

**Lesbian, Gay, Bisexual,  
Transgender and Queer+  
Individuals With Disabilities: An  
Issue of Access, Participation  
and Occupational Justice**

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# Brave Space

- This session is for all levels
- Evolving terminology
- Assume positive intent
- Feel free to ask during presentation

**Reminder:** this is not a partisan issue.




# Objectives

Objective 1: Identify 3 ways a client's LGBTQ+ and disability identities intersect to create barriers to participation in occupations including expression of sexuality and gender.

Objective 2: Articulate rationale for advocacy for LGBTQ+ populations contextualized in an occupational justice framework

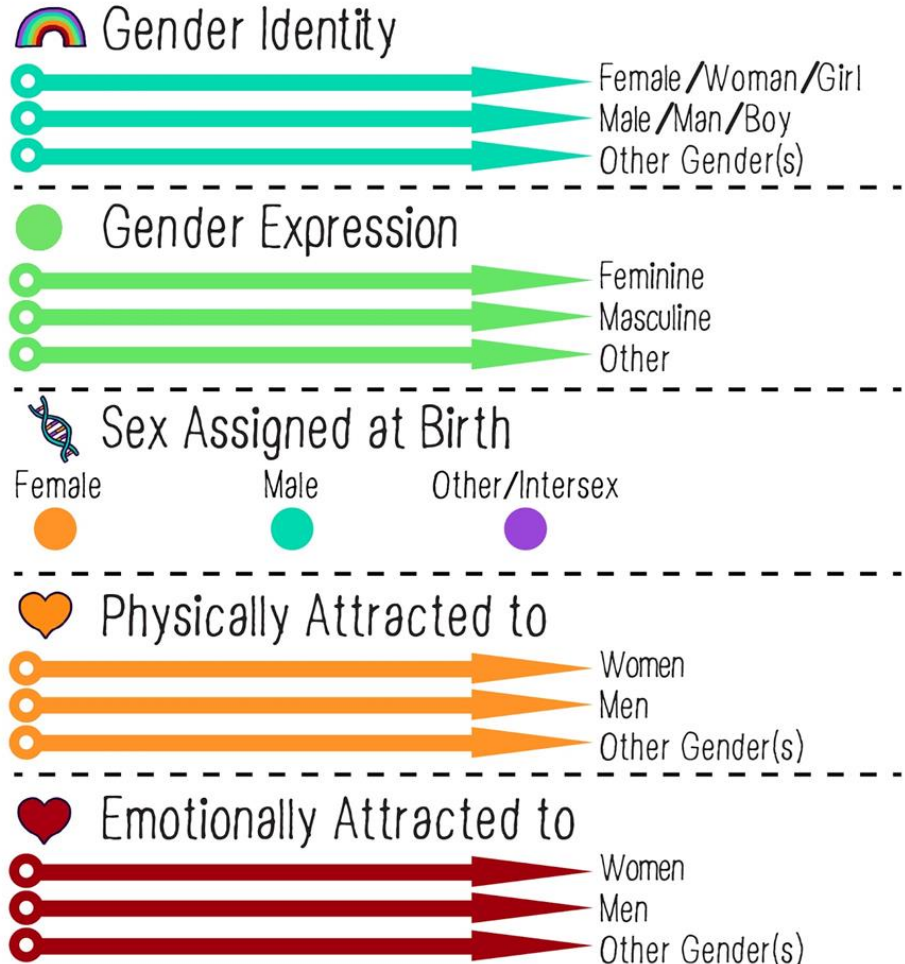
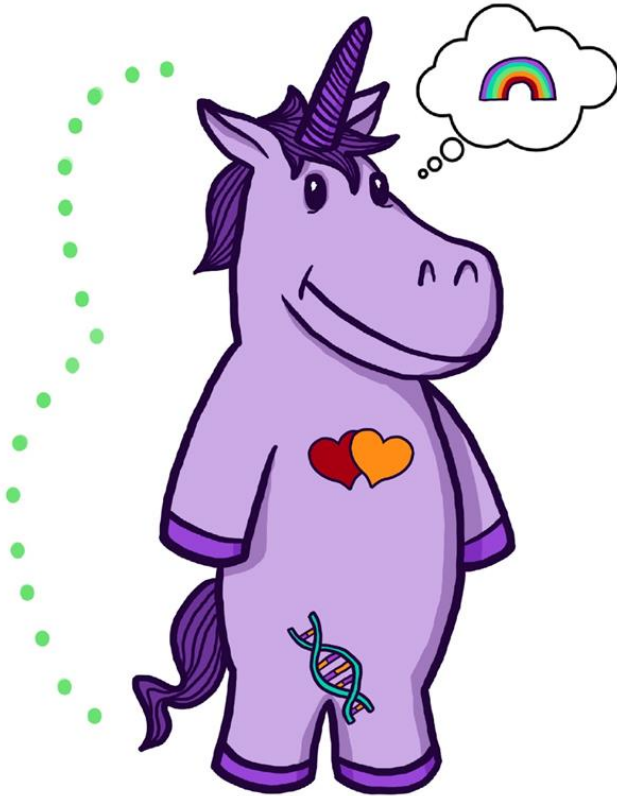
Objective 3: Apply knowledge regarding the complexity of the intersection of LGBTQ+ and disability identities to design a plan of care.



**LGBTQ+ and disability identities  
intersect to create barriers to  
participation in occupations**

# The Gender Unicorn

Graphic by:  
**TSER**  
Trans Student Educational Resources



To learn more, go to:  
[www.transstudent.org/gender](http://www.transstudent.org/gender)

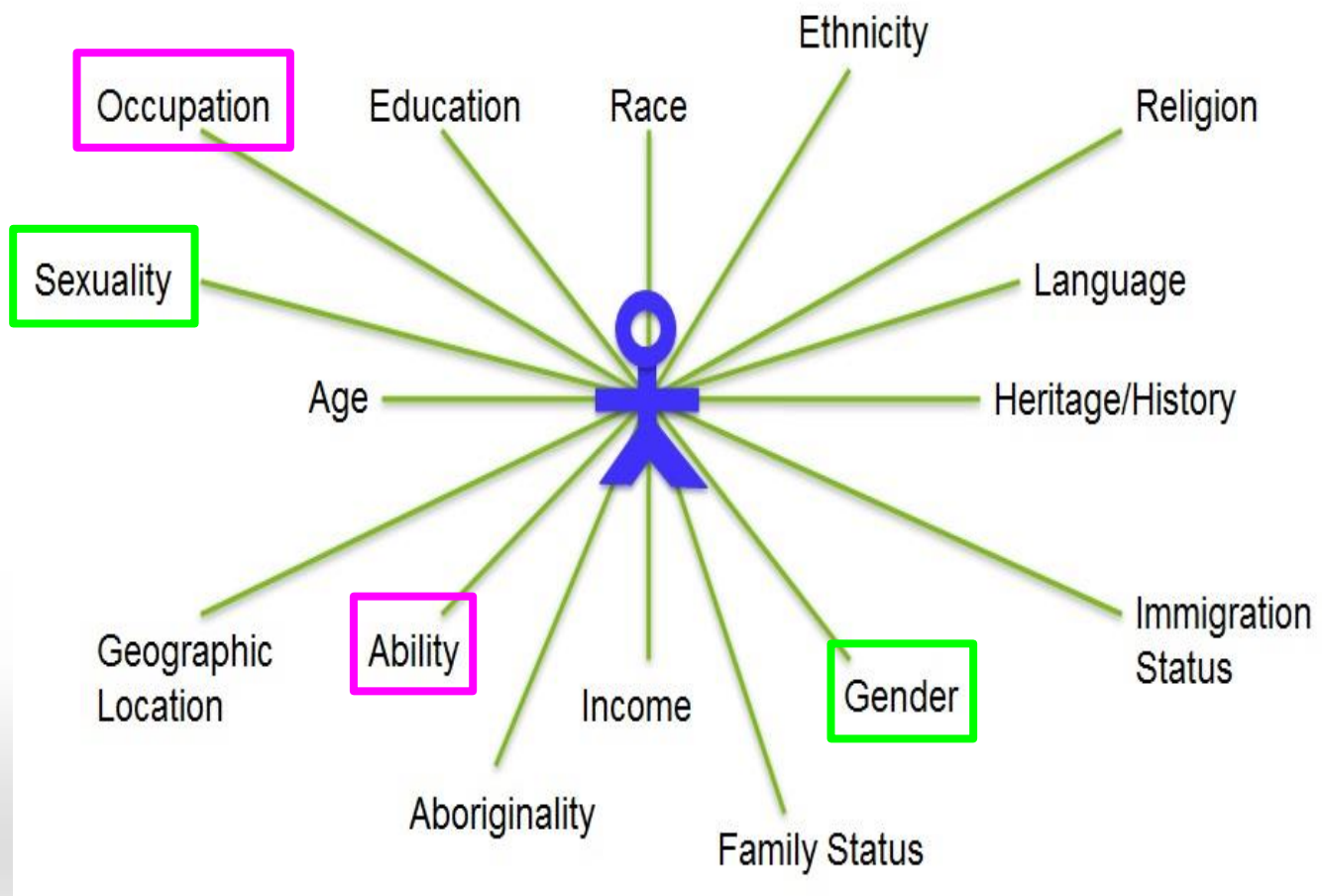
Design by Landyn Pan and Anna Moore



# **Intersectionality**

# Intersecting Identities

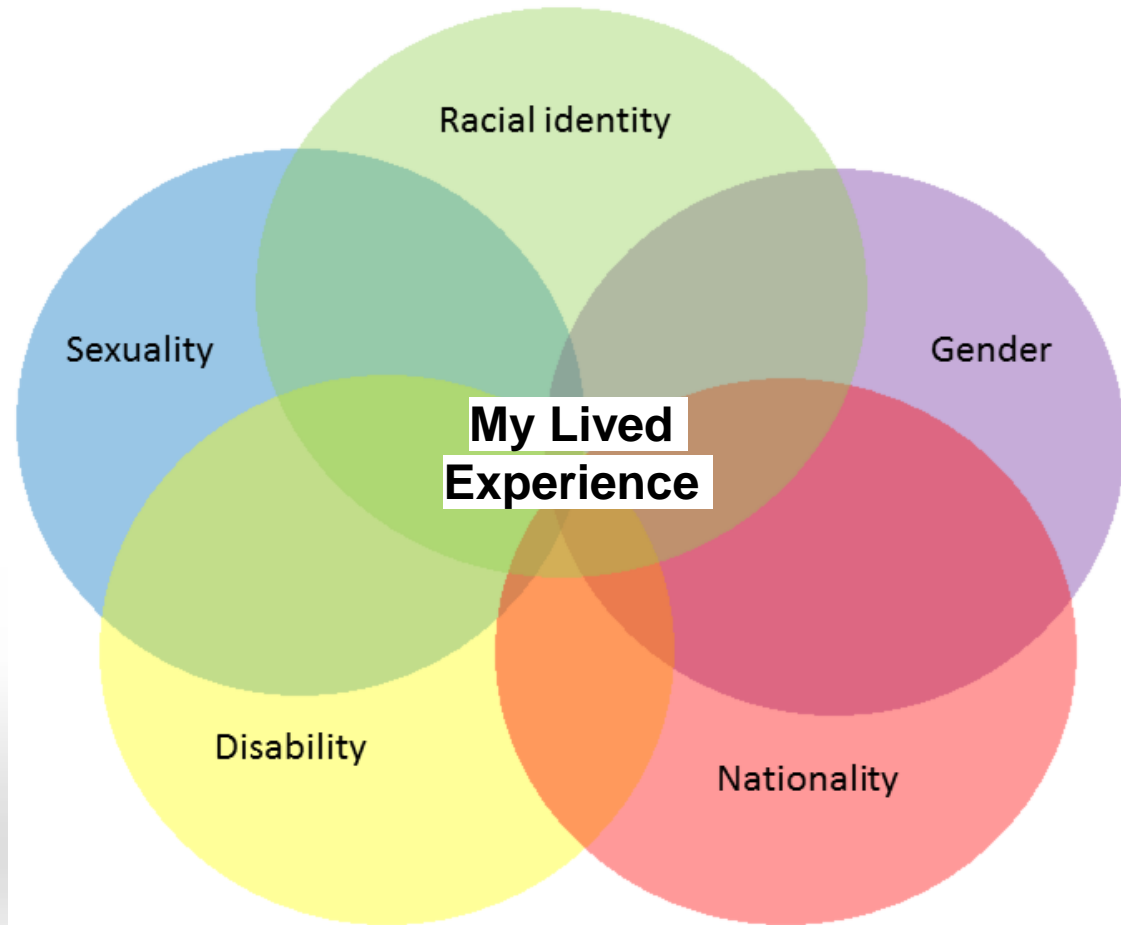
Identity is a multi-dimensional construct involving integration of respective identity components into a greater overall personal identity.



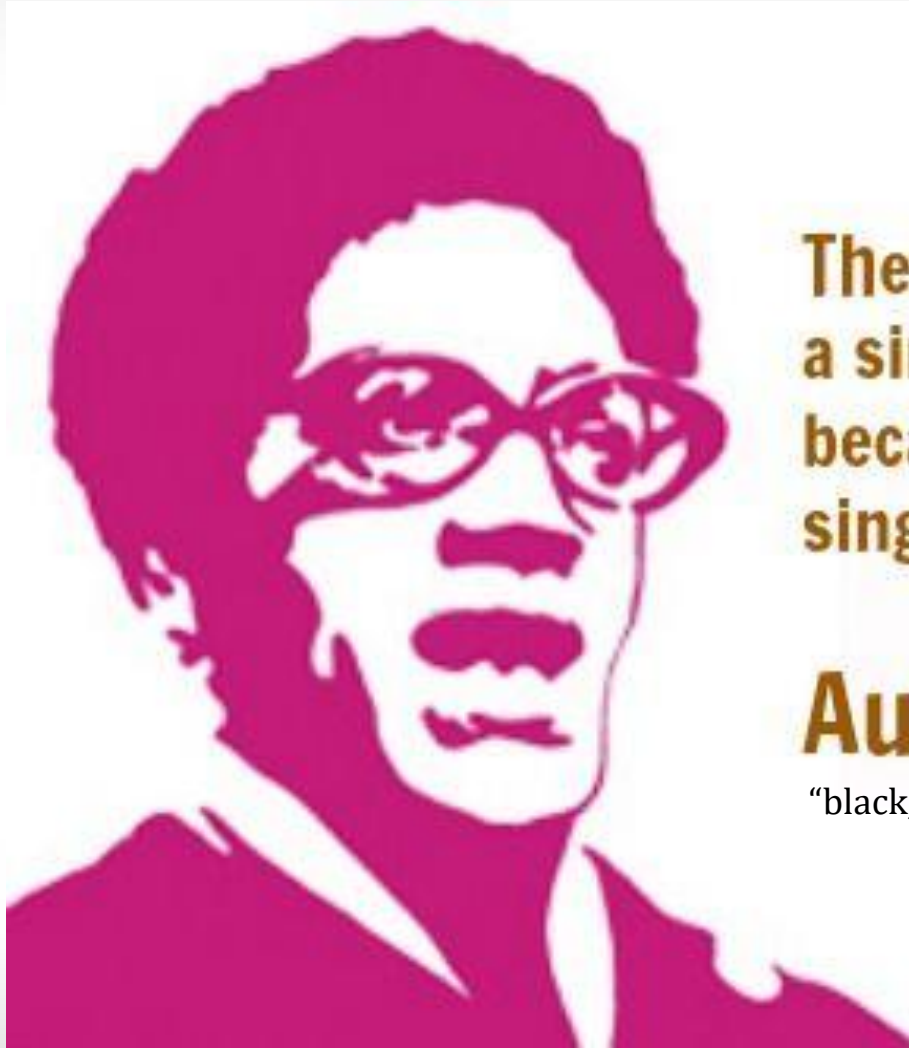


# Intersectionality

A framework for understanding overlapping or *intersecting* social identities, and how various biological, social, and cultural categories and other axes of identity interact on multiple and often simultaneous levels.



# Identity, Health & Participation

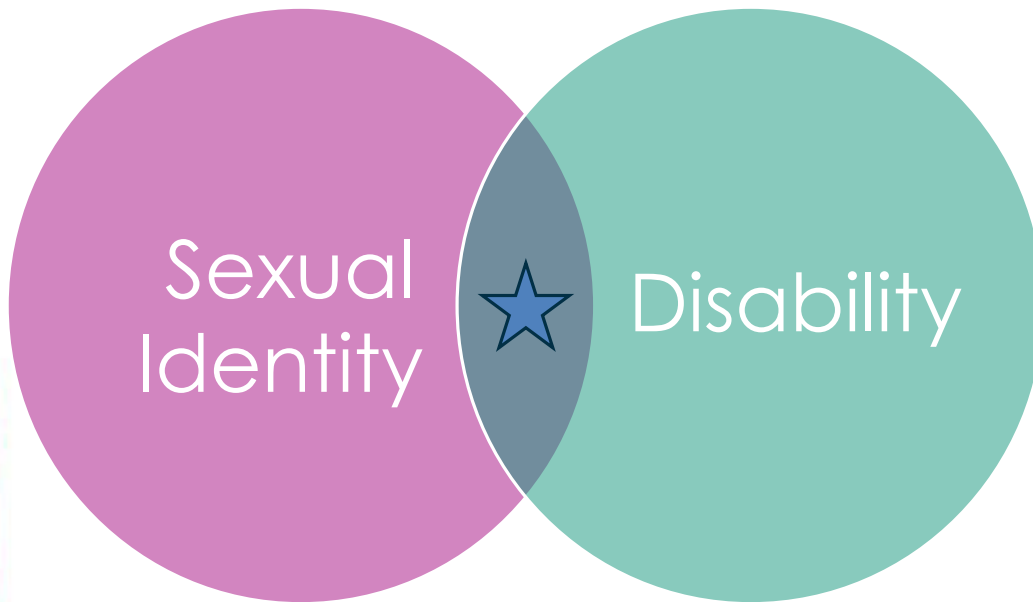


**There is no such thing as a single-issue struggle because we do not live single-issue lives.**

**Audre Lorde**

“black, lesbian, mother, warrior, poet”

# Intersections with Disability



Coming out twice

Not seen as a sexual being

Being seen as only a sexual being

Able bodiness, like heterosexuality, is considered the natural order of things (McRuer, 2006)



# Intersection of Disability and LGBT

## **Rejection of disability identities in LGBT spaces**

- Physical access
- Social access
- Metro vs Rural
- Emphasis on fitness, appearance, and libido in LGBT culture

## **Lack of inclusivity of LGBT identities in disability spaces**

- Persons with disabilities overlooked as sexual beings
- Lack of overall sexual education in disability spaces

# Intersection of Disability and LGBT

“You may have sixty years’ life experience, with the brain, body, temperament, and libido of an adult, but if you can’t feed yourself, or need help wiping your ass, or getting in and out of a car, you are considered a child. Thus they deny our sexualities”

(Kaufman, Silverberg & Odette, 2007)



**Advocacy for LGBTQ+ populations  
contextualized in an occupational  
justice framework**



# Advocacy

## **Micro:**

- Within the systems of care in which we work
- With all our clients and their families

## **Macro:**

- With our professional governing bodies and regulatory agencies
- With our professional education programs
- Within our communities

# Occupational Justice

“Equitable or fair opportunities and resources ‘to do, be, belong and become what people have the potential to be and the absence of harm.’” (Hocking, 2017).



“Occupational justice, then, is concerned with enabling, mediating and advocating for environments in which all people’s opportunities to engage in occupation are just, health-promoting and meaningful” (Hocking, 2017).



# Disparities and Access

- LGBT individuals experience more disparities in health care
- LGBT individuals ***often avoid routine health care as a direct result of negative experiences***, oppression, and discrimination perpetrated by providers and the greater healthcare system
- In 2016 the NIH (United States) announced sexual minorities as a research priority
  - 2017 removed from 2020 Census
  - 2017 LGBT older adults removed from National Survey of Older Adults Act Participants

# Socio-Political Context

## •USA

- U.S. Supreme Court legalized marriage equality
- Decrease in suicide ideation among LGBT teens
- Current political rhetoric using “homophobia” and “otherness” as a tool

## •Globally

- 72 countries outlaw homosexuality
- 26 countries allow same sex couples to adopt
- 22 countries allow same sex marriage
- 9 countries have constitutional protections for



# Socio-Political Context

## •USA

- Transgender ban in U.S. military
- 28 deaths due to violence (2017)

## •Globally

- Argentina: Gender reassignment surgery a legal right
- Denmark: Allows self-determination of gender status at 18 years
- Malta: Gender Identity, Gender Expression, and Sex Characteristics Act
- India: Transgender people protected from discrimination
- However, discrimination and violence persist



# Consideration of Socio-Political Climate

## **Fredricksen-Goldsen, Kim, Shiu, Goldsen & Emlet (2014)**

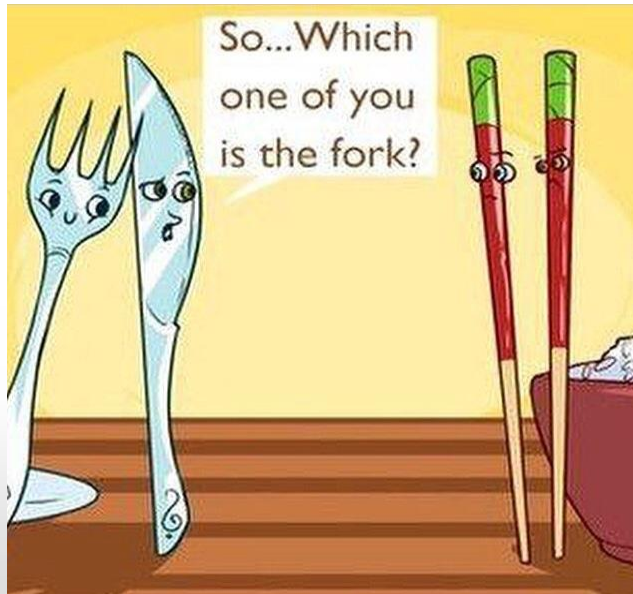
- “Examined predictors of physical and mental health QOL as a subjective evaluation of successful aging, and also investigates age group differences among LGBT older adults.”
- The Socio-Historical context played a role based on age bands.
- Physical health QOL positively associated with social network size, social support, physical activity, leisure activity, substance nonuse, income, employment.
- Mental health QOL positively associated with positive sense of sexual identity, social network size, social support, physical activity, leisure activity, routine health checks, substance nonuse.

# Why this matters...

- Opportunity to promote protective factors and help establish improved routines.
- Opportunity to advocate for inclusive and safe settings for couples/LGBT seniors in relationships in supported environments to facilitate social connectedness.
- Opportunity to provide positive healthcare experiences to reinforce routine health/wellness checks.
  
- Opportunity to reflect on long-term narrative for LGBT youth, and how the current socio-political climate may shape occupational engagement and patterns, and create increased resiliency for successful aging.

# Barriers to Inclusivity

- Inappropriately personal questions
- Stereotype based assumptions
- Misgendering
- ***Heteronormative Environment***
- ***Microaggressions***



## HOW TO TELL IF A TOY IS FOR BOYS OR GIRLS: A GUIDE



# Promoting Inclusivity

- **Ask open questions, avoid assumptions**
- Gender inclusive/neutral questions:
  - “Are you dating?” (vs. “Boyfriend/Girlfriend”)
  - “Hi my name is and I use she/him/they”
  - “What name do you go by?”
- **Open & Affirming Attitude**
- Support youth without requesting disclosure or “clarification” of sexual orientation or gender identity





# Medical Settings

Cate, an 82 year old Latina woman, has just had a L THR and is being evaluated by the OT and PT for discharge planning. She is healing well but still at Mod A for some ADLs.

Cate becomes extremely agitated when the idea of a skilled nursing facility comes up. She is adamant that her friend Marina can take care of her and that she **must** go home as soon as possible.

After conversation you learn that they have shared a home for over 35 years and Marina has recently been diagnosed with mild dementia. Cate is very fearful that if she cannot go home soon; Marina's family will move her away to a facility.

# Medical Settings

What can you assume about Cate and Marina's relationship?

- ▶ Is it important?
- ▶ How could you find out more?

How can you discuss safe discharge options with Cate that take into account her fears?

Do you know of any resources that could be helpful for her?

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