *Writing Themselves In 4* who were residing in a rural or remote area were more likely to have experienced verbal or physical harassment or assault in the past 12 months due to their sexual orientation or gender identity, but less likely to have experienced sexual assault than those living in an inner suburban or outer suburban area, or regional city or town.

Among adults aged 18+ years in *Private Lives 3* with disability, those residing in a rural or remote area, or a regional town or city were more likely to report experiencing sexual assault, verbal harassment and social exclusion in the past 12 months due to their sexual orientation or gender identity than those residing in inner suburban and outer suburban areas.

Among both participants with disability aged 14-21 years in *Writing Themselves In 4* and adults aged 18+ years in *Private Lives 3*, those residing in rural or remote areas reported the highest levels of suicide attempts in the past 12 months, followed by those residing in outer suburban areas, then those in regional cities or towns. Participants residing in inner suburban areas reported lower levels of suicide attempts in the past 12 months than other areas of residence.

12 Intersections: gender and disability

Differences regarding mental health, suicidal ideation, suicide attempts and wellbeing exist between lesbian, gay, bisexual and trans and gender diverse populations.^(97,98) gay and bisexual (LGB For example, trans and gender diverse adults and young people have been observed to report higher levels of psychological distress than cisgender men and women. (19,42) This chapter focuses on participants with disability and examines variations in their experiences according to gender in *Writing Themselves In 4* and *Private Lives 3*.

Participants were provided with a wide range of options to indicate their gender. From these responses, five gender categories were developed by an overarching a Gender Advisory Board that was established to make decisions about the gender categories to be used in reporting the results. The five categories included:

1. Cisgender woman: participants who were assigned female at birth and who chose only female as their gender identity
2. Cisgender man: participants who were assigned male at birth and who chose only male as their gender identity
3. Trans woman: participants who were assigned male at birth and who chose only 'female', 'trans woman' or 'Sistergirl' as their gender identity²
4. Trans man: participants who were assigned female at birth and who chose only 'male', 'trans man' or 'Brotherboy' as their gender identity^d
5. Non-binary: participants who chose a gender identity listed that was not a binary identity or who did not find it possible to choose a single gender identity

Please see the *Writing Themselves In 4*(1) and *Private Lives 3*(2) national reports for full details of the gender questions and the development of the gender categories used in the results.

12.1 Community belonging

12.1.1 Feeling part of Australia's LGBTIQ community – adults aged 18+ years

Participants were asked the extent to which 'you feel you're a part of the Australian LGBTIQ community'. Response options were provided on a 5-point scale ranging from 'strongly disagree' to 'strongly agree'. Tables 110 and 111 display these results according to participants' gender.

1. It is recognised that 'Sistergirl' and 'Brotherboy' are sovereign terms that do not prescribe to colonial narratives. It is further recognised that there is gender diversity within these communities. However, for analysis purposes, these are included within the 'trans woman' and 'trans man' categories.

Tables 110.1-110.5: You feel you're part of Australia's LGBTIQ community among adults with disability aged 18+ years, grouped by gender (n = 2596)

Table 110.1 Cisgender woman

Feel part of LGBTIQ community	n	%
Do not agree	553	45.2
Agree or strongly agree	671	54.8

Table 110.2 Cisgender man

Feel part of LGBTIQ community	n	%
Do not agree	286	55.6
Agree or strongly agree	228	44.4

Table 110.3 Trans woman

Feel part of LGBTIQ community	n	%
Do not agree	64	48.5
Agree or strongly agree	68	51.5

Table 110.4 Trans man

Feel part of LGBTIQ community	n	%
Do not agree	66	39.8
Agree or strongly agree	100	60.2

Table 110.5 Non-binary

Feel part of LGBTIQ community	n	%
Do not agree	200	35.7
Agree or strongly agree	360	64.3

As shown in Tables 110.1-110.5, among participants with disability in *Private Lives 3* almost two-thirds of non-binary people felt that they were a part of Australia's LGBTIQ community (64.3%; n = 360), followed by trans men (60.2%; n = 100), cisgender women (54.8%; n = 671), trans women (51.5%; n = 68) and cisgender men (44.4%; n = 228).

12.1.2 Attended an LGBTIQA+ youth event in the past 12 months – young people aged 14-21 years

Participants were asked how often they had attended an LGBTIQA+ youth event in the past 12 months. Response options were 'never', 'annually', 'monthly' and 'weekly'. Table 109 displays the results for any attendance in the past 12 months.

Tables 111.1-111.5: Attended an LGBTIQA+ youth event in the past 12 months among young people with disability aged 14-21 years, grouped by gender (n = 2347)

Table 111.1 Cisgender woman

Attended LGBTIQA+ event	n	%
No	972	86.8
Yes	148	13.2

Table 111.2 Cisgender man

Attended LGBTIQA+ event	n	%
No	254	87.6
Yes	36	12.4

Table 111.3 Trans woman

Attended LGBTIQA+ event	n	%
No	33	73.3
Yes	12	26.7

Table 111.4 Trans man

Attended LGBTIQA+ event	n	%
No	161	68.5
Yes	74	31.5

Table 111.5 Non-binary

Attended LGBTIQ+ event	n	%
No	503	76.6
Yes	154	23.4

As displayed in Tables 111.1-111.5, among participants reporting disability in *Writing Themselves In 4*, trans men had the greatest proportion who had attended an LGBTIQ+ event in the past 12 months (31.5%; n = 74), followed by trans women (26.7%; n = 12), non-binary people (23.4%, n = 154), cisgender women (13.2%; n = 148) and cisgender men (12.4%; n = 36).

12.2 Feelings of acceptance – adults aged 18+ years

Tables 112.1-112.5 display the numbers and percentages of participants in *Private Lives 3* who felt they were accepted ‘a lot’ or ‘always’ in a range of situations according to their gender.

Tables 112.1-112.5: Proportion of adults with disability aged 18+ years who currently feel accepted ‘a lot’ or ‘always’, grouped by gender

Table 112.1 Cisgender woman

Feel accepted in these settings	n	%
LGBTIQ venue	600	59.7
At work	432	51.7
At an educational institution	406	51.0
In public (e.g., in the street/park)	303	27.0
With family members	538	46.1
Accessing a health or support service	424	38.1
Religious or faith-based events or services	63	9.5

Table 112.2 Cisgender man

Feel accepted in these settings	n	%
LGBTIQ venue	233	54.4
At work	198	54.5

Feel accepted in these settings	n	%
At an educational institution	156	53.6
In public (e.g., in the street/park)	143	29.9
With family members	262	52.8
Accessing a health or support service	213	45.8
Religious or faith-based events or services	36	12.9

Table 112.3 Trans woman

Feel accepted in these settings	n	%
LGBTIQ venue	63	64.3
At work	27	41.5
At an educational institution	22	32.4
In public (e.g., in the street/park)	28	22.0
With family members	45	36.0
Accessing a health or support service	50	39.4
Religious or faith-based events or services	6	12.0

Table 112.4 Trans man

Feel accepted in these settings	n	%
LGBTIQ venue	81	65.3
At work	51	48.6
At an educational institution	50	42.4
In public (e.g., in the street/park)	42	25.1
With family members	74	44.3
Accessing a health or support service	41	25.3
Religious or faith-based events or services	8	10.0

Table 112.5 Non-binary

Feel accepted in these settings	n	%
LGBTIQ venue	295	61.5
At work	138	38.3
At an educational institution	123	33.9
In public (e.g., in the street/park)	62	11.7
With family members	162	29.8
Accessing a health or support service	104	19.4
Religious or faith-based events or services	20	6.8

Note: Responses were analysed among participants who reported that a situation was applicable to them therefore an overall 'n' is not provided.

As displayed in Tables 112.1-112.5, among participants with disability in *Private Lives 3* almost two-thirds of trans men felt accepted at an LGBTIQ venue (65.3%; n = 81), followed by trans women (64.3%; n = 63), non-binary people (61.5%; n = 295), cisgender women (51.7%; n = 600) and cisgender men (54.4%; n = 233).

More than half of cisgender men felt accepted at work (54.5%; n = 198), followed by cisgender women (51.7%; n = 432), trans men (48.6%; n = 51), trans women (41.5%; n = 27) and non-binary people (38.3%; n = 138).

More than half of cisgender men felt accepted at their educational institution (53.6%; n = 156), followed by cisgender women (51.0%; n = 156), trans men (42.4%; n = 50), non-binary people (33.9%; n = 123) and trans women (32.4%; n = 22).

Less than one-third of cisgender men felt accepted in public spaces (29.9%; n = 143), followed by cisgender women (27.0%; n = 303) and trans men (25.1%; n = 42). Less than one-quarter of trans women felt accepted in public spaces (22.0%; n = 27), followed by approximately 1 in 10 non-binary people (11.7%; n = 62).

A little more than half of cisgender men felt accepted with family members (52.8%; n = 262), followed by cisgender women (46.1%; n = 538), trans men (44.3%; n = 74) and trans women (36.0%; n = 45). Less than one-third of non-binary people felt accepted with family members (29.8%; n = 162).

Under one-half of cisgender men felt accepted accessing a health or support service (45.8%; n = 213), followed by trans women (39.4%; n = 50), cisgender women (38.1%; n = 424), trans men. Approximately one-quarter of trans men felt accepted accessing a health or support service (25.3%; n = 41), followed by non-binary people (19.4%; n = 104).

Small proportions of participants with disability felt accepted at religious or faith-based events or services across all genders. A little over 1 in 10 cisgender men felt accepted at a religious or faith-based event or service (12.9%; n = 36), followed by trans women (12.0%; n = 6), trans men (10.0%; n = 8), cisgender women (9.5%; n = 63) and non-binary people (6.8%; n = 20).

12.3 Psychological distress (K10)

12.3.1 Psychological distress – young people aged 14-21 years

Tables 113.1-113.5 display the K10 psychological distress levels of participants aged 14-21 years according to their gender.

Tables 113.1-113.5: Psychological distress among young people with disability aged 14-21 years, grouped by gender (n = 2392)

Table 113.1 Cisgender woman

Psychological distress	n	%
Low or moderate	97	8.5
High or very high	1048	91.5

Table 113.2 Cisgender man

Psychological distress	n	%
Low or moderate	38	12.8
High or very high	259	87.2

Table 113.3 Trans woman

Psychological distress	n	%
Low or moderate	5	10.9
High or very high	41	89.1

Table 113.4 Trans man

Psychological distress	n	%
Low or moderate	16	6.7
High or very high	222	93.3

Table 113.5 Non-binary

Psychological distress	n	%
Low or moderate	34	5.1
High or very high	632	94.9

As displayed in Tables 113.1-113.5, the vast majority of participants with disability in *Writing Themselves In 4* across all genders reported high or very high levels of psychological distress. More than 90% of non-binary people reported high or very high psychological distress (94.9%; n = 632), followed by trans men (93.3%; n = 222), cisgender women (91.5%; n = 1048), trans women (89.1%; n = 41) and cisgender men (87.2%; n = 259).

12.3.2 Psychological distress – adults aged 18+ years

Tables 114.1-114.5 display the K10 psychological distress levels of participants aged 18+ years according to their gender.

Tables 114.1-114.5: Psychological distress among adults with disability aged 18+ years, grouped by gender (n = 2542)

Table 114.1 Cisgender woman

Psychological distress	n	%
Low or moderate	273	22.9
High or very high	919	77.1

Table 114.2 Cisgender man

Psychological distress	n	%
Low or moderate	155	30.7
High or very high	350	69.3

Table 114.3 Trans woman

Psychological distress	n	%
Low or moderate	20	15.4
High or very high	110	84.6

Table 114.4 Trans man

Psychological distress	n	%
Low or moderate	22	13.6
High or very high	140	86.4

Table 114.5 Non-binary

Psychological distress	n	%
Low or moderate	93	16.8
High or very high	460	83.2

As displayed in Tables 114.1-114.5, the majority of participants with disability in *Private Lives 3* across all genders reported high or very high levels of psychological distress. More than 80% of trans men reported high or very high psychological distress (83.2%; n = 460), followed by trans women (84.6%; n = 110), non-binary people (83.2%; n = 460), cisgender women (77.1%; n = 919) and cisgender men (69.3%; n = 350).

12.4 Experiences of discrimination, harassment and assault

12.4.1 Harassment or assault in the past 12 months – young people aged 14-21 years

Participants from *Writing Themselves In 4* were asked if they had experienced any of the following forms of harassment or assault based on their sexuality or gender identity in the past 12 months:

- Verbal (e.g., been called names or threatened)
- Physical (e.g., being shoved, punched or injured with a weapon)
- Sexual (e.g., unwanted touching, sexual remarks, sexual messages or being forced to perform any unwanted sexual act)

Table 115.1-115.5: Experiences of verbal (n = 2325), physical (n = 2066) or sexual (n = 2139) harassment or assault relating to sexuality or gender identity among young people with disability aged 14-21 years, grouped by gender

Table 115.1 Cisgender woman

Harassment or assault in past 12 months	n	%
Verbal	393	35.3
Physical	71	7.2
Sexual	290	28.4

Table 115.2 Cisgender man

Harassment or assault in past 12 months	n	%
Verbal	159	54.6
Physical	47	18.4
Sexual	75	28.6

Table 115.3 Trans woman

Harassment or assault in past 12 months	n	%
Verbal	31	68.9
Physical	8	21.1
Sexual	22	55.0

Table 115.4 Trans man

Harassment or assault in past 12 months	n	%
Verbal	169	72.5
Physical	39	18.9
Sexual	63	29.9

Table 115.5 Non-binary

Harassment or assault in past 12 months	n	%
Verbal	370	57.6
Physical	84	14.3
Sexual	185	30.6

As displayed in Tables 115.1-115.5, among participants with disability in *Writing Themselves In 4* almost three-quarters of trans men had experienced verbal harassment in the past 12 months (72.5%; n = 169), followed by trans women (68.9%; n = 31), non-binary people (57.6%; n = 370), cisgender men (54.6%; n = 159) and cisgender women (35.3%; n = 393).

Just over one-fifth of trans women had experienced physical harassment in the past 12 months (21.1%; n = 8), followed by trans men (18.9%; n = 39), cisgender men (18.4%; n = 47), non-binary people (14.3%; n = 84) and cisgender women (7.2%; n = 71).

More than half of trans women had experienced sexual assault in the past 12 months (55.0%; n = 22), followed by almost one-third of non-binary people (30.6%; n = 185), trans men (29.9%; n = 63), cisgender men (28.6%; n = 75) and cisgender women (28.4%; n = 290).

12.4.2 Harassment, assault and social exclusion in the past 12 months based on sexuality or gender identity – adults aged 18+ years

Tables 116.1-116.5: Experiences of harassment, assault and social exclusion due to sexual orientation or gender identity in the past 12 months among adults with disability aged 18+ years, grouped by gender

Table 116.1 Cisgender woman

Harassment or assault in past 12 months	n	%
Socially excluded	486	44.4
Verbal abuse (including hateful or obscene phone calls)	361	33.5
Harassment such as being spat at and offensive gestures	263	24.4
Sexual assault	177	16.8

Table 116.2 Cisgender man

Harassment or assault in past 12 months	n	%
Socially excluded	188	43.2
Verbal abuse (including hateful or obscene phone calls)	172	38.9
Harassment such as being spat at and offensive gestures	121	27.6
Sexual assault	58	14.0

Table 116.3 Trans woman

Harassment or assault in past 12 months	n	%
Socially excluded	70	60.9
Verbal abuse (including hateful or obscene phone calls)	79	66.4
Harassment such as being spat at and offensive gestures	53	44.5
Sexual assault	21	17.9

Table 116.4 Trans man

Harassment or assault in past 12 months	n	%
Socially excluded	93	61.6
Verbal abuse (including hateful or obscene phone calls)	78	53.1
Harassment such as being spat at and offensive gestures	54	36.2
Sexual assault	25	17.6

Table 116.5 Non-binary

Harassment or assault in past 12 months	n	%
Socially excluded	323	62.8
Verbal abuse (including hateful or obscene phone calls)	282	55.4
Harassment such as being spat at and offensive gestures	204	40.6
Sexual assault	105	21.1

Note: Responses were analysed among participants who reported that a situation was applicable to them therefore an overall 'n' is not provided.

As shown in Tables 116.1-116.5, among participants with disability in *Private Lives 3* more than 60% of non-binary people had experienced social exclusion in the past 12 months (62.8%; n = 323), followed by trans men (61.6%; n = 93), trans women (60.9%; n = 70), cisgender women (44.4%; n = 486) and cisgender men (43.2%; n = 188).

Approximately two-thirds of trans women had experienced verbal abuse including hateful or obscene phone calls (66.4%; n = 79), followed by more than half of non-binary people (55.4%; n = 282) and trans men (53.1%; n = 78). Almost two-fifths of cisgender men had experienced verbal abuse (38.9%; n = 172), followed by approximately one-third of cisgender women (33.5%; n = 361).

More than two-fifths of trans women had experienced harassment such as being spat at and offensive gestures (44.5%; n = 53), followed by non-binary people (40.6%; n = 204), trans men (36.2%; n = 54), cisgender men (27.6%; n = 121) and cisgender women (24.4%; n = 263).

Just over one-fifth of non-binary people had experienced sexual assault in the past 12 months (21.1%; n = 105), followed by trans women (17.9%; n = 21), trans men (17.6%; n = 25), cisgender women (16.8%; n = 177) and cisgender men (14.0%; n = 58).

12.5 Experiences of family violence – adults aged 18+ years

Tables 117.1-117.5: Ever experienced violence from an intimate partner (n = 2594) or family member (n = 2594) among adults with disability aged 18+ years, grouped by gender

Table 117.1 Cisgender woman

Source of violence	n	%
Intimate partner	785	69.2
Family member	877	76.5

Table 117.2 Cisgender man

Source of violence	n	%
Intimate partner	308	67.7
Family member	320	70.2

Table 117.3 Trans woman

Source of violence	n	%
Intimate partner	79	66.9
Family member	94	77.7

Table 117.4 Trans man

Source of violence	n	%
Intimate partner	106	67.5
Family member	138	83.6

Table 117.5 Non-binary

Source of violence	n	%
Intimate partner	394	75.2
Family member	461	85.4

As shown in Tables 117.1-117.5, non-binary people with disability in *Private Lives 3* had the highest proportion who reported experiencing violence from an intimate partner in their lifetime (75.2%; n = 394), followed by cisgender women (69.2%; n = 785), cisgender men (67.7%; n = 308), trans men (67.5%; n = 106) and trans women (66.9%; n = 79).

More than 80% of non-binary people had experienced violence from a family member in their lifetime (85.4%; n = 461), followed by trans men (83.6%; n = 138), trans women (77.7%; n = 94), cisgender women (76.5%; n = 877) and cisgender men (70.2%; n = 320).

12.6 Suicidal ideation and suicide attempts

12.6.1 Suicidal ideation – young people aged 14-21 years

Tables 118.1-118.5: Suicidal ideation among young people with disability aged 14-21 years, grouped by gender (n = 2394)

Table 118.1 Cisgender woman

Suicidal ideation	n	%
Past 12 months	776	68.0
Ever	1000	87.6

Table 118.2 Cisgender man

Suicidal ideation	n	%
Past 12 months	191	63.2
Ever	255	84.4

Table 118.3 Trans woman

Suicidal ideation	n	%
Past 12 months	36	78.3
Ever	43	93.5

Table 118.4 Trans man

Suicidal ideation	n	%
Past 12 months	178	74.5
Ever	228	95.4

Table 118.5 Non-binary

Suicidal ideation	n	%
Past 12 months	505	75.9
Ever	611	91.9

As displayed in Tables 118.1-118.5, among participants with disability in *Writing Themselves In 4* more than three-quarters of trans women had experienced suicidal ideation in the past 12 months (78.3%; n = 36), followed by non-binary people (75.9%; n = 505), trans men (74.5%; n = 178), cisgender women (68.0%; n = 776) and cisgender men (63.2%; n = 191).

The majority of participants with disability across all genders had experienced suicidal ideation at some stage in their lifetime. More than 90% of trans men had ever experienced suicidal ideation in their lifetime (95.4%; n = 228), followed by trans women (93.5%; n = 43), non-binary people (91.9%; n = 611), cisgender women (87.6%; n = 1000) and cisgender men (84.4%; n = 255).

12.6.2 Suicidal ideation – adults aged 18+ years

Tables 119.1-119.5: Suicidal ideation among adults with disability aged 18+ years, grouped by gender (n = 2590)

Table 119.1 Cisgender woman

Suicidal ideation	n	%
Past 12 months	674	55.2
Ever	392	39.8

Table 119.2 Cisgender man

Suicidal ideation	n	%
Past 12 months	267	52.0
Ever	153	37.2

Table 119.3 Trans woman

Suicidal ideation	n	%
Past 12 months	94	71.8
Ever	68	58.1

Table 119.4 Trans man

Suicidal ideation	n	%
Past 12 months	113	67.7
Ever	93	60.8

Table 119.5 Non-binary

Suicidal ideation	n	%
Past 12 months	399	71.4
Ever	229	46.1

As displayed in Tables 119.1-119.5, among participants with disability in *Private Lives 3* almost three-quarters had experienced suicidal ideation in the past 12 months (71.8%; n = 94), followed by non-binary people (71.4%; n = 399), trans men (67.7%; n = 113), cisgender women (55.2%; n = 674) and cisgender men (52.0%; n = 267).

Approximately 60% of trans men had experienced suicidal ideation ever in their lifetime (60.8%; n = 93), followed by trans women (58.1%; n = 68), non-binary people (46.1%; n = 229), cisgender women (39.8%; n = 392) and cisgender men (37.2%; n = 153).

12.6.3 Suicide attempts – young people aged 14-21 years

Tables 120.1-120.5: Suicide attempt among young people with disability aged 14-21 years, grouped by gender (n = 2373)

Table 120.1 Cisgender woman

Suicide attempt	n	%
Past 12 months	170	15.1
Ever	406	36.1

Table 120.2 Cisgender man

Suicide attempt	n	%
Past 12 months	42	14.0
Ever	94	31.3

Table 120.3 Trans woman

Suicide attempt	n	%
Past 12 months	11	23.9
Ever	26	56.5

Table 120.4 Trans man

Suicide attempt	n	%
Past 12 months	40	16.7
Ever	130	54.4

Table 120.5 Non-binary

Suicide attempt	n	%
Past 12 months	106	16.0
Ever	281	42.4

As shown in Tables 120.1-120.5, among participants with disability in *Writing Themselves In 4* almost one-quarter of trans women had attempted suicide in the past 12 months (23.9%; n = 11), followed by trans men (16.7%; n = 40), non-binary people (16.0%; n = 106), cisgender women (15.1%; n = 170) and cisgender men (14.0%; n = 42).

More than half of trans women had attempted suicide ever in their lifetime (56.5%; n = 26), followed by trans men (54.4%; n = 130), non-binary people (42.4%; n = 281), cisgender women (36.1%; n = 406) and cisgender men (31.3%; n = 94).

12.6.4 Suicide attempts – adults aged 18+ years

Tables 121.1-121.5: Suicide attempt among adults with disability aged 18+ years, grouped by gender (n = 2163)

Table 121.1 Cisgender woman

Suicide attempt	n	%
Past 12 months	68	6.9
Ever	392	39.8

Table 121.2 Cisgender man

Suicide attempt	n	%
Past 12 months	25	6.1
Ever	153	37.2

Table 121.3 Trans woman

Suicide attempt	n	%
Past 12 months	19	16.2
Ever	68	58.1

Table 121.4 Trans man

Suicide attempt	n	%
Past 12 months	25	16.3
Ever	93	60.8

Table 121.5 Non-binary

Suicide attempt	n	%
Past 12 months	42	8.5
Ever	229	46.1

As shown in Tables 121.1-121.5, among participants with disability in *Private Lives 3*, more than 1 in 10 trans men had attempted suicide in the past 12 months (16.3%; n = 25), followed by trans women (16.2%; n = 19), non-binary people (8.5%; n = 42), cisgender women (6.9%; n = 68) and cisgender men (6.1%; n = 25).

Approximately 60% of trans men had ever attempted suicide in their lifetime (60.8%; n = 93), followed by trans women (58.1%; n = 68), non-binary people (46.1%; n = 229), cisgender women (39.8%; n = 392) and cisgender men (37.2%; n = 153).

12.7 Summary

Overall, trans and gender diverse participants with disability reported higher levels of family violence and harassment or assault based on their sexual orientation or gender identity and lower participation and feelings of acceptance outside of LGBTIQ groups and venues than their cisgender counterparts.

Among participants with disability in *Writing Themselves In 4* aged 14-21 years, almost three-quarters of trans men and trans women had experienced verbal harassment in the past 12 months based on their sexual orientation or gender identity, compared to half of cisgender men and one-third of cisgender women. Similarly, among participants with disability in *Private Lives 3* aged 18+ years, two-thirds of trans women had experienced verbal abuse based on their sexual orientation or gender identity followed by more than half of non-binary people and trans men. This compared to two-fifths of cisgender men and approximately one-third of cisgender women.

Mental health challenges were particularly high among trans and gender diverse young people. Among participants with disability in *Writing Themselves In 4* aged 14-21 years, almost one-quarter of trans women had attempted suicide in the past 12 months followed by nearly one-fifth of trans men and non-binary people. Moreover, these mental health challenges may be present throughout the lives of trans and gender diverse people with disability, as they were similarly high in *Private Lives 3* among adults aged 18 years and older.

Overall, this report observes disproportionately high rates of harassment, assault and violence and mental health challenges among trans and gender diverse young people and adults with disability in Australia.

13 Intersections: sexual orientation and disability

Sexual orientation subpopulations among LGBTQA+ people report different levels of health and wellbeing. For example, people who identify as bisexual often have higher levels of mental health conditions, suicidal ideation and suicide attempts than gay, lesbian and heterosexual people.(99–101)

However, there is limited research either in Australia or internationally regarding sexual orientation sub-populations among people with disability, such as pansexual, queer or asexual identifying people. This chapter provides a brief overview of how key aspects of harassment, abuse, neglect and community belonging and mental wellbeing vary according to sexual orientation among LGBTQA+ people with disability in *Writing Themselves In* 4(1) and *Private Lives* 3.(2)

13.1 Community belonging

13.1.1 Feeling part of Australia’s LGBTIQ community – adults aged 18+ years

Participants were asked the extent to which ‘you feel you’re a part of the Australian LGBTIQ community’ and ‘participating in Australia’s LGBTIQ community is a positive thing for you’. Response options were provided on a 5-point scale from ‘strongly disagree’ to ‘strongly agree’. Tables 122.1-122.7 display these results according to participants’ sexual orientation.

Tables 122.1-122.7: You feel you’re part of Australia’s LGBTIQ community among adults with disability aged 18+ years, grouped by sexual orientation (n = 2617)

Table 122.1 Lesbian

Feel part of LGBTIQ community	n	%
Do not agree	214	41.6
Agree/strongly agree	300	58.4

Table 122.2 Gay

Feel part of LGBTIQ community	n	%
Do not agree	205	48.5
Agree/strongly agree	218	51.5

Table 122.3 Bisexual

Feel part of LGBTIQ community	n	%
Do not agree	295	46.2
Agree/strongly agree	343	53.8

Table 122.4 Pansexual

Feel part of LGBTIQ community	n	%
Do not agree	120	43.5
Agree/strongly agree	156	56.5

Table 122.5 Queer

Feel part of LGBTIQ community	n	%
Do not agree	150	35.1
Agree/strongly agree	277	64.9

Table 122.6 Asexual

Feel part of LGBTIQ community	n	%
Do not agree	62	49.6
Agree/strongly agree	63	50.4

Table 122.7 Something else

Feel part of LGBTIQ community	n	%
Do not agree	141	65.9
Agree/strongly agree	73	34.1

As shown in Tables 122.1-122.7, among participants with disability in *Private Lives 3*, almost two-thirds of those who identified as queer felt that they were a part of Australia's LGBTIQ community (64.9%; n = 277). This was followed by participants who identified as lesbian (58.4%; n = 300), pansexual (56.5%; n = 156), bisexual (53.8%; n = 343), gay (51.5%; n = 218), asexual (50.4%; n = 63) and something else (34.1%; n = 73).

13.1.2 Attended an LGBTIQA+ youth event in the past 12 months – young people aged 14-21 years

Participants were asked how often they had attended an LGBTIQA+ youth event in the past 12 months. Response options were 'never', 'annually', 'monthly' and 'weekly'.

Tables 123.1-123.7 display the results for any attendance in the past 12 months.

Tables 123.1-123.7: Attended an LGBTIQA+ youth event in the past 12 months among young people with disability aged 14-21 years, grouped by sexual orientation (n = 2439)

Table 123.1 Lesbian

Attended LGBTIQA+ event	n	%
No	286	84.9
Yes	51	15.1

Table 123.2 Gay

Attended LGBTIQA+ event	n	%
No	211	78.1
Yes	59	21.9

Table 123.3 Bisexual

Attended LGBTIQA+ event	n	%
No	646	85.6
Yes	109	14.4

Table 123.4 Pansexual

Attended LGBTIQA+ event	n	%
No	280	79.8
Yes	71	20.2

Table 123.5 Queer

Attended LGBTQIA+ event	n	%
No	190	73.1
Yes	70	26.9

Table 123.6 Asexual

Attended LGBTQIA+ event	n	%
No	110	84.0
Yes	21	16.0

Table 123.7 Something else

Attended LGBTQIA+ event	n	%
No	272	81.2
Yes	63	18.8

As shown in Tables 123.1-123.7, participants with disability in *Writing themselves In 4* who identified as queer had the largest proportion who attended an LGBTQIA+ youth event in the past 12 months (26.9%; n = 70). This was followed by participants who identified as gay (21.9%; n = 59), pansexual (20.2%; n = 71), something else (18.8%; n = 63), asexual (16.0%; n = 21), lesbian (15.1%; n = 51) and bisexual (14.4%; n = 109).

13.2 Feelings of acceptance – adults aged 18+ years

Tables 124.1-124.7 display the numbers and percentages of participants from *Private Lives 3* who felt accepted 'a lot' or 'always' in different situations according to their sexual orientation.

Tables 124.1-124.7: Proportion of adults with disability aged 18+ years who currently feel accepted 'a lot' or 'always', grouped by sexual orientation

Table 124.1 Lesbian

Feel accepted in these settings	n	%
LGBTIQ venue	312	71.9
At work	192	53.9

Feel accepted in these settings	n	%
At an educational institution	159	50.8
In public (e.g., street/park)	96	19.7
With family members	252	50.6
Accessing a health or support service	165	33.8
Religious or faith-based events or services	23	7.9

Table 124.2 Gay

Feel accepted in these settings	n	%
LGBTIQ venue	207	59.5
At work	182	58.5
At an educational institution	128	53.6
In public (e.g., street/park)	105	26.2
With family members	223	53.9
Accessing a health or support service	175	44.5
Religious or faith-based events or services	26	11.3

Table 124.3 Bisexual

Feel accepted in these settings	n	%
LGBTIQ venue	269	53.3
At work	185	44.4
At an educational institution	198	45.2
In public (e.g., street/park)	169	29.2
With family members	230	37.8
Accessing a health or support service	215	37.9
Religious or faith-based events or services	31	9.1

Table 124.4 Pansexual

Feel accepted in these settings	n	%
LGBTIQ venue	126	57.3
At work	77	46.4
At an educational institution	74	41.3
In public (e.g., street/park)	65	24.7
With family members	93	34.6
Accessing a health or support service	88	34.9
Religious or faith-based events or services	14	10.4

Table 124.5 Queer

Feel accepted in these settings	n	%
LGBTIQ venue	219	57.0
At work	137	44.9
At an educational institution	119	41.3
In public (e.g., in the street/park)	72	17.6
With family members	153	36.9
Accessing a health or support service	94	22.5
Religious or faith-based events or services	16	7.5

Table 124.6 Asexual

Feel accepted in these settings	n	%
LGBTIQ venue	54	55.1
At work	32	46.4
At an educational institution	31	45.6
In public (e.g., in the street/park)	33	30.3
With family members	49	41.2

Feel accepted in these settings	n	%
Accessing a health or support service	37	33.3
Religious or faith-based events or services	6	10.3

Table 124.7 Something else

Feel accepted in these settings	n	%
LGBTIQ venue	92	56.1
At work	48	40.7
At an educational institution	52	43.0
In public (e.g., in the street/park)	44	22.4
With family members	87	43.9
Accessing a health or support service	62	31.8
Religious or faith-based events or services	16	14.5

Note: Responses were analysed among participants who reported that a situation was applicable to them therefore an overall 'n' is not provided.

As displayed in Tables 124.1-124.7, participants with disability in *Private Lives 3* who identified as lesbian had the greatest proportion who felt accepted in an LGBTIQ venue (71.9%; n = 312). This was followed by participants who identified as gay (59.5%; n = 207), participants who identified as pansexual (57.3%; n = 126), participants who identified as queer (57.0%; n = 219), participants who identified as something else (56.1%; n = 92), participants who identified as asexual (55.1%; n = 54) and participants who identified as bisexual (53.3%; n = 269).

Under 60% of participants who identified as gay felt accepted at work (58.5%; n = 182), followed by participants who identified as lesbian (53.9%; n = 192), participants who identified as pansexual (46.4%; n = 77) or asexual (46.4%; n = 32), participants who identified as queer (44.9%; n = 137), participants who identified as bisexual (44.4%; n = 185) and participants who identified as something else (40.7%; n = 48).

A little over half of participants who identified as gay felt accepted at their educational institution (53.6%; n = 128), followed by participants who identified as lesbian (50.8%; n = 159), participants who identified as asexual (45.6%; n = 31), participants who identified as bisexual (45.2%; n = 198), participants who identified as something else (43.0%; n = 52) and participants who identified as pansexual (41.3%; n = 74) or queer (41.3%; n = 119).

Under one-third of participants who identified as asexual felt accepted in public spaces (30.3%; n = 33), followed closely by participants who identified as bisexual (29.2%; n = 169) and participants who identified as gay (26.2%; n = 105). Less than one-quarter of participants who identified as pansexual felt accepted in public spaces (24.7%; n = 65), followed by participants who identified as something else (22.4%; n = 44), participants who identified as lesbian (19.7%; n = 96) and participants who identified as queer (17.6%; n = 72).

The highest proportion of participants who felt accepted by family members identified as gay (53.9%; n = 223), followed by participants who identified as lesbian (50.6%; n = 252), participants who identified as something else (43.9%; n = 87), participants who identified as asexual (41.2%; n = 49), participants who identified as bisexual (37.8%; n = 230), participants who identified as queer (36.9%; n = 153) participants who identified as pansexual (34.6%; n = 93).

Similarly, the highest proportion of participants who felt accepted when accessing a health or support service identified as gay (44.5%; n = 175), followed by participants who identified as bisexual (37.9%; n = 215), participants who identified as pansexual (34.9%; n = 88), participants who identified as lesbian (33.8%; n = 165), participants who identified as asexual (33.3%; n = 37), participants who identified as something else (31.8%; n = 62) and participants who identified as queer (22.5%; n = 94).

Small proportions of participants felt accepted at religious or faith-based events or services. Approximately 1 in 10 participants who identified as something else felt accepted at religious or faith-based events or services (14.5%; n = 16), followed by participants who identified as gay (11.3%; n = 26), participants who identified as pansexual (10.4%; n = 14) and participants who identified as asexual (10.3%; n = 6). Less than 1 in 10 participants who identified as bisexual felt accepted at religious or faith-based events or services (9.1%; n = 31), followed by participants who identified as lesbian (7.9%; n = 23) and participants who identified as queer (7.5%; n = 16).

13.3 Psychological distress (K10)

13.3.1 Psychological distress – young people aged 14-21 years

Tables 125.1-125.7 display the K10 psychological distress levels of participants aged 14-21 years according to their sexual orientation.

Tables 125.1-125.7: Psychological distress among young people with disability aged 14-21 years, grouped by sexual orientation (n = 2483)

Table 125.1 Lesbian

Psychological distress	n	%
Low or medium	27	7.9
High or very high	313	92.1

Table 125.2 Gay

Psychological distress	n	%
Low or medium	38	13.8
High or very high	237	86.2

Table 125.3 Bisexual

Psychological distress	n	%
Low or medium	62	8.1
High or very high	705	91.9

Table 125.4 Pansexual

Psychological distress	n	%
Low or medium	13	3.7
High or very high	340	96.3

Table 125.5 Queer

Psychological distress	n	%
Low or medium	15	5.6
High or very high	252	94.4

Table 125.6 Asexual

Psychological distress	n	%
Low or medium	11	8.3
High or very high	122	91.7

Table 125.7 Something else

Psychological distress	n	%
Low or medium	33	9.5
High or very high	315	90.5

As displayed in Tables 125.1-125.7, the vast majority of participants with disability in *Writing Themselves In 4* expressed high or very high levels of psychological distress in the past 4 weeks. The greatest proportion of participants who had experienced high or very high psychological distress identified as pansexual (96.3%; n = 340), followed by participants who identified as queer (94.4%; n = 252), participants who identified as lesbian (92.1%; n = 313), participants who identified as bisexual (91.9%; n = 705), participants who identified as asexual (91.7%; n = 122), participants who identified as something else (90.5%; n = 315) and participants who identified as gay (86.2%; n = 237).

13.3.2 Psychological distress – adults aged 18+ years

Tables 126.1-126.7 displays the K10 psychological distress levels of participants aged 18+ years according to their sexual orientation.

Tables 126.1-126.7: Psychological distress among people with disability aged 18+ years, grouped by sexual orientation (n = 2563)

Table 126.1 Lesbian

Psychological distress	n	%
Low or medium	145	29.2
High or very high	351	70.8

Table 126.2 Gay

Psychological distress	n	%
Low or medium	123	29.6
High or very high	293	70.4

Table 126.3 Bisexual

Psychological distress	n	%
Low or medium	120	19.3
High or very high	503	80.7

Table 126.4 Pansexual

Psychological distress	n	%
Low or medium	32	11.8
High or very high	240	88.2

Table 126.5 Queer

Psychological distress	n	%
Low or medium	77	18.2
High or very high	347	81.8

Table 126.6 Asexual

Psychological distress	n	%
Low or medium	25	20.2
High or very high	99	79.8

Table 126.7 Something else

Psychological distress	n	%
Low or medium	43	20.7
High or very high	165	79.3

As displayed in Tables 126.1-126.7, most participants with disability in *Private Lives 3* expressed high or very high levels of psychological distress in the past 4 weeks. Almost 90% of participants who identified as pansexual reported experiencing high or very high psychological distress (88.2%; n = 240), followed by participants who identified as queer (81.8%; n = 347), participants who identified as bisexual (80.7%; n = 503), participants who identified as asexual (79.8%; n = 99), participants who identified as something else (79.3%; n = 165), participants who identified as lesbian (70.8%; n = 351) and participants who identified as gay (70.4%; n = 293).

13.4 Experiences of discrimination, harassment and assault

13.4.1 Verbal, physical and sexual harassment or assault in the past 12 months – young people aged 14-21 years

Participants were asked if they had experienced any of the following forms of harassment or assault based on their sexuality or gender identity in the past 12 months:

- Verbal (e.g., been called names or threatened)
- Physical (e.g., being shoved, punched or injured with a weapon)
- Sexual (e.g., unwanted touching, sexual remarks, sexual messages or being forced to perform any unwanted sexual act)

Tables 127.1-127.7: Experiences of verbal (n = 2413), physical (n = 2142) or sexual (n = 2216) harassment or assault relating to sexuality or gender identity among young people with disability aged 14-21 years, grouped by sexual orientation

Table 127.1 Lesbian

Harassment or assault in past 12 months	n	%
Verbal	167	49.6
Physical	35	12.0
Sexual	103	33.8

Table 127.2 Gay

Harassment or assault in past 12 months	n	%
Verbal	157	57.1
Physical	46	18.7
Sexual	76	30.2

Table 127.3 Bisexual

Harassment or assault in past 12 months	n	%
Verbal	300	41.0

Harassment or assault in past 12 months	n	%
Physical	60	9.2
Sexual	197	29.1

Table 127.4 Pansexual

Harassment or assault in past 12 months	n	%
Verbal	183	53.4
Physical	49	16.1
Sexual	93	28.8

Table 127.5 Queer

Harassment or assault in past 12 months	n	%
Verbal	147	56.5
Physical	34	15.1
Sexual	78	33.3

Table 127.6 Asexual

Harassment or assault in past 12 months	n	%
Verbal	52	40.3
Physical	8	6.8
Sexual	24	20.5

Table 127.7 Something else

Harassment or assault in past 12 months	n	%
Verbal	163	48.4
Physical	32	10.6
Sexual	88	28.5

As displayed in Tables 127.1-127.7, almost 60% of participants with disability in *Writing Themselves In 4* who identified as gay had experienced verbal harassment in the past 12 months (57.1%; n = 157). This was followed by participants who identified as queer (56.5%; n = 147), participants who identified as pansexual (53.4%; n = 183), participants who identified as lesbian (49.6%; n = 167), participants who identified as something else (48.4%; n = 163), participants who identified as bisexual (41.0%; n = 300) and participants who identified as asexual (40.3%; n = 52).

Similarly, participants who identified as gay had the highest proportion who had experienced physical harassment in the past 12 months (18.7%; n = 46). This was followed by participants who identified as pansexual (16.1%; n = 49), participants who identified as queer (15.1%; n = 34), participants who identified as lesbian (12.0%; n = 35), participants who identified as something else (10.6%; n = 32), participants who identified as bisexual (9.2%; n = 60) and participants who identified as asexual (6.8%; n = 8).

More than one-third of participants who identified as lesbian had experienced sexual assault in the past 12 months (33.8%; n = 103). This was followed by participants who identified as queer (33.3%; n = 78), participants who identified as gay (30.2%; n = 76), participants who identified as bisexual (29.1%; n = 197), participants who identified as pansexual (28.8%; n = 93), participants who identified as something else (28.5%; n = 88) and participants who identified as asexual (20.5%; n = 24).

13.4.2 Harassment, assault and social exclusion in the past 12 months based on sexuality or gender identity – adults aged 18+ years

Tables 128.1-128.7: Experiences of harassment, assault and social exclusion due to sexual orientation or gender identity in the past 12 months among adults with disability aged 18+ years, grouped by sexual orientation

Table 128.1 Lesbian

Harassment or assault in past 12 months	n	%
Socially excluded	236	50.1
Verbal abuse (including hateful or obscene phone calls)	211	45.3
Harassment such as being spat at and offensive gestures	146	31.7
Sexual assault	60	13.4

Table 128.2 Gay

Harassment or assault in past 12 months	n	%
Socially excluded	155	42.2
Verbal abuse (including hateful or obscene phone calls)	146	39.1
Harassment such as being spat at and offensive gestures	101	27.4
Sexual assault	45	12.7

Table 128.3 Bisexual

Harassment or assault in past 12 months	n	%
Socially excluded	264	45.7
Verbal abuse (including hateful or obscene phone calls)	192	33.7
Harassment such as being spat at and offensive gestures	138	24.2
Sexual assault	119	21.2

Table 128.4 Pansexual

Harassment or assault in past 12 months	n	%
Socially excluded	132	54.8
Verbal abuse (including hateful or obscene phone calls)	124	51.7
Harassment such as being spat at and offensive gestures	83	35.3
Sexual assault	53	22.5

Table 128.5 Queer

Harassment or assault in past 12 months	n	%
Socially excluded	236	60.5
Verbal abuse (including hateful or obscene phone calls)	193	50.5
Harassment such as being spat at and offensive gestures	148	38.7
Sexual assault	70	18.8

Table 128.6 Asexual

Harassment or assault in past 12 months	n	%
Socially excluded	53	50.0
Verbal abuse (including hateful or obscene phone calls)	36	35.0
Harassment such as being spat at and offensive gestures	25	23.8
Sexual assault	11	10.8

Table 128.7 Something else

Harassment or assault in past 12 months	n	%
Socially excluded	97	55.1
Verbal abuse (including hateful or obscene phone calls)	81	45.3
Harassment such as being spat at and offensive gestures	66	36.3
Sexual assault	29	17.6

Note: Responses were analysed among participants who reported that a situation was applicable to them therefore an overall 'n' is not provided.

As shown in Tables 128.1-128.7, approximately 60% of participants with disability in *Private Lives 3* who identified as queer had experienced social exclusion in the past 12 months (60.5%; n = 236). This was followed by participants who identified as something else (55.1%; n = 97), participants who identified as pansexual (54.8%; n = 132), participants who identified as lesbian (50.1%; n = 236), participants who identified as asexual (50.0%; n = 53), participants who identified as bisexual (45.7%; n = 264) and participants who identified as gay (42.2%; n = 155).

Participants who identified as pansexual had the highest proportion who had experienced verbal abuse, including hateful or obscene phone calls in the past 12 months (51.7%; n = 124). This was followed by participants who identified as queer (50.5%; n = 193), participants who identified as lesbian (45.3%; n = 211) or something else (45.3%; n = 81), participants who identified as gay (39.1%; n = 146), participants who identified as asexual (35.0%; n = 36) and participants who identified as bisexual (33.7%; n = 192).

More than one-third of participants who identified as queer had experienced harassment such as being spat at and offensive gestures in the past 12 months (38.7%; n = 148). This was followed by participants who identified as something else (36.3%; n = 66), participants who identified as pansexual (35.3%; n = 83), participants who identified as lesbian (31.7%; n = 146), participants who identified as gay (27.4%; n = 101), participants who identified as bisexual (24.2%; n = 138) and participants who identified as asexual (23.8%; n = 25).

More than 1 in 5 participants who identified as pansexual had been sexually assaulted in the past 12 months (22.5%; n = 53). This was followed by participants who identified as bisexual (21.2%; n = 119), participants who identified as queer (18.8%; n = 70), participants who identified as something else (17.6%; n = 29), participants who identified as lesbian (13.4%; n = 60), participants who identified as gay (12.7%; n = 45) and participants who identified as asexual (10.8%; n = 11).

13.5 Experiences of family violence – adults aged 18+ years

Tables 129.1-129.7: Ever experienced violence from an intimate partner (n = 2409) or family member (n = 2452) among adults with disability aged 18+ years, grouped by sexual orientation

Table 129.1 Lesbian

Source of violence	n	%
Intimate partner	335	72.0
Family member	365	76.4

Table 129.2 Gay

Source of violence	n	%
Intimate partner	255	67.6
Family member	264	69.7

Table 129.3 Bisexual

Source of violence	n	%
Intimate partner	407	68.9
Family member	464	77.2

Table 129.4 Pansexual

Source of violence	n	%
Intimate partner	199	76.8
Family member	223	83.2

Table 129.5 Queer

Source of violence	n	%
Intimate partner	306	75.6
Family member	348	85.1

Table 129.6 Asexual

Source of violence	n	%
Intimate partner	53	45.7
Family member	88	73.3

Table 129.7 Something else

Source of violence	n	%
Intimate partner	135	68.9
Family member	157	79.7

As displayed in Tables 129.1-129.7, more than three-quarters of participants with disability in *Private Lives 3* who identified as pansexual had experienced some form of violence from an intimate partner in their lifetime (76.8%; n = 199), followed by participants who identified as queer (75.6%; n = 306), participants who identified as lesbian (72.0%; n = 335), participants who identified as bisexual (68.9%; n = 407) or something else (68.9%; n = 135) and participants who identified as gay (67.6%; n = 255). Under half of participants who identified as asexual had experienced violence from an intimate partner (45.7%; n = 53).

More than 80% of participants with disability who identified as queer had experienced violence from a family member in their lifetime (85.1%; n = 348). This was followed by participants who identified as pansexual (83.2%; n = 223), participants who identified as something else (79.7%; n = 157), participants who identified as bisexual (77.2%; n = 464), participants who identified as lesbian (76.4%; n = 365), participants who identified as asexual (73.3%; n = 88) and participants who identified as gay (69.7%; n = 264).

13.6 Suicidal ideation and suicide attempts

13.6.1 Suicidal ideation – young people aged 14-21 years

Tables 130.1-130.7: Suicidal ideation among young people with disability aged 14-21 years, grouped by sexual orientation (n = 2485)

Table 130.1 Lesbian

Suicidal ideation	n	%
Past 12 months	248	72.9
Ever	314	92.4

Table 130.2 Gay

Suicidal ideation	n	%
Past 12 months	176	63.1
Ever	245	87.8

Table 130.3 Bisexual

Suicidal ideation	n	%
Past 12 months	543	70.7
Ever	676	88.0

Table 130.4 Pansexual

Suicidal ideation	n	%
Past 12 months	268	76.1
Ever	326	92.6

Table 130.5 Queer

Suicidal ideation	n	%
Past 12 months	196	74.0
Ever	239	90.2

Table 130.6 Asexual

Suicidal ideation	n	%
Past 12 months	78	58.6
Ever	108	81.2

Table 130.7 Something else

Suicidal ideation	n	%
Past 12 months	243	69.8
Ever	312	89.7

As displayed in Tables 130.1-130.7, more than three-quarters of participants with disability in *Writing Themselves In 4* who identified as pansexual had experienced suicidal ideation in the past 12 months (76.1%; n = 268). This was followed by participants who identified as queer (74.0%; n = 196), participants who identified as lesbian (72.9%; n = 248), participants who identified as bisexual (70.7%; n = 543), participants who identified as something else (69.8%; n = 243), participants who identified as gay (63.1%; n = 176) and participants who identified as asexual (58.6%; n = 78).

The vast majority of participants with disability across all sexual orientations reported having ever experienced suicidal ideation in their lifetime. More than 90% of participants who identified as pansexual had ever experienced suicidal ideation in their lifetime (92.6%; n = 326). This closely followed by participants who identified as lesbian (92.4%; n = 314), participants who identified as queer (90.2%; n = 239), participants who identified as something else (89.7%; n = 312), participants who identified as bisexual (88.0%; n = 676), participants who identified as gay (87.8%; n = 245) and participants who identified as asexual (81.2%; n = 108).

13.6.2 Suicidal ideation – adults aged 18+ years

Tables 131.1-131.7: Suicidal ideation among adults with disability aged 18+ years, grouped by sexual orientation (n = 2611)

Table 131.1 Lesbian

Suicidal ideation	n	%
Past 12 months	274	53.6
Ever	450	88.1

Table 131.2 Gay

Suicidal ideation	n	%
Past 12 months	217	51.3
Ever	339	80.1

Table 131.3 Bisexual

Suicidal ideation	n	%
Past 12 months	395	61.9
Ever	568	89.0

Table 131.4 Pansexual

Suicidal ideation	n	%
Past 12 months	179	64.6
Ever	262	94.6

Table 131.5 Queer

Suicidal ideation	n	%
Past 12 months	301	70.8
Ever	401	94.4

Table 131.6 Asexual

Suicidal ideation	n	%
Past 12 months	68	54.8
Ever	104	83.9

Table 131.7 Something else

Suicidal ideation	n	%
Past 12 months	127	59.6
Ever	179	84.0

As shown in Tables 131.1-131.7, more than half of participants with disability in *Private Lives 3* across all sexual orientations had experienced suicidal ideation in the past 12 months. This compares to 2.3% in the past 12 months among the general Australian population (66). The highest proportion of participants who had experienced suicidal ideation in the past 12 months identified as queer (70.8%; n = 301). This was followed by participants who identified as pansexual (64.6%; n = 179), participants who identified as bisexual (61.9%; n = 395), participants who identified as something else (59.6%; n = 127), participants who identified as asexual (54.8%; n = 68), participants who identified as lesbian (53.6%; n = 274) and participants who identified as gay (51.3%; n = 217).

The majority of participants across all sexual orientations had experienced suicidal ideation ever in their lifetime. More than 90% of participants who identified as pansexual (94.6%; n = 262) or queer (94.4%; n = 401) had ever experienced suicidal ideation in their lifetime. Almost 90% of participants who identified as bisexual had ever experienced suicidal ideation in their lifetime (89.0%; n = 568), followed by participants who identified as lesbian (88.1%; n = 450), participants who identified as something else (84.0%; n = 179), participants who identified as asexual (83.9%; n = 104) and participants who identified as gay (80.1%; n = 339).

13.6.3 Suicide attempts – young people aged 14-21 years

Tables 132.1-132.7: Suicide attempts among young people with disability aged 14-21 years, grouped by sexual orientation (n = 2463)

Table 132.1 Lesbian

Suicide attempt	n	%
Past 12 months	69	20.6
Ever	151	45.1

Table 132.2 Gay

Suicide attempt	n	%
Past 12 months	44	15.8
Ever	97	34.9

Table 132.3 Bisexual

Suicide attempt	n	%
Past 12 months	98	12.8
Ever	278	36.4

Table 132.4 Pansexual

Suicide attempt	n	%
Past 12 months	62	17.8
Ever	162	46.4

Table 132.5 Queer

Suicide attempt	n	%
Past 12 months	47	17.9
Ever	109	41.6

Table 132.6 Asexual

Suicide attempt	n	%
Past 12 months	15	11.3
Ever	44	33.1

Table 132.7 Something else

Suicide attempt	n	%
Past 12 months	52	15.2
Ever	130	38.0

As displayed in Tables 132.1-132.7, approximately one-fifth of participants with disability in *Writing Themselves In 4* who identified as lesbian had attempted suicide in the past 12 months (20.6%; n = 69). This was followed by participants who identified as queer (17.9%; n = 47), participants who identified as pansexual (17.8%; n = 62), participants who identified as gay (15.8%; n = 44), participants who identified as something else (15.2%; n = 52), participants who identified as bisexual (12.8%; n = 98) and participants who identified as asexual (11.3%; n = 15).

Almost half of participants who identified as pansexual had attempted suicide ever in their lifetime (46.4%; n = 162). This was followed by participants who identified as lesbian (45.1%; n = 151), participants who identified as queer (41.6%; n = 109), participants who identified as something else (38.0%; n = 130), participants who identified as bisexual (36.4%; n = 278), participants who identified as gay (34.9%; n = 97) and participants who identified as asexual (33.1%; n = 44).

13.6.4 Suicide attempts – adults aged 18+ years

Tables 133.1-133.7: Suicide attempts among adults with disability aged 18+ years, grouped by sexual orientation (n = 2183)

Table 133.1 Lesbian

Suicide attempt	n	%
Past 12 months	28	7.0
Ever	176	44.2

Table 133.2 Gay

Suicide attempt	n	%
Past 12 months	19	5.8
Ever	109	33.0

Table 133.3 Bisexual

Suicide attempt	n	%
Past 12 months	48	8.8
Ever	231	42.5

Table 133.4 Pansexual

Suicide attempt	n	%
Past 12 months	24	10.1
Ever	135	56.7

Table 133.5 Queer

Suicide attempt	n	%
Past 12 months	29	7.7
Ever	178	47.5

Table 133.6 Asexual

Suicide attempt	n	%
Past 12 months	6	5.3
Ever	35	31.0

Table 133.7 Something else

Suicide attempt	n	%
Past 12 months	30	16.2
Ever	84	45.4

As displayed in Tables 133.1-133.7, more than 1 in 10 participants with disability in *Private Lives 3* who identified their sexual orientation as something else had attempted suicide in the past 12 months (16.2%; n = 30). This was followed by participants who identified as pansexual (10.1%; n = 24), participants who identified as bisexual (8.8%; n = 48), participants who identified as queer (7.7%; n = 29), participants who identified as lesbian (7.0%; n = 28), participants who identified as gay (5.8%; n = 19) and participants who identified as asexual (5.3%; n = 6).

More than half of participants who identified as pansexual had attempted suicide ever in their lifetime (56.7%; n = 135). This was followed by participants who identified as queer (47.5%; n = 178), participants who identified as something else (45.4%; n = 84), participants who identified as bisexual (42.5%; n = 231), participants who identified as lesbian (44.2%; n = 176), participants who identified as gay (33.0%; n = 109) and participants who identified as asexual (31.0%; n = 35).

13.7 Summary

Overall, complex patterns emerge among LGBTQA+ people with disability across people who hold different sexual orientations. Queer identifying participants were most likely to identify and participate in the LGBTQA+ community but reported low levels of acceptance with family members. Among young people aged 14-21 years with disability in *Writing Themselves In 4*, gay and lesbian participants reported higher levels of verbal and physical harassment or abuse based on their sexual orientation or gender identity than those who were bisexual, possibly due to their ability to 'pass' as heterosexual. However, among adults aged 18+ years with disability in *Private Lives 3*, gay and lesbian participants reported lower levels of social exclusion based on their sexual orientation or gender identity than those who were bisexual, possibly due to the double exclusion that bisexual people may face from both LGBTQA+ communities and heterosexual communities.(101) Regarding suicide attempts across all age groups, gay and asexual identifying participants reported lower levels compared to lesbian, bisexual and queer identifying participants, with pansexual participants reporting the highest levels.

14 Summary and recommendations

To date, the evidence base relating to the health and wellbeing of LGBTIQ+ people with disability in Australia has been limited because larger population-level studies, as well as disability-specific studies, have not included adequate questions about sex, gender and sexuality. The Australian Census does not allow for an accurate estimate of LGBTQA+ population size or an assessment of other health and wellbeing measures for these communities. Data collection at the health service system level or in coronial reporting, also often does not currently capture LGBTQA+ identities or does so imperfectly.

It is in this context that *Writing Themselves In 4* and *Private Lives 3* provide large-scale, robust and diverse data that indicate an urgent and targeted policy response is needed to address the health and wellbeing of LGBTQA+ people with disability.

14.1 Findings of significant concern

Findings from analyses presented in this report are concerning. LGBTQA+ people in Australia have consistently reported higher levels of violence, harassment and abuse and poorer physical and mental health than the general population, as shown in the *Writing Themselves In 4*(1) and *Private Lives 3*(2) national reports. In turn, LGBTQA+ people with disability reported substantially greater challenges and poorer outcomes than LGBTQA+ people without disability, including experiences of violence, abuse and neglect. In many instances, large majorities of both young people and adults with disability reported these challenges. Experiences of abuse were also reported in relation to service systems, in intimate relationships and families. Adults categorised with more severe disabilities appear to be at even higher risk of abuse and a host of negative outcomes. It was also often the case that young people with both intellectual disability and autism/neurodiversity had poorer outcomes. In some instances, those with intellectual disability with or without autism/neurodiversity also had particularly poorer outcomes, such as verbal, physical and sexual harassment or assault. The impact of this in the lives of LGBTQA+ people with disability is significant and may be reflected in the high numbers reporting suicidal ideation and suicide attempts, higher than those without disability.

While these experiences were high among all subpopulations, findings revealed in this report point to priority populations and key issues that require specific initiatives for LGBTQA+ people with disability in Australia including:

- High rates of suicidal ideation and suicide attempts, particularly among young people aged 14-21 years, people with intellectual disability and trans and gender diverse people.
- High rates of harassment, abuse and neglect based on sexual orientation and/or gender identity, particularly at home among young people aged 14-21 years.
- High levels of family violence, including from parents, and low levels of reporting or satisfaction with support from services.
- Low levels of support from disability support services and the NDIS regarding LGBTIQ people and their needs.

The findings detailed in this report suggest a need for urgent intervention at systemic and service levels. Legislative, policy and practice initiatives aimed at safeguarding people with disability need to include a focus on LGBTQA+ young people and adults. The findings also suggest that investment and resources are needed to ensure that LGBTQA+ people with disability have the opportunity to live, work or learn in spaces where they feel safe and respected, as well as ensuring support for their health and wellbeing. These issues are the subject of recommendations detailed in the following sections.

While findings from this report help provide greater understanding of the nature, extent and impact of violence, abuse, neglect or exploitation experienced by LGBTQA+ people with disability, further research is required to develop and evaluate interventions that seek to address them. As such, recommendations have also been included to inform future research in this sector.

14.2 Recommendations for structural and policy-level intervention

A range of entities and institutions, policies and strategies exist at all levels of government to guide service design, delivery, quality control and safeguarding of people with disability, the majority of which appear insufficient in their capacity to prevent the violence, abuse and neglect of LGBTQA+ people with disability that has been identified in this report. As a precursor to implementing the recommendations that follow, a comprehensive and robust review needs to be resourced to undertake an examination of existing disability policies, strategies, systems and processes and the extent to which these attend to or disadvantage LGBTIQ people with disability. Beyond just naming broad categories of the NDIA, policy makers and legislators, this process would enable the identification of the specific entities and institutions whose policies, strategies and process are in most need of development to meet their obligations and deliver on the recommendation that follow.

- **Inclusion of LGBTQA+ people with disability in key strategic policy frameworks.** Across Australia the relevant disability legislation and regulatory standards for service or education settings which seek to address and prevent violence, abuse, neglect and exploitation of people with disability rarely include any explicit reference to LGBTIQ+ people within this group, and very few states and territories have regulatory standards or policy frameworks like these for LGBTIQ people, leaving this group uniquely vulnerable. Inclusion of people with a disability and LGBTQA+ people should be required in all government health and wellbeing policy frameworks and regulatory standards as overlapping key priority populations, with specific and explicit regulatory and practice standard requirements to provide safe and inclusive environments for LGBTQA+ people with disability.
- **Disability sector-level capacity building to ensure LGBTQA+ inclusion.** Capacity building strategies and resourcing are required to improve the disability support services sectors' capabilities for providing inclusive and culturally safe environments for LGBTQA+ people with disability. These need to be co-designed with lead government agencies, LGBTQA+ capacity building experts from these communities and LGBTQA+ people with

disability and be underpinned by key standards and/or accreditation for inclusivity and cultural safety as well as transparency and accountability at every stage. While the findings detailed in this report do not speak to the needs of people with disability and with an intersex variation (due to an insufficient sample), it is crucial that the disability sector attend to the unique needs of this population as it develops more affirming practice.

- **Routine capture of LGBTQA+ related data in the disability sector.** Mandating the LGBTIQ inclusive questions on gender, pronouns, sexuality, and intersex status is necessary across data gathering and reporting in the disability sector. This requires capacity building to ensure cultural competence in the staff gathering this information and systems and processes enabling cultural safety for the clients providing this information. This action should be required of all organisations and services, including those delivered by faith-based organisations.
- **Campaigns to target the social drivers of abuse and neglect.** There is a need for campaigns that seek to change the social drivers of discrimination and violence (ableism, heteronormativity and cisnormativity) at a whole of community level. These campaigns should be co-designed with LGBTIQ people with a disability, and delivered in a range of contexts, including public spaces, schools, sporting and cultural clubs, workplaces, etc.

14.3 Recommendations for service-level intervention

A wide range of organisations and stakeholders deliver services to people with disability in efforts to maintain and improve their health and wellbeing. LGBTQA+ people with disability have a right to expect a safe, inclusive service in which they are treated with respect, regardless of whether this service is LGBTQA+ specific or not and the NDIA has a clear role in coordinating activity across the disability sector to ensure such rights are realised. The NDIA 'LGBTIQ+ Strategy; our bodies, our genders and our relationships' makes steps to better ensure inclusive practice within the internal divisions of the agency with acknowledgement of the need to improve organisational attitudes, the approach to LGBTIQ community engagement and data collection and evaluation⁽¹⁰²⁾ However, the strategy does not outline its expectations of NDIS service providers, nor how the NDIA will support them, to acknowledge and actively engage with LGBTIQ people with disability to deliver NDIS funded services that are LGBTIQ culturally safe. The delivery of the recommendations that follow could be enabled by clear direction to NDIS service providers on the obligations to work with LGBTQA+ clients in safe and affirming ways, and the provision of sufficient resources to build their capacity to do so.

- **Interorganisational and inter-sector skills sharing for action.** Recognising their intersecting expertise, we recommend that resources be made available for LGBTQA+ community-controlled organisations, national and community-controlled disability organisations and family and domestic violence organisations to work together to provide education, training and campaigns aimed at tackling violence, abuse, neglect or exploitation directed towards LGBTQA+ people with disability.

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- This work could take the form of a nationally resourced and coordinated network that develops targeted actions within respective sectors to improve safe LGBTQA+-affirming services and includes a Community of Practice to share models of working.
 - The work of such a network should include addressing violence, abuse, neglect or exploitation toward LGBTQA+ people with a disability that is motivated by the combination of social drivers relevant to the intersectional experiences of LGBTQA+ people and people with a disability. Initiatives should also include the experiences of LGBTQA+ people with additional intersecting experiences, such as those examined in this report, that further heighten their risk of experiencing harassment, violence and abuse.
 - **LGBTQA-affirmative support training.** There is a need for disability support organisations to better understand and appropriately respond to the intersectional experiences of those with disability and LGBTQA+ identity and how these can shape unique experiences, challenges, and support needs. Such organisations should ensure all staff are trained to provide safe, LGBTQA+-affirming support to clients and service users. This should include facilitating inclusive and safe environments for learning about, discussing, and expressing or identifying their own sexuality, gender identity or intersex status which also supportively facilitate connections to LGBTQA+ communities and cultures with equal emphasis of importance to any other supports needed for people with disability to live fulfilling lives.
 - **Key support for people with an intellectual disability.** Given the extent of harm evidenced in this report, there is particular need for evidence-based holistic sexuality and relationship education programs for people with intellectual disability that are affirming of LGBTQA+ identities. It is important that these projects are long-term, developed and delivered in co-design with LGBTQA+ people with intellectual disability and are accompanied by support and service environments that continue to support the needs of LGBTQA+ people with disability on an ongoing basis.
 - **Meaningful involvement of people with disability at every level.** In line with principles of ‘nothing about us without us’, every opportunity should be taken to ensure LGBTQA+ people with disability are part of policy, service provision and community engagement interventions. This can include, but not be limited to: participation in lived experience advisory bodies; peer-support models; intervention co-design; or the provision of training to LGBTQA+ people with disability to become peer mentors, supporters, or skilled and employed professionals in family violence, mental health and suicide prevention so as to reduce, and mitigate, the abuse and neglect of people with disability.

14.4 Recommendations for community-level intervention

This report details concerning data regarding the exclusion and isolation of LGBTQA+ people with disability, which exacerbates their exposure to neglect and abuse. It is for that reason that community-level interventions (i.e., those that engage interconnected groups of people, rather than individuals on a one-on-one basis) are required. We recommend:

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- **Best practice guidance and funded strategies to improve intersectional inclusion and cultural safety.** Experts in LGBTIQ+ inclusive practice and cultural safety, as well as experts in best-practice disability accessibility support frameworks, standards and quality safeguards, should be funded to collaborate on, and co-design with LGBTIQ+ people with disability, a range of resources, recommendations and guidelines to improve the holistic accessibility and safety of LGBTIQ+ people with disability in all service and community settings where they currently experience ableist, heteronormative or cisnormative barriers to their equitable access. These should bring together key principles, frameworks and best-practice standards from each area to inform guidelines and capacity building strategies for application in disability service settings, LGBTQA+ communities and community venues, in schools and in the broader community. These may include, but not be limited to:
 - Guidelines and grant funding programs for LGBTIQ+ venues on improving accessibility for people with physical, sensory and intellectual disability.
 - Easy English interpretations of LGBTIQ+ community-controlled and peer support service's ephemera and campaigns.
 - A disability service sector specific application tool and interpretation of accrediting evidence for the Rainbow Tick framework and accreditation standards.
 - Campaigns and programs combatting and preventing bullying of LGBTIQ+ young people with disability in mainstream and disability specialist schools.
 - Guidelines and teaching tools for LGBTIQ inclusion within sexuality and relationship education curriculum and programs at disability specialist schools.
 - Guidelines for facilitating peer and social support programs for Rainbow Families with children with disability.
 - Training programs for Auslan interpreters on LGBTIQ+ inclusion and cultural safety.
 - Primary prevention campaigns centring the voices of lived experience from LGBTIQ+ people with disability targeting ableist attitudes in the LGBTIQ+ communities as well as campaigns that target homophobia, biphobia and transphobia in disability communities.

14.5 Recommendations for future research

This report presented results from two large national surveys. These surveys were conducted to provide a snapshot of the lives of LGBTQA+ people across many different areas of life and across diverse subpopulations. This report provides as much of the data as possible that was relevant to the topic of this report. However, additional research is needed to gain further knowledge of the nature and impact of violence, abuse, neglect or exploitation experienced by LGBTQA+ people with disability. Beyond the data presented in this report, there is a significant lack of research on this topic in Australia, as well as limited literature internationally. The calls for future research that follow should be considered by all state, territory and commonwealth-level governments and associated funding bodies. There is a particular need for:

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- **Funding of community participatory research** that specifically examines the life experiences of LGBTQA+ adults and young people with disability and is co-designed with participants and peer researchers to ensure that methodologies are in formats that work for them and can ensure participation of people with diverse disabilities. Further knowledge is needed of the specific contexts or circumstances that give rise to experiences of violence, abuse, neglect or exploitation, as well as ways in which these may vary depending on intersecting backgrounds within LGBTIQ populations such as cultural backgrounds or for First Nations peoples with disabilities.
 - This research should include, but not be limited to, the building of new knowledge regarding the types of perpetrators of violence and abuse, how instances of abuse are identified and addressed or go unaddressed, and experiences or barriers in accessing LGBTIQ affirming sexuality and relationship education and LGBTIQ affirming supports. Further qualitative research that can provide a more nuanced understanding of settings and services where LGBTQA+ people with disability feel included and supported in all aspects of their identity and experiences may also enable services to better meet their needs as well as prevent or mitigate the impact of violence, abuse, neglect and exploitation.
 - **Qualitative research.** While this report provides an overview of the nature and impact of violence, abuse, neglect or exploitation experienced by LGBTQA+ people with disability, qualitative research beyond that of survey groups is also necessary to gain a more nuanced understanding of the experiences of these populations. Additionally, LGBTQA+ people with intellectual, sensory or physical disability in particular face barriers to participate in many forms of research, but especially surveys, while qualitative research such as supported interviews would help to ensure their voices are heard. This research needs to be appropriately funded to be accessible in its data gathering methodology and its frameworks for empowering the involvement of self-advocate peer-researchers at every step.
 - **Research that reflects the experiences of people with an intersex variation.** As detailed in the methodology chapter, this report was unable to describe the experiences of people with disability who have an intersex variation. As further detailed in the *Writing Themselves In* 4(1) and *Private Lives* 3(2) national reports, many people with an intersex variation or variations are unlikely to identify as belonging to an LGBTIQA+ population and therefore may not participate in research that is targeted to this broader group. It is therefore important to conduct studies that specifically focus on people with intersex variations to gain adequate and appropriate knowledge of the experiences of those with disability.
 - **Focussed research among First Nations LGBTQA+ people with disability.** In order to attain a holistic understanding of experiences of First Nations LGBTQA+ people with disability, specific, culturally situated research to explore their experiences relating to health, wellbeing, violence, abuse and neglect is required. This research should be led by First Nations researchers and organisations.

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- **Focussed research among trans and gender diverse people with disability.** Similarly, trans and gender diverse people report the highest rates of disability and some of the poorest health and wellbeing among LGBTQA+ people. In order to reflect their unique experiences, treatment and mistreatment, specific qualitative research and targeted interviews with trans and gender diverse people co-designed with trans and gender diverse people with disability will provide a greater understanding of their specific experiences relating to health, wellbeing, violence and neglect.
 - **Reform of the Standardised Disability Flag Module.** The visibility of people with disability, and the nature and quality of data that can be used to inform decision making, is crucial to mounting an effective response to violence, abuse and neglect of people with disability. The Disability Flag requires revision in ways that move towards social models of health and acknowledge the role of enabling (or disabling) environments, rather than placing emphasis solely on the person with disability.
 - **Periodic monitoring.** Ongoing funding is required to enable surveys that can track LGBTQA+ health and wellbeing over time and review of national and state-based data collection instruments (e.g., health service intake, coronial data, experiences of crime, community attitudinal surveys, household surveys) and reporting to ensure inclusion of questions that adequately capture disability, sexual orientation, gender identity and intersex variations. This could include, but not be limited to, the National Survey of Health and Wellbeing, the National Drug Strategy Household Survey, and the Survey of Disability, Ageing and Carers. Inclusion of questions regarding sexuality, gender diversity and sex characteristics within the census would also help to discern, with accuracy, the LGBTIQ population size and thus facilitate targeting of resources where required.

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