DISABILITY AND SEXUAL ORIENTATION
A Discussion Paper
Disability and Sexual Orientation

A Discussion Paper
## Contents

**Foreword**  
3

**1 Introduction**  
5

**2 Key issues regarding sexual orientation and disability**  
11
   - Opportunities to express sexual identity  
     12
   - Multiple identities, multiple exclusion  
     13
      - Within the Disabled and Lesbian, Gay and Bisexual Communities  
        13
      - Within the Wider Community  
        15
   - Environmental Issues  
     15
   - Support Organisations and Service Providers  
     17
      - Lesbian, Gay and Bisexual and Disability Support Groups  
        17
      - Health Service Providers  
        18
      - Disability Services  
        19
   - Effects on Mental Health  
     20

**3 Legislation and Policy**  
23

**4 Concluding Comments and Recommendations**  
27

**Bibliography and Consultee List**  
31
FOREWORD

An inclusive Irish society for people with disabilities requires that such individuals have equal access and opportunities to all aspects of economic, social and cultural life, and that diversity within the disability community is acknowledged, supported and valued.

According to estimates in the UK, around one in ten people with a disability are lesbian or gay. If this ratio is indicative of the Irish population, this suggests a potential population of over 30,000 Irish people with disabilities who are lesbian, gay or bisexual, based on the Irish 2002 Census, which identified 323,707 persons or 8.3% of the total population within the State as having a disability. This is a significant group within the population, which, as this discussion paper highlights, can experience marginalisation and discrimination within society and a lack of appropriate and adequate services.

I hope that this discussion paper will inform not only the NDA's work in fulfilling our statutory remit on policy, research and standards but will also stimulate further discussion on disability and sexual orientation amongst a wide range of individuals and organisations in the disability and lesbian, gay and bisexual communities and the wider population, including service providers and Government departments and agencies.

The NDA looks forward to taking this important work forward in partnership with disabled people who are lesbian, gay or bisexual and all key stakeholders.

Angela Kerins
Chairperson, NDA
INTRODUCTION
Introduction

“Disability is more than a matter of equity. It is a matter of human rights. The challenge is that this rights based approach is universally applied, so that all barriers, physical and attitudinal, which continue to exclude people with disabilities from full participation in our communities, are removed.”

National Disability Authority Strategic Plan 2004-2006

An inclusive Irish society for people with disabilities requires that such individuals have equal access and opportunities to all aspects of economic, social and cultural life, and that diversity within the disability community is acknowledged, supported and valued.

The National Disability Authority (NDA) locates this growing understanding of the diversity within the disability community within an equality framework, and seeks to develop greater awareness of the identities and experiences of people with disabilities who also belong to communities covered by the other eight grounds in equality legislation – age, gender, family status, marital status, membership of the Traveller Community, race, religion and sexual orientation.

Achieving the NDA’s strategic objective of “developing policies and practices that promote the equal status of people with disabilities” requires a recognition of the diversity that exists within the disability community and the development of forward-looking policies, research, standards and practices that promote and support this diversity.
DEVELOPMENTS WITHIN THE DISABILITY FRAMEWORK

Since the 1996 publication of the Report of the Commission on the Status of People with Disability, there has been significant legislative and policy activity on equality, human rights and disability. Such activity has created a dynamic legislative, policy and organisational context for equality, human rights and disability, and includes:

> the establishment of the National Disability Authority, the Equality Authority, Comhairle, the Mental Health Commission and the Human Rights Commission;
> the enactment of a series of legal instruments, reviewed in Disability Agenda 5 Legal Systems of Redress;
> the recent publication of the National Disability Strategy;
> the social partnership agreements Programme for Prosperity and Fairness and Sustaining Progress; and
> international work towards a UN Convention on the Protection and Promotion of the Rights and Dignity or Persons with Disabilities and advocacy for a European Disability Directive.

However, whilst access to goods and services and employment is improving, the area of sexuality, and in particular sexual orientation and disability, remains a relatively unexplored area. According to estimates in the UK, around one in ten people with a disability are lesbian or gay. If this ratio is indicative of the Irish population, this suggests a population of over 30,000 Irish people1 with disabilities who are lesbian, gay or bisexual potentially facing discrimination and a lack of appropriate and adequate services.

DISABILITY AND SEXUAL ORIENTATION

Defining Disability

Disability is defined in the National Disability Authority Act 1999 as:

“disability’, in relation to a person, means a substantial restriction in the capacity of a person to participate in economic, social or cultural life on account of an enduring physical, sensory, learning, mental health or emotional impairment.’

---

1 Based on the Irish 2002 Census which identified 323,707 persons within the State as having a disability (8.3% of the total population)
A social model of disability informs this paper, defined as:

‘The disadvantage or restriction of activity caused by contemporary social organisation, which takes little or no account of people who have a physical, sensory, learning, mental health or emotional impairment and thus excludes them from participation in the mainstream of social activities.’

[Fundamental Principles of Disability, Union of Physically Impaired Against Segregation, 1976]

Sexuality and Sexual Orientation

In a conference entitled Sexuality Disability and Relationships, organised through the collaborative efforts of the Forum for People with Disabilities and NAMHI (2003), members of the Facilitating Sexuality and Relationships workshop emphasised that sexuality is not just about sex in a physical sense, but also encompasses wider issues of gender, relationships, love, trust and respect.

Sexual orientation is another factor incorporated within this wider meaning of sexuality. Sexual orientation is described as “an enduring emotional, romantic, sexual or affectional attraction to another person … along a continuum that ranges from exclusive homosexuality to exclusive heterosexuality and includes various forms of bisexuality”\(^2\). Sexual orientation refers to feelings and self-concept, which may or may not be expressed through sexual activity or behaviour. In the context of this report, sexual orientation focuses on individuals who consider themselves to be homosexual or bi-sexual – commonly referred to as lesbian, gay or bi-sexual.

**PURPOSE OF THE RESEARCH**

This paper is based on evidence from:

- selected national and international literature on disability and sexual orientation
- consultation with people within Ireland who have a disability and are lesbian, gay or bisexual.

The methodologies used in the preparation of this paper were literature review, a facilitated meeting of people with disabilities who are lesbian, gay or bisexual, interviews with individual people with disabilities who are lesbian gay or bisexual and consultation with lesbian, gay or bisexual organisations (listed at the end of the document).

\(^2\) American Psychological Association
The purpose of this paper is to identify and discuss issues and specific support needs across a number of themes, which are relevant to people with disabilities who are lesbian, gay or bisexual, both within the disabled community and within the lesbian, gay or bisexual community. It is intended that the paper will stimulate further discussion on disability and sexual orientation amongst a wide range of individuals and organisations in the disability and lesbian, gay and bisexual sectors and the wider population, including service providers and Government departments and agencies and inform the development of further work in this area, with particular regard to policy, research and standards.

Selected legislative and policy documents that impact on the area of disability and sexual orientation, as well as existing research, have been supplemented with direct consultation with 21 individuals who are both disabled and lesbian, gay or bisexual, or represent the interests of such individuals, from Dublin, Cork and Limerick.

REPORT OUTLINE

The paper summarises and synthesises the literature and consultation feedback across a number of significant, yet not necessarily discrete, areas. These are:

- Key issues regarding sexual orientation and disability
  - Opportunities to express sexual identity
  - Multiple identities – multiple exclusion
  - Environmental Issues
  - Support organisations and service providers
  - Effects on mental health
- Current activity around sexual orientation and disability
- Areas for further work and research.
KEY ISSUES
Key Issues Regarding Disability and Sexual Orientation

The purpose of this section is to highlight the primary issues affecting individuals who are disabled and lesbian, gay or bisexual through review and synthesis of selected literature and consultations as highlighted previously.

OPPORTUNITIES TO EXPRESS SEXUAL IDENTITY

The Report of the Commission on the Status of People with Disabilities (1996) refers to the ‘desexualisation’ of people with a disability – where the individual is prevented, through a variety of factors, the opportunity to achieve the “same degree of fulfilment through relationships and sexuality as anyone else” [para 18.1].

In a keynote speech in the 2003 Sexuality Disability and Relationships conference, Selina Bonnie referred to such ‘desexualisation’ through the infantilisation and sterilisation of disabled people, evidenced through dressing disabled children and teenagers in “androgynous, bland or babyish clothes”, segregation in ‘special’ institutions and schools, and denial of education in sex and sexuality. She noted that: “society at best finds the thoughts of a disabled person being sexual repulsive, and at worse presumes they are asexual”.

Brothers (2003) refers to “the protection problem” (p.52) as a means of expressing the way in which attempts to protect disabled children can lead to a denial of the growing child’s sexuality.

Even heterosexual disabled people must endure a myriad of messages that they are “not suitable romantic partners”. The idea of disabled people being, and having a right to be, sexual beings is not generally accepted by society, and the idea of lesbian, gay or bisexual relations among disabled people is a concept which goes unconsidered or, if considered, rejected by the majority of non-disabled people (Brothers, 2003). Bonnie (2003) highlights a number of studies
and articles, which document this belief that disabled people are incapable of sexual expression or sexual pleasure (Morris 1989, Owens and Child 1999, Shakespeare 2000).

Society “stigmatises” individuals who differ from the norm in any way (Goffman, 1963). A recent report by Regard\(^3\) states that, when it comes to sexuality, many people who are disabled are considered to be asexual – “If they [people with disabilities] are being sexual, it is so wrapped up in fear and distress about the disability that it is hardly mentionable”. Consultation with disabled lesbians, gay men and bisexuals identified that one of the main barriers to integration is based on the perception of disabled people as asexual, unable to think for themselves, or both. Consultees discussed a ‘culture of protection’ in the care of disabled individuals, a culture, which creates barriers for sexual expression, and also prevents the befriending of disabled individuals through over-protective practices. These were based on experiences of Consultees, not only in society as a whole, but also within health and social care services, and were believed to be especially strong in residential care.

A lack of understanding and awareness, and lack of discussion of either disability issues or sexual orientation within the education system were viewed as helping to perpetuate this societal ignorance, whilst segregated education for disabled individuals failed to tackle sexuality within the disabled community, and thus inhibiting the potential to develop, in a positive way, self identity in the area of sexuality and sexual orientation.

**MULTIPLE IDENTITIES, MULTIPLE EXCLUSION**

Individuals who are both lesbian, gay or bisexual and disabled are subject to a complex array of prejudices. They are individually, and collectively, subject to prejudices based on the ‘normalising’ principles of a non-disabled, largely heterosexual mainstream population. The combination of this misconception with societal and cultural prejudices towards persons who are lesbian, gay or bisexual creates a population within society who face a double prejudice for acceptance and equal rights - as people with disabilities, and as lesbian, gay or bisexual individuals.

The contradictions and confusions that may be incumbent in traversing multiple disadvantaged groups is highlighted by Breslin (2003) who talks about the inanswerable question “What comes first? Disabled and gay, or gay and disabled?”.

**Within the Disabled and Lesbian, Gay and Bisexual Communities**

A small-scale study of the experiences of gay men with learning disabilities suggests that such individuals have a “double coming out” to contend with. ‘Coming out’ as a gay person is the

\(^3\) Regard is the national organisation in the United Kingdom of disabled lesbians, gay men and bisexuals.
A culturally familiar phenomenon of realising one’s homosexuality, accepting it and being open with others about it (Davidson-Paine and Corbett, 1995). The authors of the study suggest that being an accepted member of a sub-culture is vital to this process of valuing one’s own identity and social role. Participants of a workshop on Sexuality and Difference (Sexuality Disability and Relationships Conference, 2003) stressed a need for information and support around identity issues. Several members of the group had experienced problems coming out as gay and lesbian within the disability community. Most reported a fear of being rejected because of their sexual orientation. Some felt lonely and isolated from other gay people.

This is a difficult process for anyone, but is particularly difficult for disabled lesbians, gay men and bisexuals, since their disabilities prevent them from being accepted into the gay sub-culture, while openly expressing their homosexuality creates a distance from their disabled peers. Morris (1991) and Vernon (1999) suggest that the heterosexual disabled community tends to express the same homophobia as society in general (Brothers, 2003).

The existence of homophobia and discrimination within the disability movement and the lesbian, gay and bisexual movement was also identified by GLAD (2002) and in the Beyond Barriers study in which seven per cent of disabled respondents who were lesbian, gay or bisexual had experienced discrimination and harassment within the lesbian, gay and bisexual community because of their disability.

While lesbian, gay and bisexual social groups continue to grow and develop, disabled lesbians, gay men and bisexuals have experienced rejection and exclusion due to the ‘body beautiful’ culture of such groups. Disabled lesbians consulted by the Joseph Rowntree Foundation (1995) spoke of feeling discriminated against within the lesbian and gay movement as disabled people, highlighting this ‘body beautiful/youth culture’ as one of the primary forms of discrimination.

This was strongly reflected in consultations, with the ‘body beautiful’ culture of gay and lesbian communities identified as a well-known cause of exclusion. There was a much broader issue identified, however, of the complete lack of media representation of individuals who, like the consultees, were disabled and open about their sexuality. Images in lesbian and gay publications perpetuate images of fashion and glamour, and continue to treat disability as a special interest rather than an integral part of the lesbian, gay and bisexual community.

Consultees felt doubly marginalized and discriminated against as a result of their combined disability and sexual orientation. It was noted, for example, that mental illness “is still a taboo subject” in the lesbian, gay and bisexual community, with a double stigma of being lesbian,
gay or bisexual and having mental health problems. Interestingly, such discrimination against individuals with mental health difficulties was also felt within the disability community. It was noted that there exists a confusion as to the status of mental illness as a disability both inside and outside of the disabled community. This not only prevents individuals from accessing the services they need and are entitled to, but also leaves mentally ill lesbians, gay men and bisexuals doubly marginalized within the disabled community.

**Within the Wider Community**

Peer group bullying, whether in verbal or physical form is commonplace for young lesbians and gays. It is argued that even if an individual is not the focus of such bullying, an awareness that it occurs can impede their ability to come to terms with or to ‘come out’ with their own sexual identity.

Families can become less a source of support and more a source of conflict for those whose sexual orientation is rejected or misunderstood. This is demonstrated in the responses of a number of participants in a Scottish survey of lesbian, gay and bisexual individuals (2002), where a number of disabled respondents who had not ‘come out’ regarding their sexuality stated they had not explored their sexuality due to being “under parental control until parents died”.

Pringle (2003) found that, from an early age, lesbian, gay or bisexual people face a huge number of barriers, challenges and discrimination because of their sexual orientation or gender identity. Hiding such a significant part of their identity is one of the first things many young lesbian, gay or bisexual people learn to do, which naturally impacts on self-identity and self-esteem. Family disruption and rejection from the family home is a common experience for young lesbian, gay or bisexual people who reveal their identity in an unsupportive environment (Pringle, 2003).

In addition to such difficulties with peers and families, young lesbians and gay men may find that public youth services often do not adequately meet or understand the issues affecting lesbian, gay or bisexual young people (Dillon and Collins, 2004).

**ENVIRONMENTAL ISSUES**

A lack of access to the mainstream lesbian and gay communities and the support networks they have developed deeply affects the lives led by the participants. It was highlighted that many venues, particularly pubs, which claim to be, and are, accessible by disabled people, do not have disabled toilets. There was a general lack of understanding expressed also as to why listed buildings should be completely exempt from access considerations. No disabled
toilets, facilities on second or third floors of buildings with no lifts, and steps leading into many buildings with no ramps were examples cited in relation to physical access for disabled lesbians, gay men and bisexuals. Organisations which support the lesbian, gay and bisexual community complained of no funding to renovate buildings which are quite old and not accessible for wheelchair users. While many organisations provide advice and policies on what can and should be done to the buildings, it was noted that there are no groups or government bodies provide funding for these adaptations. Even major community events, such as Pride, can be a variable experience in terms of access.

However, it was pointed out that the issue of access goes much deeper than being able to get into a building. Many lesbian, gay and bisexual helplines were identified by consultees as having no text facilities or minicomms, and many disabled people who contact helplines are referred elsewhere for support. It was emphasised that mainstream clubs and meetings are usually advertised on notice boards and in print, thus excluding blind people. There is a lack of accessible websites for disabled people who are lesbian, gay or bisexual. As disabled people were felt by Consultees to be more likely to use the internet than non-disabled individuals, accessing websites which are user friendly would provide an important mode of communication for the for those lesbian, gay or bisexual people who are otherwise socially isolated, and would allow peer support networks to be developed.

The practical, social and attitudinal barriers faced by lesbian, gay or bisexual individuals with disabilities have a very real impact. Transport systems are often less than accessible. Difficulty in gaining employment leads to financial restrictions. Disabled people are much less likely to attend higher or further education than their non-disabled peers. Social activities for people with disabilities can be very limited and are often segregated from mainstream society. Social interaction opportunities for disabled lesbians, gay men or bisexuals can be virtually non-existent (Brothers, 2003).

Members of a workshop on Sexuality and Difference (Sexuality Disability and Relationships Conference, 2003) stated that many places where gay men and lesbians meet socially are inaccessible to disabled people. Some found it difficult to get privacy within their homes, and other’s found their Personal Assistant’s knowledge or acceptance of their homosexuality a barrier.

Transport was a major issue for disabled women consulted in a study conducted by the Joseph Rowntree Foundation (1995). Lack of reliable, accessible transport meant they were isolated in their homes, unable to pursue employment, education or leisure activities. Disabled lesbians consequently felt discriminated against within the disability movement, within the lesbian and gay community and by service providers.
Such difficulties not only affect opportunities for social interaction by disabled people within the lesbian, gay or bisexual community, but is also evidenced in making their views on issues known. Research by the Scottish Executive (2003) found that there has been little sexual orientation research which has sought to be inclusive of disabled respondents, or which has tackled disability issues. Mobility impairments may reduce some lesbian, gay or bisexual people’s level of access to lesbian, gay or bisexual venues where research recruitment may be taking place, whilst sensory disabilities, such as hearing and sight impairments, and learning and cognitive difficulties can require different research methodologies to improve accessibility, which are not accommodated.

SUPPORT ORGANISATIONS AND SERVICE PROVIDERS

Lesbian Gay and Bisexual & Disability Support Groups

The Joseph Rowntree Foundation study (1995) on the experiences of disabled women found that disabled lesbians felt they were ‘invisible’ both to disability organisations and to many service providers. Many lesbians, gay men and bisexuals feel excluded from mainstream services. The Gay Switchboard Dublin (GSD), the largest telephone helpline service of this nature in Ireland, deals with around 5,500 callers annually. However there are no facilities to accommodate individuals with hearing impairments. Thus this support is essentially inaccessible to this section of the disabled community.

Consultations identified that there are only two known specialist support groups for lesbian or gay disabled people. It was also felt that people with disabilities are searching for mainstream lesbian and gay organisations to be a part of, however, in doing this they are confronted with access issues. Disability organisations were not perceived to address the sexuality of client groups, with an apparent lack within disability policies or directives to address this inequality. It was suggested that the disabilities standard framework should address this crucial issue.

There is also a perception identified through consultations that there is a lack of outreach service provision for lesbian, gay or bisexual disabled people. This results in a lack of capacity building for these individuals, and many are socially excluded and isolated from mainstream disability/lesbian, gay or bisexual groups. A recent lesbian community evaluation study by L.inC, which focused on quality of life issues, found that there were three main issues affecting lesbian women. They were access to information, peer support networks, and social activities. There are some recent youth groups throughout the country, run by lesbian, gay and bisexual community organisations. However mainstream youth services are not working with any groups of lesbian, gay or bisexual people outside of Dublin. There is only one such youth project in the Dublin area, Belong To, working with lesbian, gay, bisexual and
trangendered young people aged 14 to 23 years. The Consultees outlined that there is a need for youth services to be developed for lesbian, gay and bisexual people, and disabled and lesbian gay or bisexual groups should act as advisors and advocates for this service development.

**Health Service Providers**

Another qualitative study found that the main problems affecting better access to services for disabled lesbians, gay men and bisexual were (i) issues of physical access, or (ii) the perception among service users that practitioners held discriminatory views. However, many of the respondents in question felt they could not assess the impact of their sexuality on access to medical services, as they did not discuss this with such professionals due to a fear of a negative reaction or exclusion (Brothers, 2003).

A qualitative study in England and Wales concluded that up to a third of gay men, a quarter of bisexual men and more than forty per cent of lesbians felt mental health practitioners expressed negative or ambivalent reactions towards their sexuality. The study suggested that difficulties between health professionals and service users ranged from blatant discrimination to a failure to understand the issues affecting lesbians, gay men and bisexuals (King and McKeown, 2003).

Consultations highlighted the perception of a “conservative air” that surrounds health professionals, particularly within mental health services. This was reported as generating a fear of disclosing one’s sexual orientation to doctors, including psychiatrists, for fear that they will infer a link between non-heterosexuality and mental illness, or worse, attempt to “cure” the patient of their sexuality.

There was a need identified for the development of a health worker to act as a liaison person across all service providers and care groups in order to develop pathways for people with a disability who are lesbian, gay or bisexual to Non Government Organisations (NGO’s) supports and services.

A major problem expressed by Consultees was the lack of access to health and information services. A person who is Deaf has no statutory right to a sign language interpreter for health appointments. One participant told of being reduced to writing notes to her doctor during a consultation. Disabled lesbians, gay men or bisexuals also lack access to appropriate sex education and health information, which is needed but cannot be gained through the avenues of formal education or the wider lesbian, gay and bisexual community.
A recent perceived positive step was the core funding of lesbian, gay and bisexual projects by some Health Boards. This was perceived as an opportunity for lesbian, gay and bisexual people with a disability to advocate that these groups address their particular needs. However, other groups complained of lack of a funding and support from statutory bodies. There was a perception that the Department of Community, Rural and Gaeltacht Affairs did nothing to address the needs of the lesbian, gay and bisexual community in terms of funding. Most community projects receive their funding through city or county partnership boards funded through Area Development Management (ADM). The maximum funding these groups receive is €5,000.

**Disability Services**

Support issues affecting people who are disabled and lesbian, gay or bisexual are perhaps most relevant in the context of those charged with the duty of care towards people with disabilities. Abbott and Howarth (2004) found that, in the services that support people with learning difficulties in all areas of their lives including relationships and sexuality, people with learning difficulties who are lesbian, gay or bisexual are even less likely to have support in developing relationships. Interviews with staff across twenty learning disability services identified that only a small number recognised the need to pro-actively support lesbian, gay and bisexual people with learning difficulties. In their study, they found that most staff said that they knew men and women with learning difficulties who were gay, lesbian or bisexual, however the attitudes of staff members towards same sex relationships was cited as a barrier to doing work in this area – same sex relationships were sometimes treated as lacking in value or meaning.

Many people with disabilities in Ireland have the direct support of a Personal Assistant (PA), however support and assistance to develop relationships is a grey area. Bonnie (2003) discusses the Personal Assistance service provision in Ireland, and highlights a number of difficulties in relation to pursuing “facilitated sexual expression”. These included a limited pool of PAs or prospective PAs to choose from, therefore a fear on the part of the disabled individual in broaching the subject of their sexual orientation.

Participants in the Sexuality Disability and Relationships Conference (2003) discussed facilitation and emphasised that this relates not just to sex itself, but also to receiving encouragement and support in one’s life, to having access to the same information and facilities as anyone else and to being supported to have a relationship. There was a lot of uncertainty in each workshop as to the role of Personal Assistants (PAs) with respect to the sexuality of disabled people, however participants stated that they would like their PA to be supportive with this area of their lives. Within the Sexuality and Difference workshop, participants were unsure
when was the ‘right’ time to tell a PA about a gay/lesbian sexual identity and what their options were if their PA was homophobic. This was substantiated in consultations, with those interviewed expressing difficulty in accessing, through gateway service providers, respectful, informed and non-homophobic personal assistants and interpreters who are aware of sexual orientation issues and the lesbian, gay and bisexual community.

Participants identified that within disability services there can be a huge amount of variation in staff attitudes to sexuality and sexual expression – “some staff may accept, others tolerate, while yet others can be very uncomfortable dealing with issues around sexuality” – with no specialised support services in this area. Members of the Sexuality and Difference workshop reported that there is no current professional intervention to provide support in coming to terms with a gay, lesbian or bisexual sexual orientation.

Consultations identified that there is a general need to address a lack of training and awareness for those people with responsibility for the care and support of people with a disability. The issue of confidentiality with regard to sexual orientation was also raised. Paternalistic care was believed by consultees to undermine the confidentiality rights of service users, with the expression of a lesbian, gay or bisexual orientation to carers or personal assistants often accompanied by the “well-founded fear” that such care providers will tell the individual’s parents ‘for their own good’. A recent case was also highlighted of a youth in residential care who wished to ‘come out’, but was denied an escort due to difficulties arising from his location.

EFFECTS ON MENTAL HEALTH

Positive mental health is a cornerstone of overall well being, however such forces of exclusion as those discussed can lead disabled lesbians, gay men and bisexuals into a cycle of mental ill health. Depression and suicide rates can be significantly higher among these communities than for heterosexual groups, and one English study found that attempted suicide among young gay men was related to mental health problems, ‘internalised homophobia’ and low confidence levels. Gonsiorek’s examination of mental health issues affecting young lesbians and gay men suggests that such individuals, while a diverse group, share common experiences of abusive treatment by their peers. This abuse occurs in tandem with the usual difficulties experienced by youths in their journey to adulthood. (Dillon and Collins, 2004)

Ian Rivers at the University of Luton has conducted various pieces of research into bullying and its impact on the mental health and well being of gay and lesbian youth (as cited in Pringle, 2003). Findings revealed that the bullying which lesbians and gay men experienced
in school was more severe in nature than general bullying.

The Gay Switchboard Dublin (GSD) reports a growing number of calls from individuals suffering from acute and dangerous levels of psychological stress, or from mental illnesses related to coping with their sexuality and the discrimination they experience. Although in need of professional intervention, such individuals were not comfortable disclosing their sexual orientation to mental health professionals (Dillon and Collins, 2004). The effects of such mental stress are manifold, but one of the most significant is the acceptance by a young gay or lesbian person of negative and discriminatory views expressed by the general society, by family or by peers. This is known as “internalised homophobia” (p.5), and is very damaging to the individual’s self image, often leading to self-hatred.

Research in both the United States and in Britain has confirmed that the psychological effects of discrimination are to be seen in the elevated rates of mental illness and anxiety disorders suffered by lesbian, gay or bisexual individuals (King and McKeown, 2003; Cochran et al, 2003). Lesbian, gay or bisexual individuals are more likely to have approached a mental health professional than heterosexual individuals, and their problems are likely to stem from negative and discriminatory reactions to their sexuality. But research suggests that such service users are likely to encounter the same homophobia in the mental health services as they do in society, as identified previously.

Consultations highlighted that there is a lack of current research on this subject area in general, and specifically into the incidence rates of mental health problems and substance abuse patterns in lesbian, gay or bisexual individuals. It was also stressed that there is significant importance in campaigning to raise the awareness of sexual orientation issues in the health professions, voluntary sector and amongst such groups as college support staff. Many people who are lesbian, gay or bisexual and have a learning disability were identified as having great difficulty in expressing their sexual identity. This usually manifests in physical aggression, and the lack of awareness and research in this area was regarded as very concerning. The consultee’s highlighted the fact that there is no research in Ireland on this matter and they felt it is something that should be addressed as a matter of urgency.
LEGISLATION AND POLICY
The current legislative climate in Ireland displays a legislature slowly coming to terms with the diversity of its population. From a late start and poor historical record Ireland is viewed positively internationally for its equality legislation and policy.

In terms of disability, the Report of the Commission on the Status of People with Disabilities in 1996 marked a watershed in Irish disability policy. The report set out a legislative, policy and service framework for the realisation of people with disabilities’ economic, social and cultural rights. Following the Commission’s report Government policy has been committed to:

- a social model of disability
- a focus on the realisation of people with disabilities’ rights
- the mainstreaming of provision for people with disabilities
- the building of an inclusive society

Current themes in disability policy are the promotion of:

- human rights and social model of disability
- leadership of people with disabilities
- partnership with all key stakeholders including people with disabilities and their families and carers
- mainstreaming of provision
- quality and standards
- disability / equality awareness and attitudinal change
- access, including physical, information, communication and attitudinal access
- co-ordination and integration of services
- disability / equality proofing of services.
In 2004, the Government published the National Disability Strategy, which has four components:

> the Disability Bill
> the Comhairle Amendment Bill
> the draft sectoral plans from six Government departments
> the budget estimates.

There has been significant legislative and policy activity also in mental health, with the Mental Health Act 2001 that established the Mental Health Commission and the establishment of the Expert Group on Mental Health Policy following a commitment in the National Health Strategy Quality and Fairness: a health system for you 2001, which will report in 2005.

In terms of legislation relating to sexual orientation, 1993 saw the decriminalisation of homosexuality. Sexual orientation and disability are both included within the nine grounds covered by equality legislation. The Irish government recently enacted the Equality Act 2004, the latest addition to equality legislation in Ireland. The function of the Equality Act 2004 is to transpose three European Directives on Race, Gender and Employment into Irish law. The new legislation makes a series of amendments to the existing equality legislation, the Equal Status Act 2000, which covers goods and services and the Employment Equality Act 1998, which covers equality in employment. Many of the amendments are procedural in nature and reflect the experience of the Equality Tribunal.

The Framework Employment Directive, in particular, is a significant development for people with disabilities in Europe. It guarantees equal treatment in employment for disabled people in all EU member states and makes significant changes to the Irish Employment Equality Act.


---

4 The Equality Tribunal reported 11 decisions on the ground of disability in 2003. In 2003 the Equality Tribunal received 36 equality employment complaints and 63 Equal Status complaints on the grounds of disability. (Equality Tribunal; Legal review 2003).
The *Comhairle Amendment Bill* is anticipated to provide for a new advocacy service, to be administered by Comhairle. The personal advocate will assist, support and represent the person in applying for and obtaining a social service and will help pursue any right of review or appeal in connection with that service.\(^7\)

(Disability Agenda Legal Systems of Redress www.nda.ie,)

---

\(^7\) Minister Willie O Dea, Speeches and Statements  http://www.willieodea.ie/
CONCLUDING COMMENTS AND RECOMMENDATIONS
This discussion paper is based on selected international and national literature and original research with lesbian, gay or bisexual people living around Ireland. It provides an overview of the reality of their lives, identifies key issues and makes recommendations for research, standards and dialogue that will inform the development of policy.

Recurrent themes include discrimination of disabled lesbians, gay men or bisexuals (within the disabled community i.e. homophobia, within the lesbian, gay and bisexual community i.e. around disability and within society as a whole by being considered asexual and taboo); access issues (access to the lesbian, gay and bisexual community in terms of the built environment, advertising and marketing, support and helplines); information and education; and awareness and attitudes (a lack of empathy and awareness of issues and a lack of knowledge of needs, which is exacerbated by their exclusion from research in both communities).

Discrimination and exclusion are common experiences for disabled lesbians, gay men and bisexuals in the context of their contact with the disability community, the lesbian, gay or bisexual scenes, service providers including carers and health professionals and with wider society.

This discrimination and exclusion has very real consequences, both for the individual in terms of mental well being, access to services and quality of life, and for Irish society in terms of full, open and equal participation for all its members.
It is the contention of this paper that initial strategies to further equality and equity for disabled lesbians, gay men and bisexuals would include:

- Research into individuals’ experiences including the specific ways this group is discriminated against and ways to tackle this discrimination,
- Disability-proofing of lesbian, gay or bisexual organisations and service providers, including the conduct of access audits and the development of plans to re-orient provision
- Sexual orientation / equality proofing of disability organisations and service providers
- Organisation, service and societal awareness raising and educational programmes to effect attitudinal change
- Standards and Codes of Practice development to ensure the development of equitable provision and practice
- Dialogue and policy development.

**Research**

There is a lack of research in the area of sexual orientation and disability internationally and nationally. Research needs to be undertaken into lives, experiences and needs of lesbian, gay and bisexual disabled people living across Ireland, including rural areas. In particular, research into the experiences of lesbians, gay men and bisexuals in residential care is urgently required to inform policy, standards and practice. Other areas for research are the incidence rates of mental health problems and substance abuse patterns in the lesbian, gay and bisexual community.

**Needs Assessments**

The Disability Bill proposes the introduction of needs assessments. These should address sexuality and include sexual and social needs for example identifying services and social activities that disabled people who are lesbian, gay or bisexual need to access.

**Standards and Codes of Practice**

Service and practice standards must include equality requirements to ensure that they deliver high quality, appropriate and adequate provision to people with disabilities who are lesbian, gay or bisexual. The development of standards and Codes of Practice should be informed by both consultation with and the participation of people with disabilities who are lesbian, gay or bisexual. The issue of sexual orientation should be addressed by the National Disability Authority and other bodies who have a remit in the area of standards, Codes of Practices, accreditation, inspection, monitoring and review for example the Mental Health Commission and the Health Information and Quality Authority.

Service standards should include requirements for staff to engage in disability and sexual orientation awareness / equality awareness training.
Accountability and Dialogue

The consultee’s expressed their concerns that the lesbian, gay and bisexual community does not accept its responsibilities around delivering accessible provision. There needs to be dialogue between lesbian, gay and bisexual organisations and service providers, including community organisations and centres, publications, support services and promoters and lesbians, gay men and bisexuals who have disabilities.

This dialogue would develop a way forward to realising access, disability awareness and attitudinal change within the lesbian, gay and bisexual community and re-orienting its provision. This would be informed by an audit of how lesbian, gay and bisexual organisations and service providers spend public and other funding in order to identify how existing funding could be used to promote change and additional funding sourced.

The NDA’s Public Services Accessibility Award, to be launched in 2005, which focuses on the build environment, ICT and quality customer service could be used to benchmark the quality of provision in the lesbian, gay and bisexual community. A first step is the conduct of accessibility audits and the development of incremental plans for the re-orientation of provision. NDA publications such as Ask Me: Guidelines for Effective Consultation, Building for Everyone and its ICT Guidelines are all resources that should be used by the lesbian, gay and bisexual community.

Lesbian, gay and bisexual organisations and service providers should develop inclusive policies on disability.

Conclusion

The purpose of this paper is to identify and discuss issues and specific support needs across a number of themes, which are relevant to people with disabilities who are lesbian, gay and bisexual, both within the disabled community and within the lesbian, gay and bisexual community. It is intended that the paper will stimulate further discussion on disability and sexual orientation amongst a wide range of individuals and organisations in the disability and lesbian, gay and bisexual sectors and the wider population, including service providers and Government departments and agencies.

The NDA acknowledges the diversity of people with disability and is committed to delivering on its statutory remits in policy, research and standards within an equality framework. It intends that this discussion paper on disability and sexual orientation will inform its own and other organisations work, lead to further dialogue on and increased awareness of the identity, experiences and needs of people with disabilities who are lesbian, gay or bisexual so that they will realise their right to equality and full participation within Irish society.
Bibliography


Abbott, D & Howarth, J; Secret Loves, Hidden Lives: What do learning disability staff think about same sex relationships for people with learning difficulties?; Norah Fry Research Centre, University of Bristol

Bonnie, S; Disability and Sexuality: An Irish Perspective; Keynote Speech from Sexuality, Disability and Relationships Conference; 2003

Breslin, N; Situation, Experiences and Identity of Disabled Women in Northern Ireland; Equality Commission for Northern Ireland; in Zappone, 2003, p.49-68.

Brothers, M., It's Not Just About Ramps and Braille: Disability and Sexual Orientation in Zappone, 2003


First Out: Report of the findings of the Beyond Barriers survey of lesbian, gay, bisexual and transgender people in Scotland; Beyond Barriers; FMR; 2002


Identity at the Crossroads; Equality News; Equality Authority and Forum for People with Disabilities; 2001

Inclusion not Ignorance - Disabled LGBT Conference Report: Greater London Action on Disability (GLAD); 2002


McManus, S; Sexual Orientation Research Phase 1: A Review of Methodological Approaches; National Centre for Social Research, Scottish Executive; 2003

Consultees

21 individuals were consulted in researching the issues presented in this paper, including individuals who are disabled and lesbian, gay or bisexual, and representatives of the following organisations:

> Gay HIV, Strategies
> Greenbow, Dublin
> L.inC (Lesbians in Cork)
> Gay Men’s Health Project, Dublin
> Outhouse, Dublin
> Rainbow Support Services, Limerick
> Union of Students in Ireland, (Lesbian, Gay and Bisexual Campaign).
> University of Bristol

The authors would like to gratefully acknowledge the support and input of all those individuals who contributed.