

3.6 Identities and Intersectionality LGBT+ older people with disabilities

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| What | Examples of Intersectionality in LGBT+ older people's lives |
| Purpose | Addressing needs of LGBT+ older people with disabilities |
| Target group | Teachers and trainers in vocational and higher education and their students |
| Level | Level 2-3-4 in vocational education, higher education (level 5-6) |
| Execution | Extra support from the teacher, outside quest (e.g. member of an LGBT NGO) or person with experience is advisable (depending on the ability of the students to work independently). |
| Sources | <p>IGLYO (2014), Intersectionality Toolkit. Retrieved from: https://www.iglyo.com/wp-content/uploads/2015/09/Inter-Toolkit.pdf</p> <p>Leonard, W. and Mann, R. (2018) The everyday experience of lesbian, gay, bisexual, transgender and intersex (LGBTI) people living with disability, No.111 GLHV@ARCSHS, La Trobe University: Melbourne. Retrieved from: http://www.rainbowhealthvic.org.au/media/pages/research-resources/the-everyday-experiences-of-lesbian-gay-bisexual-transgender-and-intersex-lgbti-people-living-with-disability/1242611313-1564625168/the-everyday-experiences-of-lesbian-gay-bisexual-transgender-and-intersex-lgbti-people-living-with-disability.pdf.</p> <p>Mental Health Foundation, retrieved from: https://www.mentalhealth.org.uk/learning-disabilities/a-to-z/s/social-model-disability .</p> <p>National Resource Centre on LGBT ageing https://www.lgbtagingcenter.org/; https://www.lgbtagingcenter.org/resources/resource.cfm?r=818</p> <p>The UN Convention on the Rights of Persons with Disabilities (UNCRPD) (2006). Retrieved from: https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf</p> <p>Tinney J. et al (2015), Mental health issues and discrimination among older LGBTI people, <i>International Psychogeriatrics</i> (2015), 27:9, 1411–1416 C International Psychogeriatric Association 2015, doi:10.1017/S1041610214002671. Retrieved from: https://www.cambridge.org/core/services/aop-cambridge-core/content/view/4ADC5FEFEFACA46D40B2F4EE5C5906C5/S1041610214002671a.pdf/mental_health_issues_and_discrimination_among_older_lgbti_people.pdf.</p> |

Introduction

The purpose of the theme

- The purpose of this theme is to develop an understanding of diversity of LGBT+ older people with disabilities across the spectrums of ethnicity, sexual orientations and gender identity, socio-economic status, religion and other personal circumstances or identities.
- One of the purposes is also to show the importance of strengths' perspective in social and health care work, using methods of advocacy and self-advocacy.

A disability can be either physical, psychosocial, intellectual and/or sensory, or a combination of these. Disabilities should be understood within the framework of the so-called social model of disability. In this model, the distinction is made between 'impairments', which are the individual characteristics that may prevent people from doing something, and 'disability', which is the additional disadvantage bestowed by a society which are excluding people from full participation that treats these 'impairments' as abnormal, thus unnecessarily excluding them from full participation in society. (Mental Health Foundation, retrieved from: <https://www.mentalhealth.org.uk/learning-disabilities/a-to-z/s/social-model-disability>) The social model of disability says that it is society which disables impaired people. In words of one disability activist, the social model tells us that "ableism needs the cure, not our bodies." The social model of disability is a theoretical basis of the UN Convention on the Rights of Persons with disabilities (2006).

Using the social model of disability instead of the medical model can change people's view and beliefs on what other people can achieve, and how our environments and support (including social and health care) should be structured. Many countries have still outdated policies that can be a barrier to people with disabilities leading full and active lives.

The gender identity and sexual orientation of a person with a disability is often made invisible. The assumptions that people with disabilities do not have sexuality, or are heterosexual and cisgender are common. This means that sexual and gender identities of people with disabilities are not being respected, and may lead to people suppressing fundamental parts of their identities. Dependence on carers and the level of knowledge, attitudes and values regarding the sexual orientation and gender identity among them may strengthen these barriers (IGLYO, 2014).

The review documented higher rates of violence and abuse against LGBT+ people with disability compared with national averages and LGBT+ people without disability. The risks of violence are higher for women with disability and for LGBT+ people with intellectual disabilities (Leonard and Mann, 2018).

Often people with disabilities are underrepresented within different rights movements.

Mental health problems remain one of the most taboo forms of disabilities. Poor mental health among lesbian, gay, bisexual and trans people have often been linked to experiences of homophobic, biphobic and transphobic discrimination and bullying. Other factors (such as age) can add extra complications to an already difficult situation. The research clearly shows that discrimination leads to higher rates of particular preventable physical and mental health problems among LGBT+ people compared with the population as a whole. These include higher rates of some cancers; drug and alcohol misuse; depression and anxiety; and self-harm and attempted suicide. The systemic discrimination has also been linked to LGBT+ people's underutilisation of services, leading to poorer prognoses and health. (Leonard and Mann, 2018).

There is a growing body of evidence highlighting the enhanced likelihood of LGBT+ older people suffering depression and anxiety. Some of this research indicates that the fear of, and the actual occurrence of sexuality and/or gender identity-based discrimination in aged care settings is one source of this anxiety and depression. In addition, LGBT+ older people bear the burden of being discriminated against not only because of their sexual and/or gender identity, but also because of their age. Although some of LGBT+ older people have developed strategies to make themselves safe in the face of this discrimination, this is certainly not the case for all (Tinney J. et al, 2015).

There is a considerable gap in knowledge amongst aged care providers about how to recognise and manage the mental health needs of LGBT+ older people. Professionals can often unintentionally fall into victimisation of service users (e.g. a person with a disability) and see their lives as a series of unfortunate events. By using the strength perspective, a professional learns to see how an individual overcame challenges in the past and uses this information when working with them in planning their future care based on their individual needs.

Activity 1

Working with lesbian, gay, bisexual and transgender people: people with learning disabilities: Richard's story: <https://www.scie.org.uk/lgbtqi/video-stories/learning-disabilities> .

In this video, we meet Richard who was diagnosed with an intellectual disability at an early age. Richard explains his confusion around his sexuality and how he was not provided with adequate sex education. It explores his experiences of social care in relation to person-centred approach and independent living.

Assignment

Discuss the following questions:

- What is the situation about sexual autonomy of people with intellectual disability in your country?
- What are the resources to support people with similar story like Richard in your country?

- The video highlights the need for trained workers in sexuality and intellectual disabilities so that people can live an inclusive and empowered life. In your opinion, what skills and knowledge should such training include?

Results

The students will get an insight into the life of older adult gay man with intellectual disability. They will understand the limited chances that people with intellectual disabilities have in making autonomous decisions about their lives, including sexual autonomy. At the same time, they will gain insight into changes that self-advocacy and resistance to patronizing social attitudes can bring to the individual's life, as well as of an importance of inclusive LGBT+ community. They will get some ideas and skills of effective, non-patronizing support of individual choices of people with intellectual disabilities, using strengths' perspective in care work.

Activity 2

[Sharing stories](#) and having the space to talk about their experience can be an empowering moment for anyone who has dealt with stigma or discrimination in their lives. Teacher/trainer should try and invite guests with personal experiences of being an LGBT+ older person. Topics of identities, intersectionality and diversity can be addressed through a personal story on which students can reflect and at the same time receive a bottom-up perspective to the needs of an LGBT+ person receiving care services.

- It is recommended for the teacher/trainer to get in touch with the local NGO's and organisations that have experience working with LGBT+ older people. In this way students learn about local organisations that can support LGBT+ people receiving health and social services.
- Ideally, an LGBT+ older person would come and share his/her/their life story, with focus on challenges and strengths of overcoming difficulties they faced in the past or they face in the present. May it be issues dealing with homophobia, biphobia or transphobia or challenges living with mental health issues or disability.
- Before inviting a guest, safe space should be established.
- The students should be encouraged to ask questions and be mindful to recognise strengths and important people in the person's life story.

Assignment

The students can write an essay regarding what they learned, reflect on what moved them, how they see issues LGBT+ older people with disabilities face in society and specifically in care services (e.g. in a retirement home, or living by themselves with limited social network).

Results

The students understand the importance of contextualising an individual LGBT+ older people's personal stories through intersectionality perspective. The students develop sensitivity and understanding of diversity of LGBT+ older people not only one-dimensional (taking into account only one identity), but across spectrums of ethnicity, sexual orientations and gender identity, socio-economic status, (dis)abilities, religion and other personal circumstances or identities.

Evaluation for students

Discuss this theme individually or in groups. Use the following reflective questions:

- What have you learned from this block?
- What did you already know?
- What kind of impact did the information make on you as a professional health or social care taker?
- What are you taking into practice?
- What are you not taking into practice? Why not?

Keep on Learning

- IGLYO (2014), Intersectionality Toolkit. Retrieved from: <https://www.iglyo.com/wp-content/uploads/2015/09/Inter-Toolkit.pdf>
- Leonard, W. and Mann, R. (2018) The everyday experience of lesbian, gay, bisexual, transgender and intersex (LGBTI) people living with disability, No.111 GLHV@ARCSHS, La Trobe University: Melbourne. Retrieved from: <http://www.rainbowhealthvic.org.au/media/pages/research-resources/the-everyday-experiences-of-lesbian-gay-bisexual-transgender-and-intersex-lgbti-people-living-with-disability/1242611313-1564625168/the-everyday-experiences-of-lesbian-gay-bisexual-transgender-and-intersex-lgbti-people-living-with-disability.pdf>.
- National Resource Centre on LGBT ageing <https://www.lgbtagingcenter.org/>; <https://www.lgbtagingcenter.org/resources/resource.cfm?r=818>
- The UN Convention on the Rights of Persons with Disabilities (UNCRPD) (2006). Retrieved from: <https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>
- Tinney J. et al (2015), Mental health issues and discrimination among older LGBTI people, International Psychogeriatrics (2015), 27:9, 1411–1416 C International Psychogeriatric Association 2015, doi:10.1017/S1041610214002671. Retrieved from: https://www.cambridge.org/core/services/aop-cambridge-core/content/view/4ADC5FEFEFACA46D40B2F4EE5C5906C5/S1041610214002671a.pdf/mental_health_issues_and_discrimination_among_older_lgbti_people.pdf