



L-Università ta' Malta
Faculty for Social Wellbeing

Intersectionality and Persons with Disability

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Intersectionality a key social policy ingredient

Intersectionality is key to social policy. If we want to move forward in the area of social policy we need to embrace this very important notion as social wellbeing cannot exist in isolation. I am immensely satisfied that the Faculty for Social Wellbeing in conjunction with CRPD have looked into this very interesting and contentious issue and this study has harboured an important concept that deserves to be further explored. The sterling work by the RSO team, the admin team and the academics involved in this project give credence to the study. Not only. The study is also packaged with a number of proposals which is typical of the studies the Faculty is involved in. The recommendations provide direction where we need to go and this further strengthens the validity of this project. As always it is a pleasure working in close proximity with CRPD.

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Dean

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Executive Summary

INTRODUCTION

Intersectionality is a framework that provides the insight to understand how the various aspects of a person's identity intertwine, resulting in discrimination or privilege (Atewologun, 2018). These interdependencies may include gender, race, ethnicity, sexual orientation, gender identity, disability, class, and spirituality (Chan, Cor, & Band, 2018). It is known that persons with a disability continue to experience discrimination (UNICEF, 2013a) which is believed to be even more exacerbated among those who also identify within the LGBTIQ+ intersect. The latter are said to experience increased social exclusion and loneliness (Abbott & Burns, 2007; Stoffelen, Kok, Hospers, & Curfs, 2013). This report highlights how the negative impacts of living within two minority experiences can be minimized.

LITERATURE REVIEW

Society continues to make sexual and gender minority individuals invisible through its overall heteronormativity by assuming that all individuals are heterosexual (Wilton, 2000). As a result, these individuals are forced to constantly have to 'come out' and disclose their sexual orientation and gender identity to others (Khuzwayo, 2021). The situation might be exponentially worse for persons with a disability who already face discrimination based on their disability (Sood, Kostizak, Stevens, Cronin, Ramaiya, & Paddidam, 2020) and years of being considered asexual or hypersexual (Noonan & Taylor Gomez, 2011). This highlights the importance of better understanding the lived experiences of these individuals to be able to identify ways through which they can lead a more socially inclusive life that is free from discrimination.

METHODOLOGY

The scope of this research was to begin to understand the impact of intersectionality on persons with a disability who are facing multiple minority experiences focusing on individuals identifying with sexual orientation and gender identity minorities. This project attempted to answer the following research questions:

- What are the impacts of gender identity and sexual orientation on the lives of persons with a disability?
- How can the identified impacts be overcome?
- How can future policy and practice recommendations help to overcome these impacts?

A qualitative approach was taken. Data was collected through fourteen (14) semi-structured interviews with persons with disability who identify as LGBTIQ+ (5), service provider (1), NGOs (5) and independent professionals (3). Data were analysed using thematic analysis.

RESULTS

Several superordinate themes and subordinate themes were drawn from the experiences shared by the participants during the semi-structured interviews.

The 'coming out process': This has been described as a turbulent lifelong process. LGBTIQ+ individuals are disclosing their sexual orientation and gender identity at a younger age compared to a few years ago. Parental reactions to 'coming out' vary depending on underlying

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factors, but most eventually reach acceptance. Participants used different forms of support during this process, most of which were informal such as support from friends and partners.

Attitudes towards persons with a disability who identify as LGBTIQ+: Attitudes towards both LGBTIQ+ individuals and persons with a disability are still somewhat discriminatory. Thus, living within these two minorities is even more difficult. One of the main reasons for this discrimination is the lack of awareness that the mainstream community has about disability and LGBTIQ+ issues. Discrimination was often expressed verbally and frequently predominated by ableism and stereotypical ideas about disability and LGBTIQ+ issues. Nevertheless, a positive change in attitudes has been noted, particularly in younger generations.

The impact on the lives of persons with a disability who identify as LGBTIQ+: The impact on education was often due to the lack of understanding about disability and LGBTIQ+ issues from educators and academic institutions. Participants often felt uneasy at their place of work due to negative attitudes which even caused participants' to contemplate leaving their job. Being financially restricted might directly impact poorer health outcomes due to the high cost of private services and medications. Simple daily activities like going to the supermarket or getting the bus requires a great deal of effort from these individuals and sometimes lead to awkward situations.

Sexuality, sexual orientation and gender identity within services: Apart from the various services, Aġenzija Sapport has an educational role for its service-users. This is achieved primarily through developing a client-centred relationship with service-users. Sex education covers many basic concepts including socially appropriate behaviour, personal hygiene, and health and relationship aspects. Training about sexual orientation and gender identity minorities is offered to staff to promote an inclusive environment. However, sometimes resistance by staff who have different beliefs and express prejudice and other negative attitudes towards sexual orientation and gender minorities is exhibited.

The role of NGOs in supporting persons with a disability who identify as LGBTIQ+: NGOs have an essential role in increasing awareness about issues relating to disability, making their events more accessible and increasing the visibility of persons with disability in the LGBTIQ+ community. Another role is identifying innovative ways through which persons with disability can be better reached.

RECOMMENDATIONS

Recommendations relating to disability services

1. Strengthening of available disability services
2. Development and implementation of sexual expression and gender diversity policy within all disability services services
3. Individualised and ongoing sex education offered to all service-users



RECOMMENDATIONS RELATING TO EDUCATION

1. Mandatory courses for all employees working with persons with a disability about sexuality including, sexual expression, sexual orientation and gender identity
2. Courses for parents of persons with disability about sexuality including, sexual expression, sexual orientation and gender identity
3. CPD courses for employees working in the education sector relating to disability and LGBTIQ+ issues
4. Provide training to employers and individuals working in managerial positions
5. Education about disability and LGBTIQ+ issues at a community level
6. Free training sessions for NGOs about disability and LGBTIQ+ issues
7. Increase awareness raising efforts with regards to sex education, sexuality, sexual expression and identity.
8. Nurture an activist culture in younger generations

RECOMMENDATIONS RELATING TO SUPPORT

1. Accessible shelter for LGBTIQ+ youths
2. Prioritise persons with multiple intersecting identities when accessing social housing and other services.
3. Promote support to persons with disability who identify as LGBTIQ+
4. Promote support to parents/guardians of persons with disability who identify as LGBTIQ+

RECOMMENDATIONS RELATING TO SOCIALIZING

1. Introduction of a library café in the proposed LGBTIQ+ community centre
2. Increase accessible promotion of events and spaces

RECOMMENDATIONS RELATING TO ACCESSIBILITY

1. Enforcement of accessibility
2. Support NGOs in accessibility arrangements
3. Ensure accessibility to health
4. Promote free public services to ensure that persons with disability are reached

RECOMMENDATIONS RELATING TO VISIBILITY

1. Ensure the involvement of persons with disability who identify as LGBTIQ+ in decision making
2. Involve persons with disability who identify as LGBTIQ+ in public awareness raising efforts

RECOMMENDATIONS RELATING TO FUTURE RESEARCH

1. Individual studies about LGBTIQ+ individuals focusing on the specific experiences of impairment groups
2. A study investigating the knowledge of support staff working with persons with disability about sexual expression, sexual orientation and gender identity

CONCLUSION

In recent years, attitudes towards persons with a disability and individuals forming part of sexual orientation and gender identity minorities have improved. Nevertheless, persons with a disability who identify as LGBTIQ+ continue to experience double discrimination and social exclusion due to forming part of both these minority experiences. This intersectionality negatively impacts various areas of their lives, including socializing, education, employment, health and general wellbeing. There needs to be a change in beliefs and attitudes towards both persons with a disability who identify as LGBTIQ+. This can be facilitated by increasing awareness and education about these issues at all community levels and introducing related policy changes.



Chapter 1 - Introduction



1.1 BACKGROUND

Intersectionality owes its origin to Kimberlé Crenshaw, who coined the term in 1989 to explain better the oppression experienced by African-American women at the time. Today, intersectionality has evolved into a framework that provides insight into how the various aspects of a person's identity intertwine, resulting in discrimination or privilege (Atewologun, 2018). These interdependencies may include gender, race, ethnicity, sexual orientation, gender identity, disability, class, and spirituality, amongst others (Chan, Cor, & Band, 2018).

It is known that persons with a disability continue to experience discrimination due to various determinants (UNICEF, 2013a). This discrimination is believed to be even more exacerbated in persons with a disability who identify within the LGBTIQ+ intersect. The latter are said to experience increased social exclusion and loneliness (Abbott & Burns, 2007; Stoffelen, Kok, Hospers, & Curfs, 2013). Such negative societal attitudes might result from years of viewing persons with a disability (particularly those with intellectual disabilities) as asexual or hypersexual. When their sexuality eventually started being acknowledged, this was often done in a heteronormative manner, thus, overlooking the possibility that persons with a disability might identify as anything other than heterosexual (Noonan & Taylor Gomez, 2011; Wilson, Macdonald, Hayman, Bright, Frawley, & Gallego, 2018). Furthermore, historically, mainstream individuals who did not identify as heterosexual have been stigmatized and even diagnosed as suffering from mental disorders in the past (Wilton, 2000).

Although changes in the local sociopolitical context have resulted in improving LGBTIQ+ rights; including marriage, adoption (Times of Malta, 2017) and the passing of the Gender Identity, Gender Expression and Sex Characteristics Act Cap.540, social perceptions are not easily changed (Kruglanski & Higgins, 2003). Thus, a change in legislation might not automatically change attitudes.

1.2 JUSTIFICATION OF THIS RESEARCH

Although literature exploring sexuality and disability has grown in recent years (Lindsay, Michie, Staines, Bellshaw, & Culross, 1994; Karellou, 2003; McCarthy, 2014), there is a paucity in research delving into the experiences of persons with a disability who identify as LGBTIQ+ (Dinwoodie, Greenhill, & Cookson, 2016). A better understanding of these experiences is needed to give a better insight on how persons with a disability who identify as LGBTIQ+ can lead a more inclusive life through a more diverse policy and practice approach.

1.3 DEFINITIONS AND TERMINOLOGY

For the purpose of this research, these terms will be defined as follows:

“Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” (UNCRPD, 2012 p.5).

Sexual orientation “refers to a person’s physical, romantic and/or emotional attraction towards other people” (Healey, 2014 p. 3).

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Gender identity “refers to each person’s internal and individual experience of gender, which may or may not correspond with the sex assigned at birth, including the personal sense of the body (which may involve, if freely chosen, modification of bodily appearance and, or functions by medical, surgical or other means) and other expressions of gender, including name, dress, speech and mannerisms” (Gender Identity, Gender Expression and Sex Characteristics Act, Cap.540, Par II (2)).

Homosexual refers to those individuals who are passionate and sexually interested only in people of their own gender (gay men and lesbian women) (Wilton, 2000).

Bisexual refers to “the potential to be attracted romantically and/or sexually to people of more than one sex and/or gender, not necessarily at the same time, not necessarily in the same way, and not necessarily to the same degree” (Ochs, 2015).

Transgender women (transwomen) are individuals who “identify as women but were classified as men when they were born” (Healey, 2014 p.3).

Transgender men (transmen) are individuals who “identify as men but were classified as women when they were born” (Healey, 2014 p.3).

Intersex refers to a person “born with sexual anatomy, reproductive organs, and/or chromosome patterns that do not fit the typical definition of male and female” (Healey, 2014 p.3).

Non-binary or genderqueer refers to individuals who “have a gender which is neither male nor female and may identify as both male and female at one time, as different genders at different times, as no gender at all, or dispute the very idea of only two genders” (Richards, Bouman, Seal, Barker, Niede, & T’Sjoen, 2016 p.95).

Homophobia “is an irrational fear of, or hatred or aversion towards lesbian, gay or bisexual people. It is often used in an all-encompassing way to refer to fear, hatred and aversion towards” sexual minorities in general (Healey, 2014 p.3).

LGBTIQ+ is an acronym used in this report to refer to individuals who identify as lesbian, gay, bisexual, transgender, intersex, or questioning. The (+) refers to all other related minority identities (O’Shea, et al., 2020).

Heteronormativity, also known as heterosexism, refers to the societal assumption that all individuals in a society are heterosexual (Wilton, 2000).

‘Coming out’ is a process by which individuals who identify as LGBTIQ+ disclose their sexual orientation or gender identity to others (Khuzwayo, 2021).

Cisgender is a gender identity in which the way a person feels matches the sex assigned at birth (Zambon, 2021).



1.4 OVERVIEW OF THE REPORT

This report by the Faculty for Social Wellbeing was commissioned by the Commission for the Rights for Persons with Disability (CRPD) and explored how adult persons with a disability are impacted due to the intersect between their sexual orientation, gender identity and their disability. The study sought to understand better the impacts resulting from these intersects and how these can be overcome. First, a review of the available literature will be presented, followed by the methodological process employed in this study and its emerging findings. Finally, recommendations for policy, practice and future research are suggested.

Chapter 2 - Literature Review



2.1 INTRODUCTION

This literature review was carried out to attain a better insight into what the current literature says about the experiences of persons with a disability who identify as LGBTIQ+. Literature focusing on the influence of social perceptions will be presented first, followed by research on sexual expression, sexual orientation and gender identity. The next sections will focus on the 'coming out' experience, importance of parental support to sexual orientation and gender identity disclosure, and attitudes towards persons with a disability who identify as LGBTIQ+. The last section will deal with supporting persons with a disability who identify as LGBTIQ+.

2.2 THE INFLUENCE OF SOCIAL PERCEPTIONS

Social perception is essentially the way people 'see' each other. These opinions are often underpinned by an individual's own personal beliefs (Pickens, 2005). These beliefs are impacted by various factors which are nurtured from a young age, including culture and religion and often lead to expressing some form of prejudice (Crandall & Eshleman, 2003).

For years, minority rights movements have engaged in an ongoing battle to promote equality and initiate a change in social perceptions and attitudes towards sexual minority groups (Herek, 2000). Nevertheless, society continues to make LGBTIQ+ individuals invisible through its prevailing heteronormativity by assuming that all individuals are heterosexual unless they state otherwise (Wilton, 2000). As a result, LGBTIQ+ individuals are forced to constantly have to 'come out' and disclose their sexual orientation and gender identity to others (Khuzwayo, 2021).

The situation might be exponentially worse for persons with a disability who already face discrimination based on their disability (Sood, Kostizak, Stevens, Cronin, Ramaiya, & Paddidam, 2020) and years of being considered asexual or hypersexual (Noonan & Taylor Gomez, 2011). A shift in attitudes on a personal level and in social norms is needed for changes to occur at a societal level (Mackie, Moneti, Shakya, & Denny, 2015).

2.3 SEXUAL EXPRESSION, SEXUAL ORIENTATION AND GENDER IDENTITY IN PERSONS WITH DISABILITY

Over the last 30 years, scholars have tried to better understand sexuality and sexual expression in persons with a disability (Conahan, Robinson, & Miller, 1993; Guldin, 2000; Drummond & Brotman, 2014). Despite the many efforts for persons with a disability to be sexual, there are still barriers that limit this expression (McCarthy, 2014). This is particularly true for persons with intellectual disabilities whose sexual lives continue to be dictated by parents, guardians, families, service providers and support workers (Wilson & Frawley, 2016; Azzopardi-Lane, 2017). This paternalism has been listed as one of the barriers holding back LGBT persons with intellectual disability from receiving the care and support they need (Mann, Horsley, Saunders, Briggs, & Mitchell, 2006). Research has shown that parents of adults with intellectual disabilities often encourage their 'children' to conceal their sexual desires and abstain from any sexual activity (Lam, Yau, Franklin, & Leggat, 2019).

Another identified barrier is that disability services are not providing persons with disability the adequate relationship and sex education, with most sex education focusing on protection (Yau, Ng, Lau, Chan, & Chan, 2009). Further to this, staff working with persons with disability are not receiving the appropriate training to be in a position to deal with such issues (Lafferty, McConkey, & Simpson, 2012). This might be why staff are not confident enough in supporting

persons with a disability in issues relating to their sexuality, particularly those who identify as lesbian, gay or bisexual (Abbott & Howarth, 2007). Moreover, policies regarding sexual expression and relationships are still lacking in various organizations, even more so regarding policies for same-sex attractions (Abbott & Burns, 2007). This lack of guidance from the management of these organizations leaves support staff perplexed about their role in educating service-users about sex and sexuality and the appropriateness of the depth of their conversations (Wilkinson, Theodore, & Raczka, 2015). In view of this, a recent study has identified the need for services to have clear policies to support staff in delivering sex education (Azzopardi-Lane, 2021).

Literature focusing on the experiences of persons with a disability who identify as LGBTIQ+ is still limited, and the available data is somewhat ambiguous (Wilson et al., 2018; Dinwoodie, Greenhill, & Cookson, 2020). Despite the mentioned barriers, available literature shows that persons with intellectual disabilities can define and express their sexual orientation and gender identity in different ways. Some even felt that they had an intuition about sensing other LGBTIQ+ individuals. Nevertheless, these individuals are sometimes still perceived by disability staff as being incapable of making decisions about their sexual orientation and gender identity (Dinwoodie, Greenhill, & Cookson, 2016).

2.4 THE 'COMING OUT' EXPERIENCE

'Coming out' has commonly been described as a complex process. Individuals often choose to 'come out' to friends and peers first, disclosing their sexual orientation to parents later on. The reason for not disclosing their sexual orientation to their parents first is often due to fear of adverse reactions (D'Augelli, Grossman, & Starks, 2005). In fact, parental reactions have been described as unpredictable and diverse. These reactions are expressed in various ways, with the most commonly expressed physical response being crying (Maslowe & Yarhouse, 2015). Evidence shows that fathers tend to react more negatively to a child's 'coming out' than mothers (Savin-Williams & Ream, 2003). The fear of being rejected by their parents after 'coming out' sometimes causes individuals to remain in the 'closet' (Richards, 2017). A child's 'coming out' is also said to initiate an equal process in their parents, as they feel the need to 'come out' to their families and social circles as the parents of a lesbian, gay or bisexual child (Goodrich, 2009). The experiences of lesbian and bisexual women with a disability are somewhat invisible in the literature (Stoffelen, Schaafsma, Kok, & Curfs, 2018).

The 'coming out' experiences of individuals identifying with gender identity minorities are less understood due to a dearth of available literature (Fahs, 2021). Early research showed that the way parents react to the 'coming out' of their transgender children impacts their child's emotions towards their gender identity (Gagné & Tewksbury, 1998). As a result, transgender and non-binary individuals often experience increased feelings of being outcasts and loneliness when parents react negatively to their 'coming out' (Pusch, 2005). Nevertheless, more recent research has shown that parents who are more knowledgeable about different gender identities can better support their child's gender identity (Ehrensaft, 2011). Moreover, some parents feel empowered to learn more about gender identities to better understand and support their child (Rahilly, 2015). For transgender teens who wish to start their transition, the process might prove to be even more complicated, as they experience fear not only about disclosing their gender identity, but also about seeking permission to start hormone therapy and other medical and legal processes (Fahs, 2021).

Given the prevailing societal heteronormativity, 'coming out' is not a onetime experience for LGBTIQ+ individuals but rather a lifelong process. Simple life circumstances like starting a new job or moving to a new neighbourhood create a situation in which LGBTIQ+ individuals have to face another 'coming out' with all the emotions and fears encompassed in this experience (Wilton, 2000). This coincides with the findings in the literature about the experiences of LGBTIQ+ people with a disability, in which participants expressed that 'coming out' can even be a daily occurrence. They also emphasized their fears and preoccupations about not having their identities respected when disclosing their sexual orientation and gender identity (O'Shea, et al., 2020).

2.5 THE IMPORTANCE OF PARENTAL SUPPORT AFTER SEXUAL ORIENTATION AND GENDER IDENTITY DISCLOSURE

Despite being a complicated and lengthy process, 'coming out' has been linked to a number of positive outcomes, including positive identity development, improved mental health and self-esteem (Jordan & Deluty, 1998). Nevertheless, such benefits are impeded if parents react negatively to their child's 'coming out' and do not offer adequate support. Parental support is even more important as these individuals are at a higher risk of developing mental health issues such as depression, contemplating suicide and being socially excluded (Needham & Austin, 2010). Parental support is equally important in individuals who 'come out' later in life. A study concluded that adverse reactions to 'coming out' in adulthood were associated with poorer health outcomes (Rothman, Sullivan, Keyes, & Boehmer, 2012). Thus, irrespective of the age of the LGBTIQ+ individual, a lack of support is related to adverse effects.

2.6 ATTITUDES TOWARDS PERSONS WITH A DISABILITY WHO IDENTIFY AS LGBTIQ+

A growing body of evidence shows that persons with a disability who identify as LGBTIQ+ experience stigma and discrimination not only by the mainstream population but in both disability and LGBTIQ+ communities leading to increased social exclusion (Dispenza, Harper, & Harrigan, 2016; Sinecka, 2008; Vaughn, Schoen, McEntee, & McGrady, 2015). This social exclusion is also extended to disability services, where LGB individuals expressed that they felt invisible when accessing these services (Mann, Horsley, Saunders, Briggs, & Mitchell, 2006). The lack of education about sexual orientation and gender identity minorities provided to persons with a disability further contributes to this invisibility by inhibiting awareness and inclusion. This leads heterosexual persons with intellectual disabilities to express prejudicial feelings towards LGBTIQ+ peers (Burns & Davies, 2011) and verbal abuse (Tallentire, et al., 2016).

Negative attitudes have also been expressed by support staff who has threatened service-users into complying with cisgender expressions, and this further solidifies the lack of knowledge that disability staff have about LGBTIQ+ issues. Furthermore, it also demonstrates the lack of autonomy that persons with a disability have in disability services and the authority that staff expresses over service-users (Dinwoodie, Greenhill, & Cookson, 2016). Transphobia has been associated with psychological harm and physical harm in disability and health services (Newman, Barnhorst, & Landess, 2018). Given the amount of time that LGBTIQ+ persons with disability living in a residential setting spend with support staff and peers, it is difficult to avoid these negative attitudes (Dinwoodie, Greenhill, & Cookson, 2016).

Historically, HIV was presented as a homosexual disease and was even nicknamed the 'gay plague'. These misconceptions further increased stigmatization towards homosexual

individuals (Rondahl, Innala, & Carlsson, 2003). Even though it is widely known that HIV is not associated with a particular sexual orientation or gender identity, research has shown that sex educators for persons with learning disabilities still believed that homosexuals were at an increased risk of contracting HIV (Rohleder & Swartz, 2009). The re-homosexualization of HIV also featured in earlier research relating to intellectual disability (Cambridge, 1997).

2.7 SUPPORTING PERSONS WITH A DISABILITY WHO IDENTIFY AS LGBTIQ+ AND THEIR FAMILIES

For various reasons, families and the disability community are not always supportive of a person with disability's sexual orientation and gender identity (Dinwoodie, Greenhill, & Cookson, 2016; Richards, 2017). The importance of the role of LGBTIQ+ support groups in the lives of persons with disability who identify as such is on the increase (Dinwoodie, Greenhill, & Cookson, 2016; Tallentire, et al., 2016; Smith, Zirnsak, Power, & Lyons, 2022). Socializing with other LGBTIQ+ individuals has been associated with developing a positive self-identity (Elderton, Clarke, Jones, & Stacey, 2014) and instils pride about who they are (Tallentire, et al., 2016). Furthermore, this decreased loneliness as persons with disability were able to form new connections and friendships with people outside of their typical setting. A reason for such positive outcomes might be that persons with a disability who identify as LGBTIQ+ feel safer and understood in these support groups (Stoffelen, Schaafsma, Kok, & Curfs, 2018).

The importance of parental support towards LGBTIQ+ individuals after 'coming out' has been highlighted in the literature (Jordan & Deluty, 1998; Needham & Austin, 2010; Rothman, Sullivan, Keyes, & Boehmer, 2012). However, parents experience different feelings during this process, including their own fear and shame; thus, they also require support. Without sufficient support to sieve through these feelings, they cannot adequately support their child (Shpigel & Diamond, 2014). Educating parents about LGBTIQ+ issues is of particular importance during this support process. Proper education will remove any misconceptions that they might have had about what it means to be LGBTIQ+, and this knowledge might increase their willingness to accept and support their child (LaSala, 2000).

Locally, various NGOs offer support to both LGBTIQ+ individuals and their families. In 2001, the Malta Gay Rights Movement (MGRM) was formed to decrease stigma and increase awareness about LGBTIQ+ issues. The Rainbow Support Service was founded in 2013 by the MGRM as a service for LGBTIQ+ individuals, their families and friends. This service strives to improve the quality of life of service-users through the provision of information, consultation and psycho-social welfare services (MGRM, 2018). Similarly, LGBTI+ Gozo was established in 2015 to promote equality and offer a safe space for LGBTIQ+ individuals in Gozo. They also organize social activities, awareness campaigns and educational programs. (LGBTI+Gozo, 2022). Allied Rainbow Communities is the main organizer of the pride event in Malta. Although it doesn't offer direct support services, it's committed to building a sense of community and increasing networking within the LGBTIQ+ community (Gaymalta, 2022). DRACHMA is a spirituality and prayer support group that was founded in 2004. It supports LGBTIQ+ individuals and their families through fortnightly meetings, courses, seminars and live-ins. In 2016 they published a book to help parents deal with a child's coming out through a series of scenarios to which any parent can easily relate (Drachma Parents Group, 2016). In 2022, DRACHMA parents participated in an ERASMUS+ project called "Let's Change the PACE" during which it held a number of webinars to increase awareness about gender identity issues.



Internationally, support groups specifically aimed at persons with a disability who identify as LGBTIQ+ have shown positive results (Tallentire, et al., 2016). Although there are no support groups locally which are specifically aimed for persons with a disability, the above-mentioned groups welcome all individuals who identify as LGBTIQ+ irrespective of all other intersectionalities.

2.8 CONCLUSION

Literature focusing on the experiences of persons with a disability who identify as LGBTIQ+ is still limited, and the available data is somewhat ambiguous (Wilson et al., 2018; Dinwoodie, Greenhill, & Cookson, 2020). Studies on persons with a disability who identify with gender identity minorities are even more scarce (Fahs, 2021). This solidifies the importance of conducting this research to better understand these experiences. The methodology adopted in this research will be discussed in the following chapter.

Chapter 3 - Methodology



3.1 INTRODUCTION

The literature review presented in the previous chapter highlights the importance of understanding the experiences of persons with a disability who identify as LGBTIQ+ to help them lead a more inclusive life and enhance their health and wellbeing. This research aimed to attain a better understanding of the experiences of adult persons with a disability who identify as LGBTIQ+ and live in Malta.

This chapter explains the methodology adopted in this study and will delve into; the scope of this research, recruitment, data collection, analysis, ethical considerations and limitations of this research.

3.2 SCOPE OF THIS RESEARCH

We mustn't see disability as an isolated phenomenon. The scope of this research was to begin to understand the impact of intersectionality on persons with a disability who are facing multiple minority experiences focusing on individuals identifying with sexual orientation and gender identity minorities. The main research question for this study was:

How can we understand the impact of intersectionality on persons with a disability facing more than one minority experience?

This project attempted to answer the following research questions:

- What are the impacts of gender identity and sexual orientation on the lives of persons with a disability?
- How can the identified impacts be overcome?
- How can future policy and practice recommendations help to overcome these impacts?

3.3 RESEARCH DESIGN

The research question dealt with the experiences of persons with a disability who identify as LGBTIQ+. Because each experience is unique, a qualitative approach was adopted as a more in-depth insight of these experiences could be obtained instead of quantitative data that is more statistical in nature (Bryman, 2008).

In order to be able to address the research questions, data were obtained from different sources, which allowed for participant triangulation. Apart from obtaining a more comprehensive understanding of the experiences of persons with disability who identify as LGBTIQ+, triangulation increased the reliability and validity of the collected data given the hard to reach target population (Bryman, 2008).

3.4 DATA COLLECTION

All the data was collected using semi-structured interviews, allowing for a more detailed exploration of these unique experiences (Breakwell, 2000). Participants could either choose to attend the interview in-person or online via ZOOM. All participants except for one preferred the remote option. Questions were asked in Maltese or English, depending on the participants' preference. The interview guides were informed by the aims of the study, through the literature and from discussions with field experts.

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Interviews with persons with a disability asked about their own 'coming out' experience, support systems adopted, networking, acceptance within the LGBTIQ+ community, acceptance within the disability community and recommendations they would make to service providers and policymakers. Interviews with professionals asked similar questions about the experiences of their clients.

Interviews with NGOs asked about the types of services their organization offers (if any), measures taken to reach different impairment groups, difficulties in reaching and dealing with persons with a disability, measures taken to make their organization accessible, services/events which they would like to offer in the future and the resources required to enhance their current services/events.

The interview with the service provider asked about the duration they have been aware that their service users might identify as LGBTIQ+, dealing with LGBTIQ+ clients and measures taken to accommodate them, implementation of more inclusive and diverse services, difficulties in dealing with clients who identify as LGBTIQ+, training offered to employees about dealing with LGBTIQ+ clients, inclusivity of service-user sex-education syllabus and policies on sexual expression.

This data was collected between November 2021 and January 2022. Sample interview guides can be found in the appendices section of this report.

3.5 SAMPLING AND RECRUITMENT OF PARTICIPANTS

The study focused on the lived experiences of persons with a disability who identify as LGBTIQ+. Given the specificity of the target population, a purposive sample was the most suitable. Disabled participants were required to be over the age of 18 years, identify as LGBTIQ+ and to be 'out' about their sexual orientation/gender identity. Participants were recruited through CRPD, who shared the information letter with all its members via email and shared a recruitment blurb on its social media platforms. Furthermore, participants were recruited through the Malta Gay Rights Movement (MGRM), LGBTI+ Gozo, DRACHMA, and Allied Rainbow Communities (ARC) by sharing the recruitment blurb on their social media platforms.

Aġenzija Sapport was also asked to act as a gatekeeper by identifying potential participants who fit the inclusion criteria and by sharing the recruitment blurb; however, this request was denied. The reason for denying this request was that they requested changes to the consent forms as part of their ethical procedures. Given that all the forms were in conformity with the University of Malta's Research Code of Practice and Research Ethics Review Procedures and the, these changes could not be honoured.

Seven (7) individuals showed an interest in participating in this research, out of which five (5) fit the inclusion criteria. The profiles of these individuals were diverse and included persons with ADHD, autism, intellectual disabilities, mental disabilities and hearing impairments. Some individuals had more than one (1) form of disability. These individuals identified as asexual, homosexual, demisexual, bisexual, non-binary and trans.

Representatives from MGRM (1), LGBTI+ Gozo (1), DRACHMA (1), ARC (1), Rainbow Support Services (1) and independent professionals (3) were recruited by sending an information letter

directly to the NGOs or professionals via email. In the case of Aġenzija Sapport, the request had to go through their ethical procedures; in this instance, the request was approved, and a representative participated in the semi-structured interview (1).

A total of fourteen (14) interviews were carried out during the data collection phase of this study.

3.6 DATA ANALYSIS

The data collected from the interviews were analyzed using thematic analysis as presented by Braun and Clarke (2006). The process included; becoming familiar with the collected data, transcription of verbal data, generating initial codes, searching for different themes, refinement of themes and defining and naming themes. Thematic analysis was deemed to be the most suitable mode of data analysis as it allowed for a more profound account of the experiences of the participants; this was essential given the area is under-researched.

3.7 ETHICAL CONSIDERATIONS

The University of Malta's Research Code of Practice and Research Ethics Review Procedures and the Ethical Guideline for Carrying Out Research with Disabled People were closely followed throughout the execution of this study. The information letter and consent forms were presented in an easy-to-read version. Furthermore, it was also assured that all versions of the information letters and consent forms were compatible with the potential use of assistive aids, such as screen readers. All information letters and consent forms were offered in both Maltese and English.

Given the sensitivity of the research topic, participation might have caused participants potential distress due to the possible negative experiences associated with belonging to multiple minority groups. The contact details of psychological support services, including the Richmond Foundation free helpline 1770 and details relating to disability services through Aġenzija Sapport were communicated during the information/consent stage of the study. Participants were free to seek support should they have wished to.

Participation in the study was on a voluntary basis, and participants could refrain from answering any questions or stop answering the questions entirely. Disabled participants were informed that the data would be pseudonymized; participants were also informed that their responses could be rectified or erased at any stage prior to the publication of the report. The semi-structured interviews, except for one, were conducted via ZOOM. Participants were asked to give their consent to record the interview. The ZOOM function 'Require encryption for 3rd party endpoints (SIP/H.323)' was used. Participants also consented to the data collected during the interview to be transcribed. The semi-structured interview conducted in person was audio recorded, to which the participant consented.

Representatives from NGOs, service providers and professionals were asked to give their explicit consent to be identifiable to be able to participate in the study. Because of the nature of the study, they agreed that their identity or the identity of the organisation that they represent might potentially be revealed in publications, reports or presentations arising from this research, and responses they provided may be quoted directly or indirectly. Participants were also assured that all recordings and data would be destroyed within one year of completion of the research.

Samples of the information letters and consent forms depicting these conditions can be found in the appendices section of this report.

3.8 LIMITATIONS

The number of persons with a disability who identify as LGBTIQ+ who agreed to participate in this research (n=5) might pose as a limitation as it was initially aimed to recruit between eight (8) and ten (10) persons with a disability who identify as LGBTIQ+. Nevertheless, the rich accounts of their experiences gathered through the semi-structured interviews were invaluable to this research. Furthermore, this limitation was better overcome by the accounts provided by independent professionals who recalled the experiences of past clients who identified as LGBTIQ+ and who might not have come forward themselves as participants.

The fact that Aġenzija Sapport, which is the leading service provider for persons with disability in Malta did not assist in the recruitment of potential participants was also a limitation. Since all other recruitment was done online, potential participants who fell within the inclusion criteria and who might have limited access to the internet might not have been reached.

Another limitation related to Aġenzija Sapport is that as part of the ethical process application of the agency, researchers must provide the interview schedule beforehand. Providing these interview questions prior to the interview might give the agency time to prepare pre-rehearsed answers which are more socially desirable; this might increase the bias of the presented results. The element of 'surprise' in hearing the questions for the first time during an interview might lead to more honest responses.

Different impairment groups and different sexual orientations and gender identity minorities might have different experiences. The study did not focus on specific impairment groups or sexual orientation and gender identity minorities, and thus this must be kept in mind in the interpretation of these findings.

3.9 CONCLUSION

A qualitative method with participant triangulation was necessary to attain a better understanding of the experiences of this hard to reach population. The results from this research analyzed through thematic analysis and viewed through an intersectional perspective will be presented in the following chapter.



Chapter 4 - Findings



4.1 INTRODUCTION

This chapter will present the findings of this research. As outlined in the previous chapter, these findings were directly drawn from the experiences shared by the participants during the semi-structured interviews. The results will be presented as a number of superordinate themes and sub-sections with subordinate themes. To better highlight these results, quotes will be presented directly drawn from the interview transcripts. Parenthesis after each quote will indicate the participant being quoted.

4.2 THE 'COMING OUT' PROCESS

4.2.1 The 'coming out' experience

Each 'coming out' experience is personal and unique. Deciding to disclose one's sexual orientation or gender identity to others takes a great deal of courage and trust. The 'coming out' experience has been described as a crazy roller coaster ride (PwD 1) and a very lengthy process (PwD 3). LGBTIQ+ individuals are choosing to 'come out' at a much younger age when compared to a few years ago (PwD 1, PwD 3) when LGBTIQ+ individuals waited longer before disclosing their sexual orientation or gender identity to others. A reason for this might be that younger generations are more open-minded (PwD 1).

"I did my first coming out when I was fourteen (14)" (PwD 1)

"Even the fact that there are more open-minded people my age. More people are doing their 'coming out' at my age when compared to people older than me" (PwD 1)

"I first told a few friends when I was maybe twelve (12) or thirteen (13), and then I told my mother when I was about fifteen (15)" (PwD 3)

Participants sometimes choose not to disclose their sexual orientation to their parents first, but feel more comfortable in telling other people before, such as partners (PwD 2, PwD 4), and friends (PwD 2, PwD 3).

"To my friends I'm quite open because most of them are part of the LGBTIQ+ community as well. So they were pretty much the second people to know, the first being my partner. My parents the last" (PwD 2)

LGBTIQ+ individuals often try and find the best timing for their 'coming out', especially when 'coming out' to their parents. Socio-political milestones related to LGBTIQ+ rights seem to have empowered LGBTIQ+ individuals to find the strength to disclose their sexual orientation or gender identity to others (PwD 1).

"I first came out when the civil union passed in Malta. There were the celebrations in Valletta, and I was watching them on my laptop and I said to myself, I have to find the courage and tell her (referring to the mother). And I told her" (PwD 1)

Another participant expressed that 'coming out' was not at all planned, and it only happened in the heat of the moment during a family argument (PwD 2).

"Actually, it was a bit of a mistake to be honest...it came out during an argument funnily enough" (PwD 2)

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Sometimes LGBTIQ+ individuals do not feel that they are ready to 'come out' to their family, but they are 'outed' by third party individuals who somehow find out about their sexual orientation or gender identity (Professional 1, PwD 4).

"A particular client did not 'come out', but somebody went and told his parents. Somebody had hacked his electronic devices" (Professional 1)

"I would say it was unexpected. I sort of didn't do it myself, in the sense that someone saw me out with my girlfriend and my parents found out about it and they sort of approached me about it, and then I didn't bother denying it" (PwD 4)

Exploring one's sexual orientation and gender identity involves getting to know one's self really well. As time progresses, LGBTIQ+ individuals might understand their sexual orientation or gender identity better, and thus, they would require to 'come out' more than once in view of their newly discovered identities (PwD 1, PwD 2).

"When I was born I was assigned female at birth so I initially 'came out' as a lesbian back then...at 16 years old I came out as a transmale...then at 19 years old I came out as non-binary" (PwD 1)

Individuals who had previously 'come out' and continue exploring their sexual orientation and gender identity might choose not to disclose all of their identities to their parents until they are comfortable with them themselves (PwD 2).

"I haven't told them about the non-binary part though, like that I realised like a couple of weeks ago" (PwD 2)

4.2.2 Parental reactions to 'coming out'

Parental reactions to 'coming out' are unpredictable and depend on various underlying factors. Unsuspecting parents might react more negatively (PwD 4, PwD 5) even more so when the individual comes from a strong religious background (PwD 1, Professional 3).

"My father spent a month not talking to me because of this" (PwD 5)

"It was a bit traumatic in the sense that no one in my family expected me to be. So especially my dad took it quite hard" (PwD 4)

"My parents didn't take it well, both of them. I was very religious. I use to attend MUSEUM; I use to teach at MUSEUM, so we were very religious" (PwD 1)

Another reason for parents reacting negatively to their child's 'coming out' is that from the day their child is born, parents would have envisioned their child's future in a 'heterosexual dream'. This is often due to their deeply rooted heteronormative beliefs, whereby they assume that their child is heterosexual, and will follow in society's norms. This is especially difficult for parents who are not as open minded about LGBTIQ+ rights (PwD 1).

"She started screaming that now she isn't going to be a grandmother. But she has other children, why do I have to make her a grandmother? And there are other ways

today, but she doesn't believe. They won't be my kids" (PwD 1)

Some parents visibly express their emotions to their child's disclosure by crying (PwD 4). Other parents who react more negatively to their child's 'coming out' might even show signs of rage and express their emotions physically and vocally (PwD 1).

"In fact, I've never seen him cry (referring to the father), but I think back then he did" (PwD 4)

"And I remember when I told her (referring to the mother); she banged chairs on the floor, broke mugs, shouted and screamed" (PwD 1)

Parents who react more negatively to their child's 'coming out' might find it more difficult to accept their child's sexual orientation or gender identity. Some parents even try to conceal their child's sexual orientation by limiting their social contact with others. This is more easily achieved when LGBTIQ+ persons with a disability have limited mobility and depend on their parents as their main means of transportation (Professional 1).

"His parents took all kinds of technology away from him, they took his mobile phone and they took his laptop. So he ended up isolated from society" (Professional 1)

"The biggest struggle is the lack of independence they have, especially from their family" (Professional 1)

"We managed to find a place where this person could feel safe; he didn't have to lie to his parents where he was going to be at that time. It was a very sensitive case; we couldn't call him because they had taken his mobile" (Professional 1)

"Persons with ADHD and autism are different, because if they wanted they could get on the bus and come to meet me for example. But those whose parents have to drive them everywhere, that's a big problem" (Professional 1)

Adverse reactions to 'coming out' may also occur due to excessive paternalism and parents overprotecting their disabled child. Due to these actions parents fail to understand that their child has any sexual needs, so the realisation that not only does their child have sexual needs, but also identifies as LGBTIQ+ can be a hard pill to swallow (Rainbow Support Services, Professional 2, PwD 5).

"Another problem is that they are viewed as children...because if you continue to look at an adult person as a child you are not going to notice that this person has sexual needs or even questions her gender" (Professional 2)

"The clients that came to us weren't considered as human beings who are capable of expressing emotions like other people...the parents most of the time tried to somehow keep these individuals as children" (Rainbow Support Services)

"When his parents found out that he was trying to go out with other people, with other men, it's like the world ended. "You cannot go out with a man, how can this be? You have to stay alone, you have a disability. People are going to take advantage of

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you because you have a disability"...He was an adult, academically educated and still his parents wouldn't allow him to make certain simple decisions like going on a date" (Rainbow Support Services)

"My mother was shocked, she told me I will accept you as you are, but I don't want to find out that you went with a partner" (PwD 5)

Parents who react negatively to their child's 'coming out' might impact the way their child feels about their sexual orientation or gender identity. This may cause LGBTIQ+ individuals to feel bad and doubt their identities. In some cases, LGBTIQ+ individuals embark on a journey to 'change' themselves so that they try and fit within society's normal constructs (PwD 1).

"I had even tried conversion therapy...The conversion therapy was something that I wanted to do. I spoke to my mother and we agreed to do it. It wasn't the conversion therapy we see on American television you know? As if you're going to boot camp. It was more like we use to go to mass every day, and three times a week we met a priest, well I met a priest, and we prayed for him to guide me onto the right path" (PwD 1)

The type of 'coming out' also impacts the way parents react. One participant explained how parental reactions were less negative when 'coming out' as homosexual as opposed to coming out as transgender and non-binary. The reason for this might be that homosexuality has been much more visible in society when compared to other sexual orientations and gender identities. The reactions to 'coming out' as non-binary were so bad that the participant had to look for alternative accommodation (PwD 1). Unfortunately, these negative parental reactions often lead to a degree of breakdown within the child-parent relationship, depending on the severity of parental reactions.

"I did my 'coming out' as a transmale and that was an even bigger shock for my parents" (PwD 1)

"I need surgeries, and I'm on hormones, but for her it's like I didn't know what I want... not only did I lose my religion, but even my gender has gone" (PwD 1)

("Coming out' as non-binary) "And that was the last straw for my mother and now I live alone...I'm renting" (PwD 1)

In view of the knowledge that LGBTIQ+ individuals might experience housing issues due to various reasons, including the breakdown in the child-parent relationship after 'coming out', MGRM are currently working on opening Malta's first LGBTIQ+ shelter. This venue will have a dual purpose of acting as a community centre for the LGBTIQ+ community (MGRM). "Currently we are also working on 'Dar il-Qawsalla' which will be Malta's first shelter for LGBTIQ+ people of low income or people who don't have housing, and it will also serve as a community centre for the community" (MGRM)

Some parents react more calmly to their child's 'coming out', and they show less apparent reactions. This might indicate that they are more accepting (PwD 2).



"They seemed to be mostly ok with it" (PwD 2)

Nevertheless, irrespective of the way parents react to their child's 'coming out', most parents eventually do accept their child's sexual orientation or gender identity (PwD 4), however, some parents might need more time than others to reach some degree of acceptance (PwD 1, PwD 5, Professional 1).

"So it was a bit traumatic, and I didn't think it would get better, but it did" (PwD 4)

"I'm still in contact with my mother, we're working on it. She accepts it slightly, but there's a long way to go" (PwD 1)

"She used to use my 'dead name'. And she still does, when she sees me she uses my old name" (PwD 1)

"There are parents who have reached acceptance now, but the beginning is more difficult" (Professional 1)

"Recently my father had accepted me, he told me that's your life and if you're happy, I'm happy" (PwD 5)

4.2.3 Reactions from 'others' to 'coming out'

Reactions from 'others' to 'coming out' might be somewhat different from parental reactions to sexual orientation and gender identity disclosure. Other family members such as siblings might initially express negative reactions and lack of acceptance. One participant explained how her sister reacted negatively because she thought her sister's 'coming out' might influence her children (PwD 5).

"My sister when I told her she told me "I have kids", but God fixed everything with my sister, we fixed things" (PwD 5)

Two participants expressed that their friends were rather supportive of their 'coming out' (PwD 2, PwD 3). However, another participant expressed that due to belonging to a religious community, 'coming out' was taken very badly, and resulted in a lack of acceptance and loss of friendships. Some even encouraged the latter to conceal these feelings and continue to live in hiding (PwD 1).

"My friends are always there for me through everything and I think they were the ones who helped me a lot" (PwD 3)

"Even my community, they didn't accept it at all. I lost friends. They told me to shut my mouth and say nothing about it" (PwD 1)

4.2.4 The impact of disability on 'coming out'

Disability can have various impacts on an individual's 'coming out' process, and this impact might depend on a number of underlying factors. One participant expressed, that her condition was stabilized with medication during the time of her 'coming out'. She expressed that if her condition had not been under control, her 'coming out' experience would have been different and possibly more negative (PwD 4).

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"I was on medication by that point, so things were easier than they could have been. I think things could have gone worse than they did" (PwD 4)

In fact, another participant expressed that disability made the 'coming out' process harder for a number of reasons. One of these reasons was that due to multiple diagnosis', expressing feelings was a difficult task, and this made 'coming out' much harder as the process mainly involves expressing one's feelings (PwD 1).

"As a person who has autism and ADHD I find it difficult to explain what I'm feeling, a lot. To explain what I'm feeling is very difficult. So, I'm trying to understand what is going on inside of me and I'm trying to explain it to others. It was very mind-blowing" (PwD 1)

Participants also stated that because of their disability, people might not have taken their 'coming out' seriously. At times, people might have doubted their 'coming out' and they were not believed as really identifying as LGBTIQ+ because of their disability (PwD 1, PwD 3).

"It's like they started seeing me as queer now, and I'm doing it to be seen, to get some attention rather than really being like this. Because I always cause problems, so I found something new like" (PwD 1)

(Referring to the mother) "She kind of doubted it since I have a condition which includes mood swings. She kind of thought maybe it was something to do with being manic or actually not in the right sense of mind" (PwD 3)

For persons with a disability living in a residential setting, 'coming out' might be a slightly different experience, especially if these individuals have an intellectual disability. As the main agency for persons with disability in Malta, Aġenzija Sapport expressed that they fully support their service-users in their decisions and they focus their services based on each individual's needs. Furthermore, as an agency they support persons with an intellectual disability through supported decision making, through which they help the individual understand what they are feeling.

"We make use of a process, of what we call supported decision making, whereby we help the person understand where they are at, and depending on their age, then we will incorporate the professionals that need to assist us in this process" (Aġenzija Sapport)

"So, we also start then some preliminary work by offering social stories to help them understand where they're at. And they are able to identify either through picture format or through their own ideas or experiences what they want and what their needs are" (Aġenzija Sapport)

However, there is a similarity in their 'coming out' experience to that expressed by other LGBTIQ+ individuals with a disability in that their 'coming out' might be initially doubted due to their disability. In fact, professionals and service-providers must believe that there is consistency in what they are saying before they believe that they really identify as LGBTIQ+ (Aġenzija Sapport).



"Sometimes it can be perceived that the reason why they are identifying is due to a fluctuating mental health state" (Aġenzija Support)

"As an agency we have taken a stand. If we do all of the work, and we work with the person over a period of time and there is consistency, then we do take the means to help and support the individual" (Aġenzija Support)

Persons with intellectual disabilities might find it more difficult to understand certain concepts relating to sexual orientation and gender identity, which might cause some added confusion (Professional 3). Another possibility is that persons with intellectual disabilities do not have the vocabulary; this highlights the importance of adequate sex education programs for persons with disability.

"Certain concepts are difficult for them to understand. One client keeps on referring to herself as gay but in reality she is trans" (Professional 3)

Nevertheless, one participant explained that 'coming out' was not influenced by disability as the parents did not see a relation between the two (PwD 2).

"No it didn't really have to do much with it. So there wasn't an issue there, they didn't really see a connection" (PwD 2)

4.2.5 'Coming out' as a recurrent and selective process

'Coming out' has been described as a lifelong process. Simple life changes like meeting new people or starting a new job mean that LGBTIQ+ individuals are once again in the 'closet' due to society's prevailing heteronormativity, and they are faced with the decision whether they want to 'come out' or not (PwD 3, PwD 4).

"You never kind of 'come out' once. It's always been if I meet new people in my life and decide I want to tell them. Then I can go ahead and tell them. But it's kind of a never-ending process in a sense" (PwD 3)

"I usually work with people closer to my age, and I find it much easier to 'come out' and not hide things. Because I'm proud of whom I am, I'm 'out' to practically everyone in my life" (PwD 4)

4.2.6 Support systems during 'coming out'

LGBTIQ+ individuals with a disability often seek different forms of support during their 'coming out' process. This support can take many shapes and forms, formal or informal. Participants expressed that friends and partners were often one of the main support systems (PwD 1, PwD 2, PwD 3, and PwD 4)

"Definitely my friends and my partner, they're really great (PwD 2)

"I wouldn't say I made use of any specific support systems except my friends really. I never made use of like any agencies" (PwD 3)

"My girlfriend at the time" (PwD 4)

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Social media groups and other online platforms as well as written material also served LGBTIQ+ individuals with a disability as a form of support in identity formation and their 'coming out' process (PwD 1, PwD 2).

"YouTube was also a little bit helpful between the first 'coming out' and the second 'coming out', that was the support system, technology and books" (PwD 1)

"Like I'm part of an autism support group, I think it's an international one on facebook and I always follow like people, LGBTIQ+ news sort of thing. So seeing other people of the same community is always helpful" (PwD 2)

Nevertheless, some participants felt that they needed to seek a more formal support system such as counselling (PwD 1, PwD 4), support from NGOs (PwD 1, PwD 5, Aġenzija Support, Rainbow Support Services) and other professionals working in the disability sector (Professional 2, Professional 3).

"There were a lot of guidance counsellors. When I started at [name of school] the school counsellor helped me to go to Rainbow Support Services. Those were my main support services, MGRM and Rainbow Support Services" (PwD 1)

"I was in therapy and I still am, but back then I was like in the counselling of sixth form. I found that very helpful" (PwD 4)

"For example, like I believe there was an organization called 'Rainbow' which also helped him" (Aġenzija Support)

Interestingly, none of the participants mentioned their family or parents as a support system during this process. Sometimes this was due to rejection (Professional 2, Professional 3) Furthermore; parents were identified as a barrier to persons with a disability who identify as LGBTIQ+ seeking support. This then leads LGBTIQ+ individuals to lie to their parents to be able to receive the support they require (Professional 1, Rainbow Support Services).

"Especially with individuals living in a residential setting, I'm not saying we replace families, but there are bonds developed. If there's a client not accepted by a family member, we are there telling him that it's ok, that we accept him" (Professional 3)

"I cannot speak in general, but I think the most support that they find is from the professionals that work with them. There wasn't good support from the family, more rejection. So the support workers and professionals that work with these individuals helped them feel like they belong and to accept themselves...small things like wearing nail polish or a pink scarf, but things that her family rejected when she tried to express herself in this way" (Professional 2)

"There was another case where the parents were completely against their child receiving support, so we had to be creative and come up with solutions to meet in places as neutral as possible...that makes a little bit of a difference because there isn't the safety that one needs like there would be in a counselling room" (Rainbow Support Services)



4.3 ATTITUDES TOWARDS PERSONS WITH A DISABILITY WHO IDENTIFY AS LGBTIQ+

4.3.1 Attitudes from mainstream society

Participants expressed that society still reacts in a somewhat discriminatory way both towards LGBTIQ+ individuals and persons with a disability. Thus, living within these two minorities is even more difficult (Aġenzija Sapport, Rainbow Support Services, Professional 2, Professional 3). One of the main reasons for this discrimination is the lack of awareness that the mainstream community has about both LGBTIQ+ issues and disability (PwD1, PwD 2, PwD 3, PwD 4 and PwD 5). This discrimination was often expressed verbally and frequently predominated by ableism and stereotypical ideas about disability and LGBTIQ+ issues.

"I would say we still live in a society which still segregates persons with a disability, let alone a person with a disability who is also identifying themselves as with the LGBTIQ community" (Aġenzija Sapport)

"Even as a society, at least those we met, experience discrimination across the board" (Rainbow Sapport Services)

"There is an element of double discrimination due to the fact that they are persons with disability, so there is already the stigma and marginalization that disability brings with it and the fact that they identify as LGBTIQ brings with it other prejudices" (Professional 2)

"My nephew is autistic, you don't look autistic" (PwD 1)

"Having people saying things like "they're really diagnosing everyone these days" or stuff like that" (PwD 2)

"In society as a whole I would see a little bit more discrimination" (PwD 3)

Another participant spoke about how quick people are ready to cast their judgment about other people's actions without knowing the background story (PwD 4).

"Just because I don't understand someone straight away or I do something weird, in the sense that people assume it's weird. They just don't understand that there might be a reason why you're doing or why you're acting that way" (PwD 4)

Irrespective of this, there seems to have been some positive changes in attitudes along the years which give persons with a disability who identify as LGBTIQ+ the hope of living in a more inclusive society. This change in attitudes is also influenced by rights and strategies implemented by the government which directly or indirectly increased awareness about these issues, further improving the wellbeing of these individuals (PwD 2).

"They released the very first National Strategy for Autism in Malta, and other organisations are slowly becoming more aware and are actually having autism friendly hours" (PwD 2)

Representation of persons with disability and LGBTIQ+ individuals in cartoons and comics is also yielding a positive change in attitudes and beliefs in the younger generation. However,

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this representation did not come without its share of scepticism from the public and there is still more to be done for society to be fully inclusive of these minority groups (PwD 2).

"I mean what is it? A 10 year difference, but I'm noticing with my siblings there is a change going on, especially with the introduction of representation in cartoons for instance...a lot of gay representation and an autistic female character" (PwD 2)

"There's so much representation in like even the old comics so I don't know why people are up in arms about it now, because comics have always been a space for people who are not part of the majority of society" (PwD 2)

"Sometimes I step outside, or I read like the comments of news in Malta and I'm suddenly like "Oh, these people still exist". It's a bit shocking sometimes" (PwD 2)

Participants were unanimous in saying that a change in attitudes can only be achieved through education and increased awareness about both disability and LGBTIQ+ issues (PwD 1, PwD 2, PwD 4, ARC, and Professional 1, Professional 3).

"With educational awareness, like if it's taught at a young age, then the ones younger growing up will obviously have more knowledge and be more accepting" (PwD 2)

"I really do think people need more sensitivity [pause], yes more awareness" (PwD 4)

"Anyway, I think if CRPD holds awareness sessions, not just for LGBT NGOs, but in general" (Professional 1)

4.3.2 Attitudes from the LGBTIQ+ community

One participant expressed that she felt less discrimination about her disability from the LGBTIQ+ community when compared to mainstream society. She went on to explain that this might be because LGBTIQ+ individuals are more likely to experience mental health issues so they might have increased awareness and sensitivity about the topic (PwD 3).

"In society as whole it's still kind of a taboo topic" (PwD 3)

However, it was also noted that the LGBTIQ+ community is not always well prepared on how to approach and communicate with persons with disability, especially those with intellectual disabilities (Professional 2).

"I feel that the community and LGBT groups do not always know how to approach persons with disability and how to communicate with them" (Professional 2)

In fact, a professional explained how a client attended an LGBTIQ+ event and she was not made to feel very welcome. This was probably due to the lack of knowledge of LGBTIQ+ individuals about interacting and communicating with persons with intellectual disabilities (Professional 3).

"A client used to go to [name of event] and she wasn't welcome. She used to take over by talking a lot and they didn't welcome her. It's not that easy" (Professional 3)



4.3.3 Attitudes from the disability community

Attitudes from the disability community varied. One participant felt very well supported by the disability community, particularly by one NGO who found a sponsor to help the participant get a diagnosis for their disabilities privately (PwD 1). The participant could not get a diagnosis from state services due to the absence of services for adult persons with autism.

"They found a sponsor and he had given a diagnosis...I found a lot of support from them" (PwD 1)

On the other hand, another participant expressed that at times she felt discriminated by other persons with a disability about her own disability. This might indicate that persons with different forms of impairments do not consider themselves as equal to one another (PwD 3).

"We can be discriminated in different ways by people who are not part of the LGBTQ+ community who have certain disabilities" (PwD 3)

Persons with intellectual disability might not understand certain sexual orientation and gender identity concepts and thus they can react negatively towards LGBTQ+ individuals living in the same residence (Professional 3).

4.4 THE IMPACT ON THE LIVES OF PERSONS WITH A DISABILITY WHO IDENTIFY AS LGBTQ+

4.4.1 The impact on education

Education is one of the most important pillars of society. The impact on education was predominant in the interviews with persons with disability who identify as LGBTQ+. One of the most common themes was the lack of understanding about disability and LGBTQ+ issues from educators and academic institutions. This posed as a barrier to learning for participants and negatively impacted their student life (PwD 1, PwD 2 and PwD 4). This lack of understanding was expressed in various ways. Insensitive comments passed by teachers sometimes caused students to feel disheartened about continuing their education, with one participant expressing having to change between a number of schools (PwD 1, PwD 2).

"I'm struggling a lot. Looking back I say "how did I get this far?" I've done a course, I've graduated, but I'm finding it very hard" (PwD 4)

"The amount of name calling I experienced from teachers" (PwD 1)

"I was called gay growing up...school was horrible for me, and the teachers pretty much joined in" (PwD 2)

A lack of understanding was also present in facilitating access arrangements for students with disabilities. This barrier to facilitating access arrangements was evident in various levels of education (PwD 1).

"The fidget toys saga, I need them to concentrate, don't ban them from school" (PwD 1)

Although in tertiary education access arrangements were available and granted

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to participants, they were not always as efficient as one would hope for them to be at Faculty level. One participant who was granted access arrangements expressed that due to having a number of visiting lecturers in every credit, she had to pluck up the courage to tell each lecturer about these access arrangements prior to every lecture. This was an added stressor and an inconvenience for the participant (PwD 4). Another participant expressed that the University acknowledged the diagnosis and even offered additional services such as counselling for free (PwD 2).

“I’ve reached out to access arrangements at Uni and they’ve been great. The woman I spoke to was really really accommodating and I’ve since got the access arrangements” (PwD 4)

“I need to tell every single lecturer before each lecture. I found that to be a bit of a hassle. To email every single lecturer, when we might have eight (8) different lecturers in a day, and approving it by them. Then the next day you have six (6) different people. I feel like the Faculty should be informed about the case and sort of disseminate that information better” (PwD 4)

“They allowed me to eat in class, they allow me to leave when I need to and I can use my noise reducing ear plugs in class” (PwD 2)

Another barrier to education is the school environment itself. Most schools are not accessible to persons with disability. This is not just limited to having ramps and lifts, but even simple things which can act as triggers such as school bells and bad lighting. These factors are something which one might not think about, but they are impacting the student life of these individuals (PwD 2) and their general wellbeing (PwD 4).

“Going up the stairs the school bell rang, and I forgot how much it really hurt me the school bell” (PwD 2)

“Same thing with the lighting, in fact I’m trying to invest in tinted glasses to be able to concentrate at University” (PwD 2)

“It’s a canteen, but it’s so loud that I have to wear ear plugs and noise cancelling headphones on top to just comfortably make it through without like being completely overwhelmed” (PwD 4)

Seasonal events such as fresher’s week which is known to being quite chaotic also made one participant feel uncomfortable on campus, having no choice but to go home early (PwD 2).

“Fresher’s week was super loud and I couldn’t stay at University for long” (PwD 2)

The impact of covid-19 on education might have had an amplified impact on persons with disability. Having hybrid systems which don’t work as seamlessly as they should, lecturers who are not tech-savvy or not well trained to use certain equipment and too many last minute changes made learning that much more difficult for one participant. What was even worse was that people who were in charge didn’t make the student feel like her concern was acknowledged (PwD 2).



"It's a hybrid system and it's not working as it should, so we're having lots of problems and obviously change. Nobody's really happy with the course, it affects me. It brings me to the point where I have meltdowns or shutdowns" (PwD 2)

"I tried bringing this up, but I'm not being heard" (PwD 2)

One participant mentioned that along the years some student activist groups have taken a step back. Although this does not necessarily have a direct impact on education, student activist groups are vital in increasing awareness amongst students and making minority students feel like University is a diverse and inclusive institution. The participant also spoke about other initiatives such as the "calm space" on campus which were started, but were either stopped or were not well promoted (PwD 4).

"The one LGBT group that there was on Uni, I haven't heard about them in a long time, I don't know if they're still around" (PwD 4)

"They introduced something called like "calm space" on campus, but there's not like information about whether you can just walk in, or whether it's like open certain times. So like it's there, but it's always closed...I think the things that are introduced need to be promoted" (PwD 4)

4.4.2 The impact on employment

Persons with disability who identify as LGBTIQ+ have different experiences at their place of work. These experiences are influenced by a number of factors. One of the most commonly mentioned factors was colleagues' attitudes. Colleagues often have their own beliefs about disability and LGBTIQ+ issues, and these beliefs left an impact on the experiences of participants. Colleagues' attitudes were both positive and negative (PwD 1, PwD 2, PwD 3, PwD 4 and PwD 5).

In instances where negative attitudes were expressed, participants often felt uneasy at their place of work. One of these negative attitudes was homophobia. This homophobia even caused participants to contemplate leaving their job, although this was not always possible due to the difficulty in finding alternative employment as a result of the person's disability (PwD 1). One participant also requested not to work shifts with colleagues who expressed such negative attitudes as she did not feel comfortable and safe (PwD 4).

"[type of colleagues] homophobic, and I'm like, how can you work in such a place?" (PwD 1)

"To find a job, to work for me it's very serious for me. I take a long time to adjust to a place...to change my job I worry, I got use to it...it is impossible" (PwD 1)

"I work at [place of employment], but am I happy? NO! I want to leave today before tomorrow. But at the same I cannot, so I shut my mouth and stay there" (PwD 1)

"I felt like I didn't want to be placed in a shift with certain people because they'd have spoken openly against the LGBT+ community, even if they didn't know about me. I still don't feel comfortable being around those sorts of people" (PwD 4)

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Another adverse attitude experienced was transphobia. This discrimination was mostly expressed verbally, by referring to the individual by the wrong pronouns, telling the individual that she isn't really trans and telling her that she's crazy (Rainbow Support Services, PwD 5).

"There was a period where she was bullied at work "you're not really trans, you're crazy" referring to her with the pronouns of the wrong gender" (Rainbow Support Services)

Negative attitudes towards both disability and LGBTIQ+ issues led one participant to remain in the 'closet' about both her sexual orientation and her disability to avoid being discriminated against. The inability to speak to colleagues about these issues made the participant feel drained, constantly having to think about the things she was going to say not to 'out' herself. This eventually led the participant to prematurely terminate her employment (PwD 3).

"Interacting with co-workers it would be difficult sometimes because some of them had their own kind of biases and would make me feel like I can't actually tell them about this aspect of my life, or I kind of can't reveal to them my sexuality or my disability because I would be treated as another" (PwD 3)

"There were times when I would just be exhausted, even if I wouldn't have done anything all day, which is a part of my mental illness and I would still have to go to work. Then the extra added thought of not being able to be weary of what I say and how I act, that kind of I'm always acting a certain way and having a smile for example. That would kind of added an extra barrier, and I feel that maybe if that wasn't there I wouldn't have like quit my job earlier" (PwD 3)

Another impact is the inability to work full-time hours due to the participants' disability. Working part-time hours only is having a great impact on the well-being of one participant and it is keeping the participant from financial stability. This is particularly difficult with the added expenses of renting a property due a broken down child-parent relationship after 'coming out' and other medical expenses due to the participant's disability (PwD 1).

"I get tired a lot, I cannot concentrate, my mind's time span, even after working for ten (10) hours my mind stops...I zone out, staring at customers, the words they are telling are just noise and I don't understand them...it's like you're seeing a robot in front of you" (PwD 1)

"I cannot find fulltime employment, every time I tried to find a fulltime job; my employer gives up on me, so out. Or I leave myself because they expect too much from me and I cannot cope" (PwD 1)

Another negative attitude experienced by participants was the lack of sensitivity to disability issues by employers and other individuals in managerial positions. Superiors were even more sceptical in instances where the participant had already started working prior to having a formal diagnosis (PwD 1).



"When I went to explain to the manager what I need, he had asked me how I never mentioned it before and said, "How can it be that this happened all of a sudden?" (PwD 1)

"I didn't ask for anything big. I have half an hour break...I asked to have 15 minutes and 15 minutes instead. It's not a big deal. The panic he created..." (PwD 1)

"The amount of name calling I received because I requested to be in an office with no more than 2 people so that I could concentrate on work, they told me "what do you want us to do, make water dance?" (PwD 1)

However, other employers were more accommodating and go the extra mile to make sure that their employees are comfortable and happy with the work environment. This made the participant's experience a more positive one (PwD 2).

"They're actually very understanding that sometimes I might just need to take a breather or work with my earplugs, they're ok with that cause they know I can still hear the customers...it's a very welcoming environment" (PwD 2)

The type of jobs offered to persons with disability was also mentioned as a barrier. Employment services continue to offer persons with disability low income jobs (Professional 1). Or inadequately match the service-users abilities to the types of jobs they offer. This shows that persons with disability don't just want to work, but they also want to feel career satisfaction and that they have a purpose. Furthermore, persons with disability feel offended and demotivated when offered jobs which are below their capabilities (PwD 1).

"Persons with a disability have more obstacles, even the type of work they do. A person with a disability's job is making photocopies. Ok, we've moved forward in the sense that these individuals are still making a contribution, but they are still limited" (Professional 1)

"I don't feel that I am not intelligent...why do they suggest for me to work as a cleaner? I want to be happy at work" (PwD 1)

The existence of employment services for persons with disabilities and their related laws which are intended to safeguard persons with a disability might sometimes work against them. One of these measures is the 2% quota. Although the latter is intended to provide persons with disability with a larger variety of employment opportunities, this quota might also be a barrier and can lead to discrimination towards persons with disability by employers (PwD 1).

"I see on facebook companies doing fundraising for ADHD, well done, but did you bring someone to explain what ADHD is? Can I go and find a job in this place where you are doing an ADHD awareness month? Or when I go to apply you tell me no because you have enough persons with disability? They take the 2% exactly...It's like one of the things off their bucket list" (PwD 1)

Nevertheless, the participant showed resilience and wants to better the current employment situation. Aware of the possible challenges, the participant aims to continue

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to study with the hope of finding a more satisfying job (PwD 1).

“Actually I’m going to start studying to find the job that I want. I know it’s still going to be a challenge” (PwD 1)

One participant also made a reference to the intersect of being a female at her place of work and how heteronormativity by colleagues led to some awkward situations in the past. The situation was even more uncomfortable when these colleagues had a stereotypical image in their head of what an LGBTIQ+ individual looks like (PwD 4).

“Unfortunately it tends to be the men, where since I try to befriend everyone they sort of take it automatically that I’d be interested in them. The few times I’ve actually found the courage like “I have a girlfriend”, it’s been a bit rocky in the sense, some of them can’t imagine that someone who isn’t a butch lesbian is gay” (PwD 4)

This situation is then worsened by colleagues asking intrusive questions out of curiosity about LGBTIQ+ relationships. This lack of boundaries by colleagues made the participant feel uneasy at her place of work (PwD 4).

“And there’s like a lot of like intrusive questions you know? Basically things you wouldn’t ask” (PwD 4)

4.4.3 The impact on health

Being financially restricted might have a direct impact on health outcomes. Seeking private services can be very costly, but it is sometimes inevitable due to the lack of support services for adult persons with certain types of disabilities (PwD 1, PwD 2).

“There are also no services for adults on the spectrum. Most of the time, they have support systems for children who are autistic but not for adults. The cut off point is sixteen (16), so obviously I had to go privately to get my diagnosis to begin with” (PwD 2)

Thus, coming from a family with poor financial stability, working part-time or having a low-paying job directly increases the possibility of poorer health. Although the state does offer free services such as the pharmacy of your choice scheme (POYC), this can sometimes be a ‘one-size fits all’ type of service. However, not everybody responds to medications in the same way and at times persons with a disability have to buy a different brand which is not offered for free through this scheme. This added to other health expenses such as private psychiatrist visits further worsens their financial situation (PwD 1).

“The POYC medicine is rarely good for me. I don’t know how many medications I have changed. To buy medicine it costs sixty (60) euros for a small box like this and it lasts me three (3) weeks. Medicine which I can’t live without” (PwD 1)

“I can’t afford it. I end up spending a month’s pay at the psychiatrist alone” (PwD 1)

4.4.4 The impact on general wellbeing

The daily lives of persons with disability who identify as LGBTIQ+ are impacted in various ways. Simple things like going to the supermarket or getting the bus require a great deal



of effort from these individuals and sometimes lead to awkward situations (PwD 1, PwD 2). These situations often arise due to the lack of knowledge and awareness about different types of disabilities and LGBTQ+ issues from the general public. This lack of sensitivity might cause persons with disability to avoid these situations by not going out, thus increasing the possibility of social exclusion and loneliness.

"When I go to a shopping mall, I don't go into the male or female bathrooms, not just because I am Trans, but because of the chaos of people. And to use the disability toilet it's not the first time that somebody embarrassed me" (PwD 1)

"I end up feeling like I don't want to leave the house" (PwD 1)

"On the bus I always sit at the front, close to the stop button, close to the speaker where I can see the screen. I need that space...I stress when I have to stay standing up with people passing next to me, but it's not the first time the bus driver told me to move from the priority seat" (PwD 1)

Although there have been measures introduced which have improved the wellbeing of persons with disability, these measures need to be further implemented and enforced as they would make the lives of these individuals significantly easier (PwD 2).

"I just wish supermarkets would do the same, because that's where we really need it" (referring to autism friendly hours) (PwD 2)

Determined to improve their own wellbeing without waiting for the introduction of policies and strategies, persons with a disability have taken it upon themselves to increase awareness and educate the community and facilitate their day-to-day lives (PwD 2).

"I bought myself pins for when I go selectively mute sometimes, so I have a few pins that let people know" (PwD 2)

4.4.5 The impact on networking and socializing

The lack of LGBTQ+ venues and spaces in Malta was the most commonly mentioned barrier to networking and socialising with other LGBTQ+ individuals. Participants commented on the fact that most of the LGBTQ+ events revolve around alcohol and clubbing. Such events are particularly inaccessible to LGBTQ+ individuals with autism. The lack in variety of LGBTQ+ venues and events which are an alternative to clubbing might be increasing the possibility of persons with disability being socially excluded from the LGBTQ+ community (PwD 1, PwD 2, PwD 3 and PwD 4).

"It was difficult on the other hand since the local community is mostly about parties and bars. You know? It's quite stereotypical. I don't like people touching me and the noise, so I don't really find where to go, so I stay alone a lot" (PwD 1)

"Even to meet people, there isn't a place where you can go and have fun. I mean there's nothing. Literally, there's nothing" (PwD 1)

"My friends are obviously always ok. I haven't found really other people outside of that group though" (PwD 2)

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"I can't go to parties or huge social gatherings. The noise would be too overwhelming for me so I would never be able to connect with other people of the community there" (PwD 2)

"There aren't really any spaces for LGBTIQ+ people to interact, there's a lack of LGBTIQ+ spaces that don't involve alcohol or going to Paceville or something like that" (PwD 3)

The lack of variety in social venues aimed at LGBTIQ+ individuals poses as a barrier to other persons with disability as these types of venues are not the ideal place for effective communication, especially for individuals with difficulties in auditory processing (PwD 4).

"Most of the places you'd go to meet LGBTIQ+ people aren't suited for me. So, I don't drink, I'm very sensitive to noise and like I have problems with auditory processing" (PwD 4)

This can leave LGBTIQ+ persons with a disability feeling like they do not belong in the LGBTIQ+ community (PwD 4). Apart from the lack of accessibility to these venues, the LGBTIQ+ community itself has been said to be somewhat discriminatory, and does not consider all sexual orientations and gender identities as being equal. Some individuals might also discriminate against a person's condition, which can further increase the feeling of not belonging (PwD 3).

"I haven't really found a place where I fit in completely, and I find that to be because there are so many boxes" (PwD 4)

"It wasn't easy per se, because it was a bit difficult to actually meet people and find other people in the LGBTIQ+ community and try and connect with them. Sometimes there is a sort of like discrimination within the community itself. So for example, if you would be bisexual some people wouldn't accept that as being a real thing" (PwD 3)

"Some people would see it that I am not part of the LGBTIQ+ community somehow because of my mental illness, so that did make it difficult at times. But on the whole I don't think there was a lot of discrimination within the LGBTIQ+ community itself because of my disability" (PwD 3)

Nevertheless, LGBTIQ+ persons with a disability have shown resilience in finding alternative ways to connect with other LGBTIQ+ individuals and have kept a positive outlook on overcoming this barrier (PwD 3, PwD 4).

"On the whole it has been a positive experience, and I have made quite a few friends from networking and through word of mouth with other people in the LGBTIQ+ community" (PwD 3)

"For me, if I didn't have my girlfriend I don't have any other LGBT friends. So I mostly rely on people I follow online. And yes there are many people I follow online, and yes, I also follow Maltese people, so it's not like there aren't any LGBT Maltese people" (PwD 4)



Another participant expressed that breaking into the LGBTIQ+ community was not difficult. One of the facilitators to breaking into the LGBTIQ+ community was the fact that younger people seem to be more open-minded and more understanding (PwD 1).

"It was easier for me to find people who are queer like me, that understand me and that have passed through the same experiences I have" (PwD 1)

Persons with a disability who identify as LGBTIQ+ seem to long for a venue which is quieter and more accessible, where they can socialize and mingle with other LGBTIQ+ individuals without succumbing to the torture of attending noisy bars and parties (PwD 1, PwD 2, PwD 3 and PwD 4).

"Abroad there are a lot of coffee shops which are inclusive, specifically for LGBT people. Why can't there be one in Malta? Why do I have to go to bars to meet other people from the community?" (PwD 1)

"I'd really like them to open an LGBTIQ+ book café where they have books like showing the history or different stories featuring these characters, but also being a café you'd be able to chill with other people and have a coffee. But I don't think that's going to happen here" (PwD 2)

"I think I would like to see something implemented for example a library group" (PwD 3)

"I would love if there were more like cafés, cafés and like a library type area, that's my idea. Somewhere very laid back and quieter" (PwD 4)

However, such a venue might not be viable locally from a business perspective due to the size of the local LGBTIQ+ community. Such a venue might possibly be viable if it were to be included in the community centre which the government is committed to creating, although there is no indication of when that project will be completed (ARC).

"If you have an entrepreneur going in for something like this that is a safe space, he is going to make a loss so the fact that the government can intervene and commit funds to it in a sustainable way of course" (ARC)

*"It was mentioned in the budget speech, so the commitment is there" (ARC)
Nevertheless, NGOs continue to strive to host innovative and accessible events which attract individuals who identify as LGBTIQ+ from all walks of life and create a sense of community (MGRM).*

"We are also working on having a book club next year, so a variety of events" (MGRM)

4.4.6 The impact of hidden disabilities

Persons with disability who identify as LGBTIQ+ have expressed the impact of having a hidden disability in different ways. Participants have described having a hidden disability as both a blessing (PwD 3) and a curse (PwD 1). One participant expressed that the type of discrimination experienced would be different than that for persons with a visible disability (PwD 2), another participant said that she faced less barriers because her disability was hidden (PwD 3).

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"I would say that overall perhaps maybe in having a disability that is not physical gives me an advantage over people with a physical disability because it's sort of hidden and I can in a sense choose to not reveal that part of my identity if I so wish" (PwD 3)

"The thing is, since it's a hidden disability and it's not something visible, it can seem like you're stealing the place of people who 'really' have a disability...I received messages from people telling me not to say that I have a disability because it's not really a disability" (PwD 1)

"What I feel like is I'm sure that if I was part of a community who had a physical disability...I'm sure I would have more comments like straight to my face or something like that" (PwD 2)

"I've experienced less barriers when it comes to getting to certain places and achieving certain things that people with a physical disability would have had to experience" (PwD 3)

The latter experiences are indicative of a lack of awareness in society about the different types of disabilities which makes it more difficult for society to disassociate itself from the stereotypical visible forms of disability. This lack of awareness sometimes leads to a lack of sensitivity towards persons with a hidden disability (PwD 1, PwD 2).

"Because my mother never believed, she called me lazy and that I didn't want to study...that I'm doing it for attention" (PwD 1)

"I tried to explain to them that this is holding me back from achieving things daily. The things I face in everyday life are more difficult for me, they don't understand" (referring to persons saying that a hidden disability is not a disability) (PwD 1)

"Since I'm part of communities which are lesser known, I'm faced with comments more so that I'm making it up. And I'm not sure what's worse because then you start questioning it yourself, like am I crazy? But I actually have my diagnosis on paper for my autism" (PwD 2)

4.5 SEXUALITY, SEXUAL ORIENTATION AND GENDER IDENTITY WITHIN SERVICES

4.5.1 Sex education for service-users

Most service-users at the agency are persons with an intellectual disability. Thus, the resources have to be specific for adult persons with intellectual disability. Resources include social stories using the series called "Books beyond words" and other adult oriented resources. The education process is further strengthened by forming a client-centred relationship with service-users (Ağenzija Sapport).

"We have for example 'hug me, touch me', and it goes through different pictures and social stories which help them identify how they like to be hugged and touched, and from whom. When it comes to social stories for example about 'falling in love', what that means, the concepts of falling in love, who people would like to fall in love with" (Ağenzija Sapport)



After covering the basic concepts, service-users are then taught about sexuality (Aġenzija Sapport).

“So for example, understanding body parts...Because sometimes that is where the starting point has to be with many of our service-users with intellectual disability. It doesn't go to the point of actual relationships, but actually the need for understanding their own bodies” (Aġenzija Sapport)

Furthermore, this sex education teaches service-users the basics of socially appropriate behaviour, personal hygiene, sexual health and other relationship aspects (Aġenzija Sapport).

“The way they interact with others and the way that society in some respects expects persons to act. So for example, if you have a desire to masturbate, then in the public is not the place to do it” (Aġenzija Sapport)

“Once we have learned that stage, the hygiene, the health aspects, and then we move into the relationship aspects. And that is done through a process of years of work with our service-users” (Aġenzija Sapport)

4.5.2 Staff training on sexuality, sexual orientation and gender identity

The agency carries out staff training in various ways. One of the methods is the 'train the trainer' method (Aġenzija Sapport).

“We've done train the trainer training for our staff to be aware of these different issues and how they identify when somebody discloses certain feelings on how to get adequate support to that individual” (Aġenzija Sapport)

A number of professionals employed within the agency were not as competent as one would expect in fully assisting service-users who were questioning their sexual orientation or gender identity. This might indicate the need for further specialized training to be offered to the agencies' employees on LGBTIQ+ issues (Aġenzija Sapport).

“Now we have a number of professionals who work in the agency coming from psychological backgrounds, other professionals like social workers who have had bits and pieces of experiences as well as some formalised training, but were then unable to go into the deep aspects of decisions when it comes to a person's identity and how they see themselves” (Aġenzija Sapport)

4.5.3 Acceptance of sexual orientation and gender identity by staff

Through training and an increase in awareness, the agency has created a fairly inclusive environment. This process did not happen overnight, but it has taken a number of years. Irrespective of this, there are a number of employees who express strong beliefs of heteronormativity and who might express negative attitudes towards LGBTIQ+ individuals (Aġenzija Sapport).

“Whilst I'm presenting a very positive scenario, this has taken some time to be able to reach where we're at, because we still have a number of staff who completely go against the ideas of an inclusive society and that everybody has rights. They

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still see what they perceive as 'normal' relationships being the only type of relation" (Aġenzija Sapport)

Having employees who express such beliefs might have a negative impact on the well-being of service-users if they express that they identify as LGBTIQ+. Nevertheless, the agency emphasizes the importance of an inclusive environment and does take the necessary actions so that all employees follow in the agencies' vision. This is initially done by educating staff about LGBTIQ+ issues, offering additional training and through peer supervision. However, if these issues are not resolved because of resistance from the concerned employee, than disciplinary measures will be taken (Aġenzija Sapport).

"So when we do have service-users who do present or express their needs in a different way, sometimes there's a bit of resistance" (Aġenzija Sapport)

"Staff operate often from their own belief system or their own value system. Now if their value system is contrary to the needs of the individual (service-user), we need to address that. Addressing it from a disciplinary manner is not going to solve the problem. It is done then through education, through train the trainer; it's done through peer supervision" (Aġenzija Sapport)

4.5.4 Related Policies

In spite of the importance of having policies which establish guidelines on how the agency should deal with various situations that might arise, when asked whether the agency had any policies on sexual expression, the answer was in the negative. Other policies which are in place to safeguard both service-users and employees were mentioned instead (Aġenzija Sapport).

"We have the equal opportunities policy; we also have a sexual harassment policy. Whilst the sexual harassment policy probably has a negative connotation, meaning that no one should be sexually harassed at work, it also identifies openness to different individuals and different needs of staff. This extends to our service-users as well" (Aġenzija Sapport)

4.6 THE ROLE OF NGOS IN SUPPORTING PERSONS WITH DISABILITY WHO IDENTIFY AS LGBTIQ+

4.6.1 Accessibility of NGOs and related events

Despite not encountering many persons with a disability so far, NGOs representing the LGBTIQ+ community are becoming more aware that persons with a disability might identify as LGBTIQ+ (ARC, LGBTI plus Gozo, MGRM, Rainbow Support Services, DRACHMA). This is evident in their efforts in making their events more accessible to persons with disability, irrespective of the added costs to hosting such events. One example of this is having a sign language interpreter at pride, which is considered as the largest LGBTIQ+ event organised in Malta (ARC, PwD 1, and Professional 1). Another initiative is having silent zones (ARC).

"If I had to look back at my experience since starting to work for Rainbow, they were only a few the cases that we encountered with persons with disability, and I think that is a sign of the lack of awareness" (Rainbow Support Services)

"Back in 2018/2019 we did a research. Nothing scientific, to develop an action plan for



the next four (4) years, and out of thirty-five (35) LGBTI participants, one (1) of them was a person with a disability” (LGBTI plus Gozo)

“As much as possible we try to be as inclusive as possible in our events...we consult with CRPD to see that the Pride event in itself is accessible in terms of even accessibility as a venue, in terms of the pride march so we see that we reach persons with mobility problems and also sign language interpretation” (ARC)

“We need to apply for it, so we take the initiative and it's at a cost that we take on. So it's not offered for free, but we believe a pride should be accessible for everyone, that's why we pay for that service” (ARC)

“In the past, pre-covid we had spaces in pride which were silent zones for those who would like to escape the noise and the crowd” (ARC)

Although not all of their premises are physically accessible for persons with mobility issues, NGOs are aware of these limitations. The barriers to making premises accessible primarily revolve around the lack of funds (LGBTI plus Gozo, ARC). Furthermore, not all NGOs have their own premises (DRACHMA). Other premises are more easily accessible (Rainbow Support Services).

“Beggars can't be choosers” (LGBTI plus Gozo)

“Our offices are on the ground floor, there is a step, but we have a ramp that we can set-up for wheelchair-users” (Rainbow Support Services)

Accessibility to LGBTIQ+ NGOs by persons with a disability is not just restricted to the events that they organise or their premises, but also to their social platforms, websites and others materials that they publish and disseminate. NGOs have taken some measures to assure that these resources are more accessible. An example of this is including a sign language interpreter and English subtitles in their videos (LGBTI plus Gozo). However, NGOs are aware that there are gaps present (LGBTI plus Gozo, DRACHMA). Some of these gaps are also due to lack of funds from the NGOs to make these resources accessible (ARC).

“We are asserting that the videos we release, in fact the first video that was done in this way was in 2020 in the middle of the pandemic, we collaborated with the deaf people association and we had a sign language interpreter in the video” (LGBTI plus Gozo)

“Our website we are still in the process of upgrading it. So it's been the same website to put it like that for many years...so in terms of visually impaired, admittedly there no” (DRACHMA)

“Radio and that sort of thing we rarely use because we try and make use of free means of communication. So what is coming to mind is that it might be difficult for us to reach individuals with visual impairment at this point” (ARC)

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“We are having internal discussions so that we start having materials which are autism friendly, even because of colour pallets but it’s not enough...We still need to do more... We need to be more aware that what we are doing is accessible” (LGBTI plus Gozo)

Relationships between NGOs and organisations of other minority groups are important. One NGO expressed that it has a good relationship with CRPD not only in Malta, but also with the CRPD unit in Gozo. They are in frequent contact and CRPD have also invited them to events that they have held (LGBTI plus Gozo). This communication shows that NGOs are invested in being accessible and inclusive to persons with disability.

“In 2019 we had signed a declaration of inclusivity that was led by Dr Alfred Sant MEP, and in it there was also a number of entities that work for minority groups in Gozo, and amongst them Dar Arka and the mental health association...and the idea was that a working group is developed on how these entities can work together” (LGBTI plus Gozo)

“There are conversations with CRPD, or with the CRPD unit in Gozo, in fact we have been invited to attend a conference that is going to take place in Gozo” (LGBTI plus Gozo)

However, issues with accessibility are still present, and they continue to inhibit social inclusion for persons with a disability (PwD 1, PwD 2, PwD 3, PwD 4 and Professional 1). In spite of the knowledge that persons with a disability might identify as LGBTIQ+ and NGOs efforts in making their events and resources more accessible, sometimes they still fall short in their attempts (PwD 1).

“Pride is the biggest event that takes place in Malta for the community. Make it accessible. I am not in a wheelchair and I don’t have a physical disability, but even for me it was a struggle to get there...there wasn’t even a disabled toilet, simple things” (PwD 1)

“During pride there were speeches and discussions and talks and that. My room is bigger than the venue and we were I don’t know how many people. People talking over each other, I cannot concentrate, flickering lights, music. Even though it was calming music, it was still distracting” (PwD 1)

This lack of accessibility is not just related to the events and the venues they are held in, but it also includes the way these events are marketed and promoted (PwD 1, MGRM).

“If I see a poster which is chaotic I do not take any notice of it. Even if it is very colourful or colour coded, I don’t take notice of it” (PwD 1)

“This is something that we need to work harder on if I’m honest. Especially towards people who are hard of hearing or even sight” (MGRM)

Nevertheless, NGOs are willing to learn more about disability issues and how to be more inclusive (ARC, DRACHMA, LGBTI plus Gozo, MGRM). This is also evident by the training they are willingly ready to participate in, even if it is at a cost (ARC).



"Recently we did training with CRPD on disability equality training to be more aware of the different aspects and how to be more sensitive towards people with disabilities" (ARC)

"This training by CRPD was very easy to apply, it's very well priced, even for organisations who don't have much resources. It's very easy to access" (ARC)

"This is something that we are interested in collaborating with CRPD on to be honest, to figure out ways on how to make things more accessible" (MGRM)

4.6.2 Increasing the visibility of persons with a disability in the LGBTIQ+ community

Increasing visibility of persons with disability in the LGBTIQ+ community will lead to an increase in awareness. If there is a lack of awareness in the general population, this will most probably also be the case in the LGBTIQ+ community. An effort to move away from stereotypical images of LGBTIQ+ individuals must be made to make the LGBTIQ+ community more inclusive (Professional 1).

"LGBT people, why always a guy with a six (6) pack and so on? We need to change the image. Obviously the community is a mirror image of the general population. So if there is a lack of information about autism, you will find the same in the LGBT community" (Professional 1)

Steps in the right direction have already been taken. Last year during pride week, MGRM and CRPD collaborated together to increase visibility and awareness about persons with disability who identify as LGBTIQ+ (MGRM).

"We plan on having a meeting with CRPD, we have been planning a collaboration as well for next year's pride. Since last year we had a collaboration, it was a digital campaign because it was all very last minute to be honest. But now we have a whole year to plan, so that's the idea to create a stronger, more accessible campaign outside of the online world" (MGRM)

4.7 CONCLUSION

The themes derived from the interviews are summarized in table 1. These findings gave us a better understanding on the lived experiences of persons with a disability living within sexual and gender minorities. This allowed for the proposal of policy recommendations which will be presented in the next chapter.

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Superordinate Themes	Subordinate Themes
The 'coming out' process	The 'coming out' experience
	Parental reactions to 'coming out'
	Reactions from others to 'coming out'
	The impact of disability on 'coming out'
	'Coming out' as a recurrent selective process
	Support systems during 'coming out'
Attitudes towards persons with a disability who identify as LGBTIQ+	Attitudes from mainstream society
	Attitudes from the LGBTIQ+ community
	Attitudes from the disability community
The impact on the lives of persons with a disability who identify as LGBTIQ+	The impact on education
	The impact on employment
	The impact on health
	The impact on general wellbeing
	The impact on networking and socializing
	The impact of hidden disabilities
Sexuality, sexual orientation and gender identity within services	Sex education curriculum for service-users
	Acceptance of sexual orientation and gender identity by staff
	Staff training on sexual orientation and gender identity
	Related policies
The role of NGOs in supporting	Accessibility of NGOs and related events



Chapter 5 - Recommendations



5.1 RECOMMENDATIONS RELATING TO DISABILITY SERVICES

1. **Strengthening of available disability services.**

Gaps in services have been noted within employment services, POYC scheme, and autism services for adults, thus, creating additional barriers for persons with disability. Strengthening these services will improve the quality of life of persons with disability who identify as LGBTIQ+ as due to this intersectionality they experience increased barriers to independence and social inclusion.

2. **Development and implementation of a sexual expression policy within all disability services.**

Standard operation procedures are essential in any organization to ensure compliance and guide staff in decision making. A sexual expression policy within community-based and residential, respite and day services will safeguard service users and give staff the confidence to ensure consistency in the way issues relating to sexual expression are dealt with. This practice should be a requirement from the Social Care Standards Authority.

3. **Individualised and ongoing sex education offered to all service users**

Adequate 'sex positive' sex education provides persons with a disability the knowledge and tools to make informed decisions about their sexuality, sexual orientation and gender identity and how these can be expressed. The current sex education offered to service-users needs to be evaluated to include LGBTIQ+ specific education and identify any other gaps. Furthermore, sex education needs to be offered to all service-users.

5.2 RECOMMENDATIONS RELATING TO EDUCATION

1. **Mandatory courses for all employees working with persons with a disability about sexuality including, sexual expression, sexual orientation and gender identity**

One of the barriers that persons with a disability face is that support staff and professionals are not adequately equipped to guide and support them regarding issues relating to sexuality. Increasing knowledge will give employees and professionals the confidence to talk about these issues with service users.

2. **Courses for parents of persons with disability about sexuality including, sexual expression, sexual orientation and gender identity**

A significant barrier to sexuality, sexual expression and sexual identity formation in persons with disability is paternalism. Educating parents about the needs and rights of persons with disability to form and express their sexual needs will clarify parental misconceptions and improve the quality of life of persons with disability.

3. **Continuous Professional Development courses (CPD) for employees working in the education sector relating to disability and LGBTIQ+ issues**

Persons with a disability expressed a lack of sensitivity from educators and administrative employees within academic institutions of all levels regarding disability and LGBTIQ+ issues. Providing correct information will remove any misconceptions and increase awareness, increasing sensitivity when facing such circumstances.

4. Provide training to employers and individuals working in managerial positions.

Discrimination at the place of work due to disability, LGBTQ+ identity or both was experienced, whether it was intentional or not. Providing training to employers and individuals working in management will increase awareness about both issues and any necessary accommodations that the employee would benefit from. Such measures will create a safer working environment for persons with disability who identify as LGBTQ+, possibly increasing satisfaction at work.

5. Education about disability and LGBTQ+ issues at a community level.

There is a need for more education about disability and LGBTQ+ issues at a community level. Increasing awareness might increase sensitivity, leading to a positive change in attitudes towards persons with disabilities that identify as LGBTQ+.

6. Free training sessions for NGOs about disability and LGBTQ+ issues

NGOs seemed eager to learn more about persons with disability and how to create a more inclusive and accessible environment. Providing free training to both NGOs for persons with disability about LGBTQ+ issues and to LGBTQ+ NGOs about disability issues will increase awareness and lead to more inclusivity and accessibility.

7. Increase awareness raising efforts with regards to sex education, sexuality, sexual expression and identity.

More awareness raising on this matter, specifically targeted towards persons with disability, should be done. Outreach efforts should focus on those who are not receiving any disability or sexuality related services.

8. Nurture an activist culture in younger generations

Activism was crucial for many of the historical changes and rights given to minority groups to occur. Society is far from being fully inclusive and free from discrimination; thus, the need for activists to raise their voices is still very much needed, so we must preserve activism.

5.3 RECOMMENDATIONS RELATING TO SUPPORT

1. Accessible shelter for LGBTQ+ youths

Although talks of having an LGBTQ+ shelter are already in the pipeline, it is of utmost importance that such a shelter is accessible to persons with disability, including the availability of support staff if the need arises. This will provide temporary accommodation for persons with a disability who identify as LGBTQ+ and have no choice but to leave their current accommodation to safeguard their wellbeing.

2. Prioritise persons with multiple intersecting identities when accessing social housing and other services.

Persons with disability who identify as part of the LGBTQ+ community find additional hurdles to accessing their basic needs. By prioritising persons who have multiple intersecting identities when it comes to social housing and other services, the state would be protecting the rights of these individuals / families.



3. Promote support to persons with disability who identify as LGBTIQ+

'Coming out' is a difficult process for any LGBTIQ+ individual. Providing adequate support to persons with disability who identify as LGBTIQ+ will help them develop a positive self-identity and build the courage and pride to express themselves according to their formed identities.

4. Promote support to parents/guardians of persons with disability who identify as LGBTIQ+

A child's 'coming out' initiates an equal process in parents/guardians. This is even more important for parents/guardians who typically express paternalism, are concerned for the adult child's well being or have prejudicial views. Adequate support will facilitate the process, and these parents/guardians will be better able to support their LGBTIQ+ children.

5.4 RECOMMENDATIONS RELATING TO SOCIALIZING

1. Introduction of a library café in the proposed LGBTIQ+ community centre

The type and limited number of venues and events targeted for LGBTIQ+ increases the chances of social exclusions for persons with disability who identify as LGBTIQ+. Having a quieter venue where they can mingle with other LGBTIQ+ in a more comfortable environment is essential in ensuring social inclusion.

2. Increase accessible promotion of events and spaces

In addition to the limited number of venues and events, inaccessible promotion of the available venues and events further inhibits social inclusion for persons with disability who identify as LGBTIQ+. An example of this is the calm room at the University of Malta.

5.5 RECOMMENDATIONS RELATING TO ACCESSIBILITY

1. Enforcement of accessibility

National improvement in accessibility is needed. An example is accessibility to health services such as the GU clinic, where one needs to call to make an appointment, and call again to get the results. Apart from physical and assistive technology requirements, there is also the need for more disability-friendly hours, particularly in establishments that are considered essential such as supermarkets.

2. Support NGOs in accessibility arrangements

The primary barrier NGOs face in making their events and materials accessible to persons with disability is often related to budget restrictions. Accessibility arrangements are extensive and costly. Providing financial subsidy might facilitate and improve their efforts in making themselves and their events more accessible to persons with disability.

3. Ensure accessibility to health

Health services, such as the GU Clinic, are to ensure that their services are accessible to persons with different impairments, such as, through the provision of quiet rooms, sign language interpreters. Furthermore, Sexual Health Malta, should provide content in Easy-to-Read format and ensure that their awareness raising campaigns are accessible for all.

4. Promote free public services to ensure that persons with disability are reached.

This research clearly shown that persons with disability who are also struggling with their mental health and who cannot enjoy full-time employment, find themselves in situations where they cannot afford psychological support. To this end, already existing services should be better promoted with this target group, to safeguard their mental and social wellbeing.

5.6 RECOMMENDATIONS RELATING TO VISIBILITY

1. Ensure the involvement of persons with disability who identify as LGBTIQ+ in decision making.

Ensure representation of persons with disability who identify as LGBTIQ+ in policymaking and national decisions both relating to persons with disability and those pertaining to LGBTIQ+ issues. In spite of the number of LGBTIQ+ individuals with autism, there were no related measures mentioned in the National Autism Strategy 2021-2030.

2. Involve persons with disability who identify as LGBTIQ+ in public awareness raising efforts.

The strengthening of visibility of persons with disability who identify as LGBTIQ in public awareness raising campaigns, both those organised by the LGBTIQ+ community as well as those organised by the disability community, are essential to break stereotypes surrounding sexuality and disability.

5.7 RECOMMENDATIONS RELATING TO FUTURE RESEARCH

1. Individual studies about LGBTIQ+ individuals focusing on the specific experiences of impairment groups.

The experiences of LGBTIQ+ persons with different types of disabilities might vary. For example, the experience of a person with an intellectual disability might not be the same as that of an individual with a physical disability. Thus, to attain a better understanding, these experiences need to be studied separately.

2. A study investigating the knowledge of support staff working with persons with disability about sexuality, sexual orientation and gender identity

In order to provide adequate training, first the gaps in knowledge must be identified so that future courses will fill in the gaps in knowledge, giving employees the tools to be able to better guide and support persons with disability with these issues.



Chapter 6 - Conclusion

The research aimed to begin to understand the impact of intersectionality on persons with a disability identifying with sexual orientation and gender identity minorities. This study confirmed that these individuals experience discrimination due to their disability and because they identify as LGBTIQ+.

It is evident that 'coming out' for persons with a disability who identify as LGBTIQ+, like their mainstream counterparts, is a personal and lifelong process. However, having a disability might make this process harder. Parents react to their child's disclosure of sexual orientation and gender identity in different ways, depending on other underlying factors such as personal beliefs, religion and the type of 'coming out'. Nevertheless, although it may take some time, most parents eventually come to accept their child's sexual orientation/gender identity.

Persons with a disability who identify as LGBTIQ+ might find it difficult to break into the LGBTIQ+ community and meet other individuals who identify as LGBTIQ+. This is predominantly because venues and events marketed solely for LGBTIQ+ individuals are limited, and those available are not fully accessible for persons with disability. This might increase the possibility of persons with a disability who identify as LGBTIQ+ to experience social exclusion and loneliness. Persons with a disability would like a quieter meet up venue such as a café.

This intersectionality also impacts various other areas, including education, employment, health and general wellbeing of persons with a disability who identify as LGBTIQ+. These impacts are often the result of a lack of knowledge and sensitivity towards disability and LGBTIQ+ issues, which continue to cause barriers for persons with disability who identify as LGBTIQ+ and impede their full social inclusion.

These lived experiences might be even more difficult for persons with a disability who identify as LGBTIQ+ and live in residential settings. Aġenzija Support advocates for equal opportunities, freedom of expression, and inclusion of sexual orientation and gender identity minorities within its organization. However it does not have a clearly defined sexual expression policy.

A number of recommendations were drawn from the experiences of participants in this study. Participants unanimously agreed that there needs to be a change in beliefs and attitudes towards both persons with a disability and individuals who identify as LGBTIQ+. The most crucial step in achieving this change is by increasing awareness about these issues and through the education of the general public. The pinnacle of success can only be measured by having a fully inclusive society which is free from discrimination.

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Appendices



***Interview guide for persons with a disability in English
Intersectionality and disability***

1. How would you describe your coming out experience?
2. Where there any additional difficulties that you faced during your coming out because of your impairment?
3. Which support systems did you find helpful during your coming out?
4. How easy was it to break into the LGBTIQ community? (E.g. networking)
5. Do you feel you are accepted within the LGBTIQ community?
6. How can you feel more accepted within the LGBTIQ community?
7. Do you feel you are accepted within the disability community?
8. How can you feel more accepted within the disability community?
9. What recommendations would you make to service providers to improve their services when dealing with persons with a disability who identify as LGBTIQ?
10. Do you have any other related comments?

Interview guide for persons with a disability in Maltese Intersezzjonalità w d- diżabilità

1. Kif tiddekrivi l-esperjenza tal-‘coming out’ tiegħek?
2. Thoss li sibt din l-esperjenza iżjed diffiċli minħabba d-diżabilità tiegħek?
3. Liema sistemi ta' sapport sibt ta' għajjnuna waqt dan il-perjodu?
4. Kemm kienet faċli li tidhol fil-komunità LGBTIQ? (E.ż. networking)
5. Thoss li inti aċċettat fil-komunità LGBTIQ?
6. X'jistà jsir biex thossok li inti iżjed aċċettat fil-komunità LGBTIQ?
7. Thoss li inti aċċettat fil-komunità tal-persuni b'diżabilità?
8. X'jistà jsir biex thossok li inti iżjed aċċettat fil-komunità tal-persuni b'diżabilità?
9. Liema rakkomandazzjonijiet tagħmel għal min joffri s-servizzi biex itejbu s-servizzi tagħhom f'dak li għandu x'jaqsam mà persuni b'diżabilità li jidentifikaw bħala LGBTIQ?
10. Għandek xi kummenti relatati oħra?



***Interview guide for Aġenzija Sapport
Intersectionality and disability***

1. How long have you been aware that your clients might identify as LGBTIQ?
2. How do you deal with clients who identify as LGBTIQ?
3. What measures do you take to accommodate LGBTIQ clients?
4. What changes did you implement to your services in order to make them more inclusive and diverse?
5. Which difficulties do you encounter in dealing with persons with disability who identify as LGBTIQ?
6. What training do you offer your employees about the possibility of dealing with clients who identify as LGBTIQ?
7. Is your sex-education syllabus for clients' representative of non-heterosexual orientations and non-cis-gender identities?
8. Do you have any policies on sexual expression? If yes, what do they entail?
9. Do you have any other related comments?

Note: Interview guide for LGBTIQ+ NGOs
Intersectionality and disability

1. What services does your organisation currently offer?
2. How do you reach different impairment groups?
3. Which difficulties do you encounter in reaching persons with disability?
4. What accommodations do you implement to make your services accessible? (E.g. easy-read publications, videos with captions, website is screen reader friendly...)
5. Are your premises accessible for persons with disability?
6. How long have you been aware that persons with disability require your services?
7. What additional challenges do you encounter when offering your services to persons with disability?
8. Are there any services which are currently not available but you would like to see implemented in the future? (E.g. shelters for LGBTIQ youths...)
9. What type of professionals do you need (or need more of) to work in your organisations so that you can enhance your current services?
10. Do you have any other related comments?



11/10/21, 1:44 PM

University of Malta Mail - Research Ethics Application - Approved by FREC, no UREC decision needed



L-Università
ta' Malta

Matthew Vassallo <matthew.vassallo@um.edu.mt>

Research Ethics Application - Approved by FREC, no UREC decision needed

SWB FREC <research-ethics.fsw@um.edu.mt>

15 October 2021 at 15:18

To: Matthew Vassallo <matthew.vassallo@um.edu.mt>

Cc: Dr Claire Lucille Azzopardi Lane <claire.azzopardi-lane@um.edu.mt>

Unique Form ID: 9792_30092021

Dear Matthew Vassallo,

Your ethics application with regard to your research titled *Intersectionality and disability* has been **approved**.

However, **please note** that:

Zoom has the function to audio record only. The researcher may wish to consider that option rather than video recording and amend consent forms and information sheets accordingly.

Faculty Research Ethics Committees are authorised to review and approve research ethics applications on behalf of the University of Malta, except in the case of sensitive personal data. In this regard, your ethics proposal **does not need to be sent to UREC-DP**. Hence, **you may now start your research**.

Regards,



L-Università
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