2025

# Facts on Violence against LGBTIQA+ People with Disabilities

Women with Disabilities Victoria

Everyone deserves to live safely, authentically, and with dignity. The voices and contributions of LGBTIQA+ people with disabilities must be seen, heard, and celebrated. LGBTIQA+[1] people with disabilities embody extraordinary strength and resilience, often navigating the world at the intersections of diverse forms of discrimination. This includes ableism, homophobia, biphobia, transphobia, intersexphobia, queerphobia, racism, and classism. Their experiences, leadership, and resistance build pathways toward justice and inclusion. This factsheet aims to empower readers, whether they are policymakers, service providers, educators, or members of the community to better understand these issues and take meaningful action.

*Note: In this factsheet we use different acronyms to remain consistent with the terminology from the original studies that the research is drawn from. This makes sure we are consistent with the source material.*

## Why are we focusing on LGBTIQA+ people with disabilities?

People with disabilities face discrimination and violence due to ableism[2], while LGBTIQA+ people face discrimination, and violence due to rigid gender norms, heteronormativity, and cisnormativity[3]. Those who belong to both groups frequently experience intersecting forms of ableism, heteronormativity, and cisnormativity, leading to higher rates of exclusion, discrimination, inequality, and violence compared to people without disabilities and/ or who do not identify as LGBTQIA+ (Dias 2024).

- 4.5% of all Australians over 16 years and older identify as LGBTI+, which is over 900,000 people (Australian Bureau of Statistics 2024).
- 38.1% of LGBTIQA+ Victorians report having a disability or long-term health condition, including mental health, compared with 17.7% of the general Australian population (Victorian Government 2023).
- LGBTQ+ people with disability experience increased rates of violence and discrimination (Adamson 2022).

## Violence against LGBTIQA+ people with disabilities:

- LGBTQA+ people with disabilities report significantly higher rates of verbal, physical, and sexual violence compared to people with disabilities who do not identify as LGBTQA+ (Amos 2024).
- Among LGBTI+ people with disabilities, trans people with disabilities are more likely to experience physical violence, intimate partner violence, and sexual assault (Australian Bureau of Statistics 2024).
- Sexual and Gender Minority (SGM) people living with HIV experience siloed and exclusionary services, including a lack of SGM services tailored to HIV care, and the combined stigma of homophobia, transphobia, and HIV associated with heightened violence (Perrin, 2023).
- A lack support for meaningful engagement and restrictions on freedom of sexual and gender diverse expression create barriers for accessing appropriate information, developing intimate and supportive relations, and connecting to LGBTI and disability community and support groups (Lenoard 2018).
- LGBTIQA+ people with disabilities experience higher rates of poor treatment by health professionals compared to people without disabilities who do not identify as LGBTIQA+ (Tobin 2025).
- Trans women, trans men and LGBTQ people with disability are the most vulnerable to workplace sexual harassment (Robinson 2024).
- Trans and gender diverse people with disabilities experience even greater discrimination when accessing services than LGB people with disabilities (Leonard 2018).

## Some LGBTIQA+ people with disabilities experience even higher rates of violence due the intersecting social locations of discrimination:

- Colonisation, intergenerational stigma, racism, and disconnection and exclusion from community, culture, and Country are key reasons that First Nations LGBTQIASB+[4] people experience greater rates of violence. This risk can be further magnified when it intersects with disability (Day 2022).
- Hetero/ cisnormativity, ableism, stigma, and social marginalisation lead to SGM youth with disabilities experiencing greater rates of victimisation and violence, higher levels of stress, and a reduced sense of safety compared to SGM youth without disabilities (Renley 2024).
- LGBTQA+ people with disabilities who live in regional and rural areas experience higher rates of violence, feelings of isolation, and have less access to inclusive services compared to those living in metropolitan areas (Amos 2024).
- Historical discrimination has created institutional barriers that mean LGBT older people[5] experience greater rates of elder abuse compared to others living in aged care (LGBTIA+ Health Australia Bloemen 2019).

## Specific forms of violence and risk factors for LGBTIQA+ people with disabilities:

- Social exclusion and minority stress are major contributors to the increased risk of violence (Amos 2024).
- Higher risk of family rejection and lack of disability-inclusive queer services worsen the experiences of violence (Amos 2024).
- LGBTQA+ people with disabilities face higher rates of institutional violence than their peers without disabilities (Amos 2024). This is due to institutionalised prejudice, ableism, homophobic, and transphobic hatred, bullying, and violence (McCann 2016).

**Transgender and queer people with disabilities face multiple barriers due to ableism, heteronormativity, and cisnormativity, making it harder to access care (Neille 2024). This means that disability services are often inaccessible and inappropriate to LGBTIQA+ people, and conversely, LGBTIQA+ services often do not provide services that are accessible and appropriate for people with disabilities (Adamson 2022). Mainstream services, which may be easier to locate, and more readily open, frequently present these barriers to LGBTIQA+ people with disabilities – limiting access to inclusive services, and support across the state.**

## Barriers to support services include:

- Not being able to disclose identities safely when it involves family, guardianship, or home-based care (Adamson 2022).
- Discriminatory attitudes among healthcare providers and carers, as well as a lack of confidence, education, and training regarding sexuality and sexual health of LGBTIQA+ people with disabilities (McCann 2016).
- A lack of inclusive and trauma-informed services (Tobin 2025).
- A lack of education and specific focus on violence prevention of LGBTIQA+ people with disabilities (Tobin 2025).
- Ableist attitudes of services, leading to a lack of accommodations (Neille 2024).
- Inaccessibility, lack of representation, and ableism in mainstream queer spaces (Martino 2024).

**Existing violence prevention services, such as social services and disability support programs, play a crucial role but often have gaps in accessibility, inclusivity, and responsiveness.**

## What can organisations do to prevent violence against LGBTIQA+ people with disabilities?

### Organisational & community levels:

- Provide LGBTIQA+ education and training to disability services, and disability and accessibility education and training to LGBTIQA+ services (Martino 2024).
- Develop inclusive and trauma-informed services tailored to combat specific risk factors SGM people with disabilities encounter (Perrin 2023).
- Offer more education about the harmful social norms and beliefs towards LGBTIQA+ people with disabilities to create a safe environment for them (Tobin 2025). For example, acknowledge gender identity and support sexual expression (Curtiss 2025).
- Commit to outcomes that offer meaningful practice to LGBTIQA+ people with disabilities (O'Shea 2020).
- Actively seek and value contributions from LGBTIQA+ people with disabilities and facilitate their involvement across a wide range of roles, including as staff, volunteers, designers, board members, spokespeople, etc., and provide appropriate remuneration for their lived experience expertise (O'Shea 2020).

### System & institutional levels:

- Create and implement targeted policies and interventions that address ableism, homophobia, intersexphobia, and transphobia to improve the safety, wellbeing, and inclusion of LGBTQ+ people with disabilities (Adamson 2022).
- Involve LGBTQ+ people with disabilities at all levels of planning and management, in ways which value their expertise and commit to outcomes that offer meaningful transformations in policy and practice (Adamson 2022).
- Centre the experiences of LGBTIQA+ people with disabilities in reforms that focus on the development of inclusive practices that are intersectional (O'Shea 2020).
- Involvement of LGBTIQA+ people with disabilities that values their expertise at all levels of planning and management (O'Shea 2020).
- Commit to outcomes that offer meaningful policy to LGBTIQA+ people with disabilities (O'Shea 2020).

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## End notes

1. Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual, plus (LGBTIQA+).
2. Used to describe the unfair treatment of people because they have a disability. The belief that people with disabilities are less important than people without disabilities (WDV 2022).
3. Used to describe a range of negative feelings or behaviours towards anyone who is same sex attracted and people who are attracted to more than one gender (Minus 18 2023).
4. LGBTQIASB+ adds 'SB' to represent 'Sistergirl' and 'Brotherboy': two terms used by some Aboriginal and Torres Strait Islander people, and which refer to Aboriginal and Torres Strait Islander women and men who are transgender (Day 2022).
5. The prevalence of disability increases with ageing.

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