CBM – Nossal Institute Partnership for Disability Inclusive Development

Out of the Margins: An intersectional analysis of disability and diverse sexual orientation, gender identity, expression & sex characteristics in humanitarian and development contexts

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Prepared for DFAT, Canberra
May 2020

Executive Summary

An emerging area of enquiry in the development and humanitarian sectors is the intersectionality of people with disabilities and diverse sexual orientation, gender identity and/or expression, and sex characteristics (SOGIESC) in development and humanitarian contexts. This paper shares the findings of an analytical process conducted in late 2018 to early 2019, with the aim of exploring and building understanding of this topic and providing recommendations to guide efforts to strengthen inclusive development and humanitarian policy and practice. The process involved a review of the available literature relevant to the intersections of disability and SOGIESC in development and humanitarian contexts and analysis of key informant interviews with individuals and organisations within or relevant to the intersections of interest.

Out of the Margins highlights that many people with disabilities in development and humanitarian contexts experience prejudice, discrimination, exclusion and violence. The same can be stated for people with diverse SOGIESC – although people's experiences of these issues may differ, those at the intersection of disability and diverse SOGIESC face greater barriers and discrimination.

A review of literature exploring the experience of people at the intersection of disability and diverse SOGIESC in development and humanitarian contexts demonstrated a scarcity of evidence available. Nevertheless, the existing literature indicates that people with diverse SOGIESC and disabilities are located at the complex intersection of multiple systems of social, legal and political inequality, and are often overlooked or excluded from both disability and SOGIESC inclusion efforts in development and humanitarian contexts.

The literature points to several key areas of intersectionality of disability and diverse SOGEISC within humanitarian and development contexts – or, in some cases, areas of separate but parallel experiences among people with disabilities and people with diverse SOGEISC. These include: social norms, attitudes and identity-based stigma; the 'medicalisation' of difference or non-conformity; limited access to information and services; more pervasive and context-specific experiences of violence and abuse; and disproportionate levels of risk and exposure to hazards in humanitarian contexts.

Key informant interviews conducted with people at the intersection of disability and diverse SOGIESC in development and humanitarian contexts suggest that people at this intersection are likely to experience greater levels of exclusion from development and humanitarian processes, as well as highlighting the complex ways in which disability and diverse SOGIESC intersect in different contexts. There is also a lack of collective organisation and representation of this group: of the 12 organisations/groups interviewed, only three intentionally focused on people with disabilities and diverse SOGIESC.

Several respondents reported a significant lack of access to services for people with disabilities or people with diverse SOGIESC, especially in rural areas, but that there was more acceptance for disability overall in comparison to acceptance for diverse genders and sexualities – both within communities in general and among service-provider staff. This led to participants describing a fear of discrimination for people at

the intersection. Most examples of representation of people with disabilities and diverse SOGIESC involved their participation within SOGIESC organisations, rather than disability organisations. At the same time, development and humanitarian agencies are engaging with disability organisations more extensively than with SOGIESC organisations.

Although respondents reported diverse and context-specific experiences, common factors informing these experiences were related to discrimination, exclusion, violence, and the sense of remaining 'hidden' within their communities. Respondents identified various barriers to overcoming these experiences, including attitudes within relevant institutions or service-providers; a lack of awareness of and intentional focus on people with disabilities and diverse SOGIESC; and the broader political and legal context, particularly in relation to SOGIESC-based discrimination. At the same time, some encouraging efforts towards inclusion were reported, such as two-way capacity building or joint advocacy between disability and SOGIESC organisations, and deliberately supporting the leadership and advocacy capacities of people at this intersection.

Overall, Out of the Margins found that there is a dearth of evidence on the intersectionality of SOGIESC and disability in development and humanitarian contexts, highlighting a much neglected area within inclusive humanitarian and development research, policy and practice. This is also highlighted in the lack of recognition of people with disabilities and diverse SOGIESC in international commitments and guiding frameworks, such as the Sustainable Development Goals and international human rights conventions.

The findings from this analysis do highlight potential enablers that can be built upon to progress inclusion of people with disabilities and diverse SOGIESC within humanitarian and development contexts. The following **recommendations** are provided, with the overarching mandate of *'nothing without us'* in mind:

1. Build internal organisational mechanisms to be inclusive of people with disabilities and diverse SOGIESC.
2. Increase opportunities for people with disabilities and diverse SOGIESC to access and actively participate in the services provided by development and humanitarian organisations.
3. Develop and implement advocacy and awareness campaigns based on the experiences and knowledge of working directly with people with diverse SOGEISC and a disability, their families and their communities.
4. Improve donor government-level inclusion by intentionally including people with disabilities and diverse SOGIESC in donor strategies and frameworks.

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Acronyms

CRPD	Convention on the Rights of Persons with Disabilities
DFAT	Department of Foreign Affairs and Trade
DNH	Do No Harm
ICD	International Classification of Diseases
LGBTI	Lesbian, gay, bisexual, transgender, intersex
SDG	Sustainable Development Goals
SGM	Sexual and gender minorities
SOGIESC	Sexual orientation, gender identity and/or expression, and sex characteristics
WASH	Water, sanitation and hygiene

Definitions

In the scope of this briefing paper, the following definitions are used:

Bisexual: A person whose sexual orientation may involve people of different gender identities.

Coming out: Coming out of the closet, often shortened to coming out, is a metaphor for LGBT people's self-disclosure of their sexual orientation or of their gender identity.

Disability: The *Development for All 2015–2020: Strategy for strengthening disability-inclusive development in Australia's aid program*[1] conceptualises disability as those who have episodic or long-term physical, mental, intellectual or sensory impairment, which in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.

Disability-inclusive development: Disability-inclusive development promotes effective development by recognising that, like all members of a population, people with disabilities are both beneficiaries and agents of development. An inclusive approach seeks to identify and address barriers that prevent people with disabilities from participating in and benefiting from development. The explicit inclusion of people with disabilities as active participants in development processes leads to broader benefits for families and communities, reduces the impacts of poverty, and positively contributes to a country's economic growth.[2]

[1] DFAT *Development for All Strategy*: https://dfat.gov.au/about-us/publications/Documents/development-for-all-2015-2020.pdf
[2] DFAT *Development for All strategy*.

Gay: A person whose gender identity is male, whose sexual orientation is towards other people whose gender identity is male. Gay may also be used as an umbrella term to refer to all homosexual people regardless of gender identity.

Gender identity (GI): Gender identity is understood to refer to each person's deeply felt 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 or function by medical, surgical or other means) and other expressions of gender, including dress, speech and mannerisms.[3]

Gender non-conforming: A person who does not conform to gender roles. In practice, it can mean things as simple as a woman wearing a tie, to understanding ones-self to not identify as either masculine or feminine but something in-between, or it can mean transitioning from one gender to another.

Heterosexual: A person whose sexual orientation is towards people of the opposite gender identity as themselves (assuming gender binary norms)

Intersex: A person born with physical characteristics (including genitals, gonads or chromosome patterns) that do not align with medical or social norms for female or male bodies.[4]

Lesbian: A person whose gender identity is female, whose sexual orientation is towards other people whose gender identity is also female.

Pathologisation: A term used to describe the institutional classification of transgender people as mentally ill, often as a mandatory step in a medicalised process to confirm their gender identity. This was also the case for homosexual and bisexual people, and in some contexts, communities still perceive gay, lesbian and bisexual people's sexual orientation as a result of mental illness.

People with disability: The term 'people with disabilities' is conceptualised as including those who have episodic or 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. **Disabilities = impairments + barriers.** Impairments may limit an individual's personal or social functioning in comparison with those who do not share the same impairment. The full inclusion of people with impairments in society can be inhibited by attitudinal and/or societal barriers (such as prejudice or discrimination), physical and/or environmental barriers (such as stairs), and policy and/or systemic barriers, which can create a disabling effect.[5]

Sendai Framework for Disaster Disk Reduction: A global blueprint for resilient development and disaster preparedness, covering the period 2015-2030.

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[3] Definition adapted from the Yogyakarta Principles. Yogyakarta Principles on the Application of International Human Rights Law in relation to Sexual Orientation and Gender Identity (2007): www.yogyakartaprinciples.org

[4] Adapted from the Organisation Intersex International - Australia website: https://oii.org.au/18106/what-is-intersex/

[5] CRPD http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf

Sex assigned at birth: The sex to which a person is assigned at, or soon after birth. This assignment may or may not accord with the individuals own sense of gender identity as they grow up.[6]

Sex characteristics (SC): Include primary sex characteristics (e.g., inner and outer genitalia and/or the chromosomal and hormonal structure) and secondary sex characteristics (e.g., muscle mass, hair distribution and stature).[7]

Sexual orientation (SO): Sexual orientation is understood to refer to each person's capacity for profound emotional, affectional and sexual attraction to, and intimate and sexual relations with, individuals of a different gender or the same gender or more than one gender.[8]

Transgender: A person who identifies themselves "in a different gender than assigned to them at birth. They may express their identity differently to that expected of the gender role assigned to them at birth. Trans/transgender persons often identify themselves in ways that are locally, socially, culturally, religiously, or spiritually defined". Some transgender persons are binary, their gender identity being the opposite of that assigned at birth, while others may identify as non-binary trans-masculine, non-binary trans-feminine, or in other ways. Transgender is sometimes used as a broader umbrella term including those whose gender identity matches their sex assigned at birth, but whose gender expression is at variance with social norms or who otherwise challenge gender norms in their behaviour.[9]

Trans man: A transgender person assigned female at birth, but whose gender identity is male.

Trans woman: A transgender person assigned male at birth, but whose gender identity is female.

[6] Asia Pacific Transgender Network http://www.weareaptn.org/
[7] ARC International, the International Bar Association and the International Lesbian, Gay, Bisexual, Trans and Intersex Association, *Sexual Orientation, Gender Identity and Expression, and Sex Characteristics at the Universal Periodic Review*.
[8] Definition adapted from the Yogyakarta Principles.
[9] Asia Pacific Transgender Network http://www.weareaptn.org/

Introduction

Background

> *"Gender reaches into disability; disability wraps around class; class strains against abuse; abuse snarls into sexuality; sexuality folds on top of race... everything finally piling into a single human body."*
>
> -Eli Clare

In 2018, there were increasing requests from the Australian Department of Foreign Affairs and Trade's (DFAT) Disability Section (DIS) for information on the intersection of disability and diverse sexual orientation, gender identity and/or expression and sex characteristics (SOGIESC). Simultaneously, CBM has observed a rise in interest and engagement of the development sector in these issues. For example, the Australian Council for International Development (ACFID) established a Community of Practice to focus on sexual rights in development. In 2018, the Australasian Aid Conference included a panel titled '*LGBTIQ+ inclusion in humanitarian and development programs*' and greater consideration of people with diverse SOGIESC was included within the design of the new DFAT Water for Women Fund.

Given the limited availability of information on evidenced-based practice in this space, an analytical inquiry exploring the intersectionality between disability and diverse SOGIESC in development and humanitarian contexts was designed and coordinated by CBM Australia in late 2018 to proactively explore this issue further. (The terms of reference for this process are included at Annex 1.) This paper provides an overview of this process and its findings.

Out of the Margins outlines the existing literature on the topic, followed by findings emanating from key informant interviews with individuals and organisational representatives working on disability and SOGIESC issues in humanitarian and development contexts. The analysis will better enable DIS and CBM to discuss with partners and stakeholders ways forward to implementing practical approaches to improving the inclusion of people with disability and diverse SOGIESC within humanitarian and development policy and practice.

Purpose

The aim of this analysis piece is to increase understanding of the experiences and inclusion of people with disabilities and with diverse SOGIESC within humanitarian and development programs, in order to develop recommendations on progressing their inclusion within these contexts.

Out of the Margins aims to address the following key learning questions:

1. What are the key areas of intersectionality of disability and people with diverse SOGIESC in humanitarian and development contexts, and the issues arising from these?
2. What are the particular barriers and enablers to the inclusion of people with disabilities and diverse SOGIESC in humanitarian and development programs?

3. What principles, practices and strategic opportunities should inform disability- and inclusive development policy, planning and programming?

CBM Australia has partnered with Edge Effect, an organisation dedicated to supporting humanitarian and development organisations to work in genuine partnerships with people with diverse SOGIESC, to develop this analysis paper. The analysis used an intersectionality lens, drawing on literature on disability and diverse SOGIESC within the humanitarian and development context, and where available, literature on the intersectionality of these areas.

Methodology

The conceptual framework underpinning this paper and the methodology utilised are described below.

Intersectionality

Intersectionality is an analytic framework that helps practitioners to identify how interlocking systems of power impact those who are most marginalised. Taking an intersectional approach means looking beyond a person's individual identities and characteristics and focusing on the points of intersection of their multiple identities and characteristics. In this way, intersectionality does not consider one characteristic to be a person's primary 'source' or marginalisation but seeks to understand how multiple characteristics can compound and shape marginalisation or, equally, create opportunities for empowerment and resilience.

The case study of intersectionality below is useful to build a further understanding on how people with disabilities and diverse SOGIESC may be included or excluded from development and humanitarian programs.

CASE STUDY: MASI'S STORY

Masi[10] grew up in a conservative Christian town in Fiji with a physical disability. This was challenging enough, but Masi also needed to navigate the complexities of understanding and living with their sexual orientation, gender identity and gender expression. As Masi grew, they realised their gender didn't fit them. They realised didn't like to do boy things because they were not a boy. After some time then realised that they most closely identified 'like a woman' – who is romantically and physically attracted to men. During this time of exploration, Masi used a variety of pronouns, including 'he', but now uses 'they' and 'she'. Masi grows her hair long, wears feminine clothing and likes to do her nails and eyebrows. Masi accesses the contraceptive pill through friends, to help her grow breasts, and she takes pride in decorating her forearm crutches, which she uses to support her balance and help her stability while walking. It gives her a feeling of both feminine flair and disability pride.

Masi and her diverse SOGIESC peers are unable to engage with friends and lovers like other people. She finds that the only safe space for her to experience intimacy and sex is in a specific and discreet public toilet. This was one of the few safe spaces Masi had to meet with her friends and to explore her sexual orientation and gender

[10] Name changed to protect their identity.

identity, however, since police has picked up on these activities, Masi and her friends are unable to continue to use this space for social connection due to fear of police violence.

In Fiji, people with disabilities have an ID card that identifies them as a person with a disability and enables them to use buses for free. However, the bus drivers either don't allow Masi to board stating "we don't want your kind on our bus", or if allowed on the bus, Masi is made to pay the bus fare despite having an ID card. Bus drivers often state that "the disability ID card doesn't include quaris."[11]

Since the discrimination has started, Masi and her friends have established an informal peer support group for people with diverse SOGIESC who have a disability in a designated room at a HIV clinic. Masi says that she loves it there, even though it is a space where other people with diverse genders and sexualities focus on HIV and sexual health. Masi appreciates that they don't have to talk about their diverse SOGIESC, having a disability, or health status – it is a space where they can talk about whatever they want. Masi says that she and her peers are all accepted in that space the way they are.

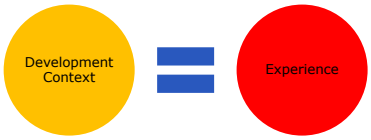
This story highlights an example of intersectional discrimination. All specific identities (i.e. disability and SOGIESC) are needed for Masi to experience this specific discrimination. The bus drivers discriminated against Masi's SOGIESC by denying Masi their right to access free bus services, which is legislated according to Fijian disability law.

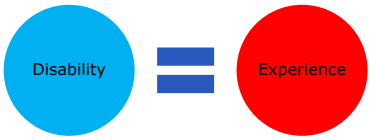
According to an intersectionality perspective, discrimination is never the result of isolated, distinct factors, but rather is an outcome of the **intersections of different social identities** (i.e. gender, disability, race/ethnicity, geography, religion, etc.), **power relations** (i.e. laws, policies, religious institutions and economic unions among others) **and experiences**. Through such processes, interdependent forms of privilege and oppression shaped by colonialism, imperialism, homophobia, transphobia, ableism and patriarchy are created.[12]

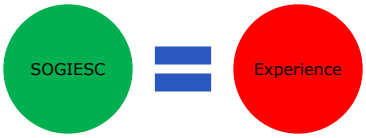
From this perspective, people cannot be reduced to single categories, and policy analysis cannot assume that any one social category is most important for understanding people's needs and experiences. Traditionally, studies relating to people's experiences have taken a singular or additive approach:

- The singular approach treats discrimination against people with disability and sexual and gender minorities as "a separate process" that happen to distinct social groups. *For example, using a gender only perspective.*

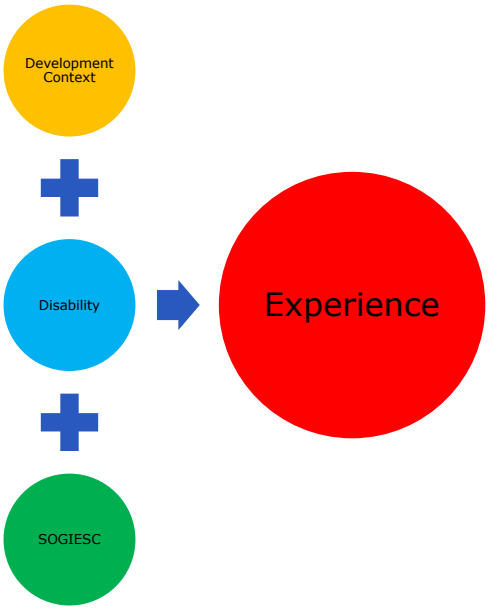
[11] Quari is a discriminatory term usually referring to people assigned male at birth who are gay or considered to be "acting" gay.
[12] Hankivsky, O. (2014) *Intersectionality 101.* The Institute for Intersectionality Research & Policy. SFU.



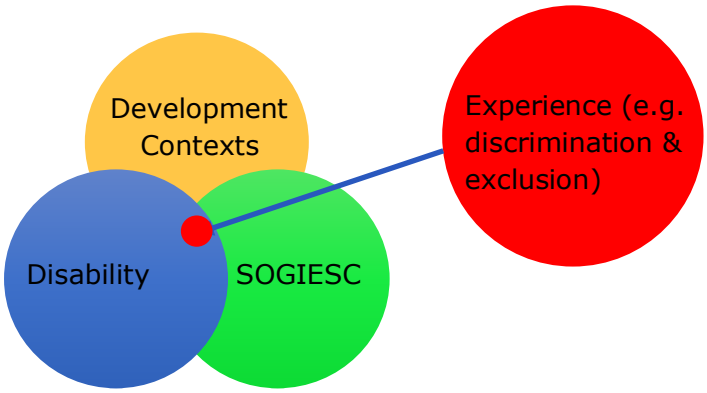




- The additive approach acknowledges that people may be part of two or more marginalised groups; that they may experience discrimination based on such identities, and the summation or layering of discrimination needs to be recognised and addressed. *For example, using a gender and disability perspective.*



Comparing the parallel (separate), singular experiences of people with disability and people within diverse SOGIESC communities may result in cross-learning, coalition-building and solidarity between differently marginalised people. For example the experiences of exclusion and collective organisation and self-representation of people with disability may share some similarities to the experiences of people who identify as being a member of a diverse SOGIESC community. However, such a comparison does not adequately lend itself to an understanding of how the combination of experiences that one person with multiple identities may experience, *such as a person with disability and diverse SOGIESC from the Global South.*



The conceptual approach underpinning this paper reflects the intersectional approach represented in the last diagram. Given the scarcity of literature focusing on the intersectionality of the key areas – disability, diverse SOGIESC and humanitarian and development contexts – this analytical process has also applied the parallel intersectionality approach, to the extent that this could help identify emerging areas of inquiry to be further explored in research and practice.

Literature review and analysis approach

The initial phase of the analysis piece involved a literature review. Key search terms forming the basis of the literature review included:

- Disab* (to signify all variations of disability/disabled/disable/disabilities)
- Sexual and Gender Minorities
- SOGIE
- SOGIESC
- LGBTI
- Global South and/or developing countries
- Humanitarian
- International Development

A thorough search of online academic databases (e.g. EBSCOHOST) was utilised in order to collect as much literature as possible on the three key areas. CBM and Edge Effect each analysed the literature through the lens of their respective areas of technical expertise, and undertook a joint process to analyse resources and generate findings relevant to the intersection of disability and diverse SOGIESC.

Key informant interviews

CBM Australia and Edge Effect interviewed key informants recruited through each organisation's respective networks. The key informants included individuals and organisational representatives within or relevant to the intersections of interest, including three Disabled People's Organisation (DPO) representatives, and nine representatives of diverse SOGIESC community groups, three of which focused on people with a disability. All informants identified either as a person with disability (2), a person with diverse SOGIESC and disability (9), or as a person with diverse SOGIESC (1). A total of 13 participants were interviewed from a total of 10 countries (refer to Table 1). Interviews were conducted via phone and Skype/messenger. Interviews lasted for approximately 45 minutes and notes were taken.

Key informants were asked about their organisation; their understanding and/or experience in working with people across this intersection; barriers and enablers to inclusion; and any examples of practice of inclusion of people with disability and diverse SOGIESC within a humanitarian or development context. Refer to Annex 2 for the Question Guide.

Table 1: Breakdown of where key informants/organisations are based*

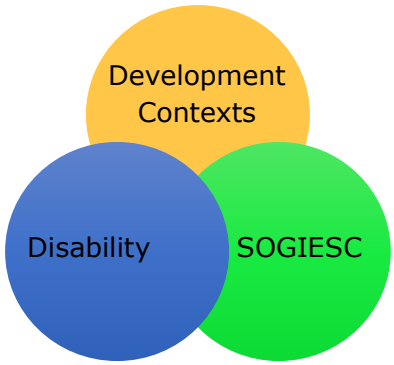
Pacific		
Country	Number of organisations	Type of organisation
Papua New Guinea	1	1 x DPO
Fiji	1	1 x diverse SOGIESC / disability peer support group
Vanuatu	2	1 x diverse SOGIESC CSO 1 x DPO
Solomon Islands	1	1 x DPO
South-East Asia		
Country	Number of organisations	Type of organisation
Philippines	3	2 x diverse SOGIESC / disability CSO's (one for transwomen who are deaf and one for diverse SOGIESC people who are deaf) 1 x diverse SOGIESC CSO
Thailand	1	1 x DPO
South Asia		
Country	Number of organisations	Type of organisation
India	1	1 x diverse SOGIESC CSO
Pakistan	1	1 x diverse SOGIESC CSO

Middle East		
Country	Number of organisations	Type of organisation
Lebanon	1	1 x diverse SOGIESC CSO
Africa		
Country	Number of organisations	Type of organisation
Kenya	1	1 x diverse SOGIESC organisation

*Gender and disability identities were not collected.

Findings from the Literature Review

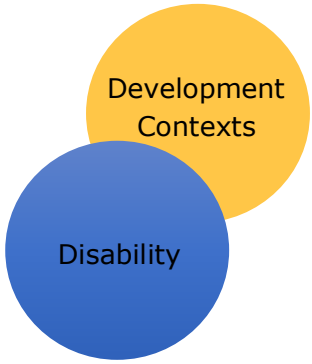
A total of 40 papers were identified and reviewed for intersectionality within the categories of disability, diverse SOGIESC, and humanitarian and development contexts. One of the key findings arising from the review is that there is a scarcity of literature relating to the intersectionality of people with disability and diverse SOGIESC within the humanitarian and development contexts.



Findings from the review will first address the intersectionality of disability within development contexts, then diverse SOGIESC within development contexts, before highlighting findings on literature specifically on the intersectionality of disability and diverse SOGIESC within the humanitarian and development contexts.

Disability in humanitarian and development contexts

Disability arises when there are barriers that prevent individuals with impairments from participating in society on an equal basis with others. Disability inclusion is not about tackling impairments, but about removing the institutional, environmental, communication and attitudinal barriers that prevent full participation in society and make people with disabilities less able to access their basic human rights.[13]



The human rights of people with disabilities are internationally enshrined in the United Nations Convention on the Rights of Persons with Disabilities 2007 (CRPD), which provides a disability-specific interpretation of the United Nations Declaration of Human Rights. Signatories to the CRPD commit to removing barriers to the full participation of people with disabilities and to respecting their rights as citizens. The CRPD has been ratified by 187 countries including

[13] CBM (2012) *Inclusion made easy.* https://www.cbm.org/Inclusion-Made-Easy-329091.php

Australia and 86 per cent of countries in Asia and the Pacific.[14] Articles 11 and 32 of the CRPD create specific obligations on States Parties to ensure that people with disabilities are included in all international development assistance and humanitarian assistance.

The 17 Sustainable Development Goals (SDGs), encompassed in the 2030 Agenda for Sustainable Development, broke ground with their explicit prioritisation of people with disabilities and pledge to 'leave no one behind'. Seven targets and 11 indicators within the Agenda specifically refer to people with disabilities, covering access to education and employment, inclusion, accessibility and the disaggregation of data by disability.[15] Yet despite these international commitments and frameworks, people with disabilities remain largely excluded from mainstream development and humanitarian assistance efforts.

One billion people globally have a disability[16] - the world's largest and most disadvantaged minority. Eighty per cent of people with disabilities live in developing countries[17] where they constitute over 20 per cent of the poorest of the poor. Thus disability is a significant issue for development. About 80 per cent of people who have impairments that lead to disability acquire them after birth. About 110 to 190 million have very significant disabilities. Women and older people are more likely to have disabilities.[18]

People with disabilities are strongly impacted when a humanitarian crisis occurs. A global study by Handicap International[19] in 2015 found that 54 per cent of respondents with disability reported experiencing a direct physical impact as a result of disasters or emergency situations, sometimes acquiring new impairments; and three quarters of the respondents reported not having adequate access to water, shelter, food or health. In addition, the specific services people with disabilities may need, such as rehabilitation, assistive devices, access to social workers or interpreters, were not available for one out of two respondents with disabilities.

The study found that barriers preventing persons with disabilities from obtaining assistance in crisis contexts are linked to the lack of accessible information on response services and the difficulty in accessing the services themselves. This includes lack of physical or financial access, lack of staff trained in disability, or distance from the services. Eighty-five per cent of humanitarian actors responding to the survey recognise that persons with disabilities are more vulnerable in times of crisis and 92

[14] UNESCAP (2017). *Make the Right Real!* https://www.maketherightreal.net/how-many-countries-have-ratified-crpd-asia-and-pacific
[15] United Nations Department of Economic and Social Affairs (UNDESA) (2018) *Realization of the Sustainable Development Goals by, for and with Persons with Disabilities: UN Flagship Report on Disability and Development* 2018, Advance Unedited Version. https://www.un.org/development/desa/disabilities/publication-disability-sdgs.html
[16] World Health Organization (WHO) and World Bank (2011) *World report on disability*, Geneva. Retrieved on 3 January 2019 from http://www.who.int/disabilities/world_report/2011/accessible_en.pdf , p 7.
[17] United Nations Department of Economic and Social Affairs (UNDESA) *Factsheet on Persons with Disabilities*. https://www.un.org/development/desa/disabilities/resources/factsheet-on-persons-with-disabilities.html
[18] Mitra S., Posarac A., & Vick B. (2011). *Disability and Poverty in Developing Countries: A snapshot from the World Health Survey.* World Bank SP Discussion paper No 1109.
[19] Handicap International (2015) *Disability in humanitarian contexts: Views from affected people and field organisations*

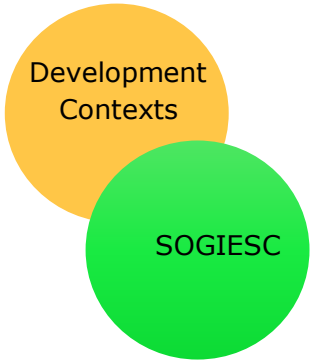
per cent estimate that these persons are not properly taken into account in humanitarian response.

There is a powerful link between disability and poverty. Disability is both a cause and a consequence of poverty, and individuals with disabilities are more likely to live in poor households and be among the very poor.[20] Disability accentuates poverty by preventing full participation in education, employment, health care, other services and society in general. Poverty can lead to exclusion from society that can cause or worsen impairments, resulting in disability and a cycle of exclusion. Many people with disability experience prejudice, discrimination and exclusion, in many contexts, limited understanding of, and negative attitudes towards disability persist.

While all people with disabilities experience discrimination and disadvantage, women with disabilities are subject to multiple and intersecting discrimination on the grounds of both their gender and impairment.[21] Compared to men without disabilities, women with disabilities are three times more likely to be illiterate, twice as likely to be unemployed and three times more likely to have unmet health needs.[22] Moreover, women with disabilities are at heightened risk of suffering sexual and gender-based violence compared to women without disabilities.[23] Females with intellectual disability and psychosocial impairment are particularly vulnerable to physical and sexual violence.[24] Women and girls with disabilities living in poverty face significantly more barriers in accessing housing, WASH, health, education, vocational training and employment.[25] Women with disabilities experience inequality in hiring, promotion rates, pay and access to training, credit and other productive resources, and they rarely participate in economic decision-making.[26] Thus while people with disabilities in the developing world face exclusion, the situation for women and girls with disabilities is more severe and they are overrepresented in the extremely poor.

[20] UNESCO (2010), *Education for All Global Monitoring Report: Reaching the Marginalized,* UNESCO; WHO (2011), World Report on Disability, WHO, Geneva p.206
[21] UN Committee on the Rights of Persons with Disabilities, *General Comment 3 on Article 6: Women and Girls with Disabilities* (adopted 26 August 2016). https://www.ohchr.org/EN/HRBodies/CRPD/Pages/GC.aspx
[22] United Nations Department of Economic and Social Affairs (UNDESA) (2018) *Realization of the Sustainable Development Goals by, for and with Persons with Disabilities: UN Flagship Report on Disability and Development 2018,* Advance Unedited Version https://www.un.org/development/desa/disabilities/publication-disability-sdgs.html
[23] UNDESA (2018)
[24] UNDESA (2018)
[25] Stubbs D. & Tawake S. (2009) *Pacific sisters with disabilities: At the intersection of discrimination*; Astbury J. & Walji F. (2013) *Triple Jeopardy: Gender-based violence and human rights violations experienced by women with disabilities in Cambodia*
[26] Wapling, L. (2015) *The Value of Mainstreaming: Why disability-inclusive programming is good for development*

People with diverse SOGIESC in humanitarian and development contexts



Currently seventy-four nations[27] continue to have laws that criminalise people with diverse SOGIESC in various forms,[28] and some countries still uphold the death penalty in such cases. Different laws have been used depending on the gender of the person. Homosexual and bisexual men tend to be targeted with sodomy and pornography laws; and lesbian and bisexual women, with indecency and morality laws. To contextualise the idea of homosexuality as deviance, homosexuality was included in the World Health Organization International Classification of Diseases (ICD) in 1948, and was based on the idea that such sexual deviance as same sex attracted intimacy was unnatural and needed fixing, which gave rise to such medical interventions as gay conversation therapies. This classification was removed in 1994.[29]

Transgender individuals have also been subject to invasive pathologisation, including being diagnosed under the mental health section as specified in the ICD.[30] This has had a particularly harsh effect on transgender persons in relation to institutional, legal and social discrimination. For example, laws exist that prevent or hinder changes to documents that reflect a person's gender identity rather than their gender assigned at birth.

People with diverse sex characteristics, known as intersex, also have a history of legal and medical discrimination.[31] Infants and young people are medicalised and pathologised in an attempt to 'normalise' their bodies through a widespread practice of non-consensual surgeries.[32] This implies that intersex bodies are not normal or natural and that they need fixing. Intersex people face discrimination in relation to identity documentation, similar to transgender persons. Some intersex people do not identify with the gender they were assigned at birth, and some find that the categories of male and female do not describe their gender identity; however, intersex people seeking to change their identity or sex marker on identity documents face institutional and medical barriers that make it incredibly hard.[33]

Within international development and humanitarian contexts, people with diverse SOGIESC are not recognised in many of the frameworks that currently exist. There is

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[27] Carroll, A., & Mendes L.A. (2017) *State Sponsored Homophobia. A World Survey of Sexual Orientation Laws: Criminalisation, Protection and Recognition.* The International Lesbian, Gay, Bisexual, Trans and Intersex Association.

[28] The ILGA tally is lower as it includes Indonesia, where two large provinces outlaw homosexual acts; Egypt's vague but harshly enforced law against "debauchery" is as much an anti-LGBT law as many other countries' vague and often unenforced laws against "unnatural acts."; two other political entities that have anti-LGBT laws but that aren't accepted as countries by the international community — the Cook Islands, a self-governing country whose residents all have citizenship in New Zealand; and Gaza/Palestine.

[29] Cochran, S.D., et al. (2014) *Proposed declassification of disease categories related to sexual orientation in the International Statistical Classification of Diseases and Related Health Problems (ICD-11)* World Health Organisation.

[30] World Health Organisation (2018) International Classification of Diseases. *ICD-11 Classifying disease to map the way we live and die.*

[31] Kennedy, A. *Fixed at Birth: Medical and Legal Erasures of Intersex Variations* University of New South Wales Law Journal 813.

[32] Carpenter, M. (2012) *Intersex intersectionalities with disability.* Intersex Human Rights Australia

[33] OHCHR, UN Women, UNAIDS, UNDP, UNFPA, UNICEF and WHO. (2014) *Eliminating forced, coercive and otherwise involuntary sterilization: An Interagency Statement.* World Health Organisation.

no mention in the SDG framework, although it does mention most other vulnerable groups including people with disabilities within its 'leave no one behind' agenda. In the humanitarian sector, the most recent 2018 revision of the Sphere Handbook makes a small mention of LGBTI persons, but the Sendai Framework and Core Humanitarian Standards (CHS) do not.

To the extent that the gender and sexuality diverse communities and civil society organisations (CSOs) have had connections with the development system, this has primarily been in the context of HIV/AIDS programs. Minimal development programming has been aimed at, or inclusive of, lesbian and bisexual women, trans men and gender non-conforming people assigned female at birth and people with diverse sex characteristics.

The UN Human Rights Council appointed an independent expert on sexual orientation and gender identity in August 2016. A report from the independent expert outlined that, "*The combination of social prejudice and criminalization has the effect of marginalizing lesbian, gay, bisexual, trans and gender non-conforming persons and excluding them from essential services, including health, education, employment, housing and access to justice. The spiral of discrimination, marginalization and exclusion may start within the family, extend to the community and have a life-long effect on socioeconomic inclusion. Through this process, stigmatization and exclusion intersect with poverty to the extent that, in many countries, lesbian, gay, bisexual, trans and gender non-conforming persons are disproportionately affected by poverty, homelessness and food insecurity.*" [34]

The report further states that, "The dynamics of exclusion are exacerbated when it intersects other factors, such as during humanitarian crises, or in the case of persons who face multiple forms of discrimination, for example migrants, ethnic minorities, and **persons with disabilities.**"

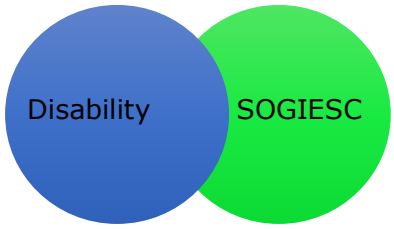
Disability and SOGIESC intersectionality

People with disabilities and diverse SOGIESC are located at the complex intersections of multiple systems of social inequality including not only transphobia, homophobia, ableism and heteronormativity, but also sexism, classism, racism and ageism. As previously noted, there is a scarcity of literature that addresses the specific intersectionality of people with disabilities with diverse SOGIESC in humanitarian and development contexts. One document that specifically addressed this intersectionality arose from a conference on 'Disability, SOGIE and Equality in Asia' held in Kyoto on 6-7 August 2018, and identified that:

a. There is a significant resistance among people in the disability and SOGIE groups in taking up each other's issues; and

[34] United Nations General Assembly, Human Rights Council, Thirty-eighth session. *Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity* A/HRC/38/43.

b. The CRPD does not recognise diversity in sexual orientation, gender identity or expression and sexual characteristics.[35]



Inclusion in the community, being important for full and effective participation of people with disabilities in society, may pose specific challenges for people with disabilities and diverse SOGIESC. They may be excluded from either or both the disability and diverse SOGIESC organisations. However, the majority of literature on sexuality and gender identity for people with disabilities is not focused on humanitarian and development contexts; rather, it is on gay men and lesbian women, and mainly in relation to physical or intellectual impairments. There was no literature found on trans, third gender or intersex persons with a disability. Within this existing literature, people with disabilities and diverse SOGIESC have been described as a 'minority within a minority', and the existing literature in this area has consistently noted how they often experience isolation, marginalisation and oppression,[36] often finding it harder to form intimate and social relationships.[37]

There is anecdotal evidence that the prevalence of disability is higher among lesbian, gay, and bisexual adults compared with their cisgender counterparts. This is, however, not possible to substantiate due to limited information on the number of people with diverse SOGIESC with a disability in any specific country, let alone globally. However, a United States population-based study on the disparities of risk and prevalence of disability among lesbian, gay and bisexual adults reports that there is a significantly higher prevalence of disability among lesbian, gay and bisexual people than their heterosexual counterparts.[38] This highlights the importance of better understanding the prevalence, causes and experiences of disability within diverse SOGIESC communities in development and humanitarian contexts, and the intersecting barriers and discrimination they are likely to experience.

The following sections outline the main areas of intersectionality that were identified through the literature review. Some of the sections explore a parallel approach to intersectionality and extrapolate on potential forms of intersectionality of disability and diverse SOGEISC within humanitarian and development contexts.

Social norms

Review of existing literature did not find any information on social norms relating to the intersectionality of people with disabilities and diverse SOGIESC in humanitarian

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[35] FOCUS (2018) *Disability, SOGIESC and Equality in Asia.* FOCUS September 2018. While no specific mention of SOGIESC is made in the CRPD, General Comment No. 6 (2018) of the UN Committee on the Rights of Persons with Disabilities acknowledges that disability discrimination should be understood in the context of intersectional discrimination including on the basis of diverse sexual orientation, gender identity or expression and sexual characteristics: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CRPD/C/GC/6&Lang=en

[36] Martino, A. (2017) Cripping sexualities: An analytic review of theoretical and empirical writing on the intersection of disabilities and sexualities. *Sociology Compass.*

[37] Leonard. W., & Mann, R. (2018). *The everyday experiences of lesbian, gay, bisexual, transgender and intersex (LGBTI) people living with disability.* No. 111 GLHV@ARCHSHS, La Trobe University; Martino (2017)

[38] Fredriksen-Goldsen, K., Kim, H., & Barkan, S.E. (2012*). Disability among Lesbian, Gay and Bisexual Adults: Disparities in prevalence and risk.* American Journal of Public Health

or development contexts. The following section outlines how the social norms for diverse sexuality, gender and able-bodiedness have similarities or parallels.

People with disabilities and diverse SOGIESC face significant barriers when exploring their identities, establishing and maintaining intimate relationships and remaining sexual. Parallels that have been identified include experiences of 'passing'[39] (the way people conceal social markers of impairment, gender or sexuality in order to avoid the stigma and pass as the more privileged majority); being in the closet and coming out;[40] strategies for dealing with stigma;[41] being perceived as deviant and abnormal within the binaries of normalcy;[42] and being denied human and sexual rights.[43]

The pervasive heteronormativity that exists in most communities means that if a person with a disability were to express sexual and romantic desires, it tends to be assumed that they would be towards a person of the opposite gender. Family, friends and carers of people with disabilities may not support the rights of a person with a disability to have sexual and intimate relationships of any orientation.[44]

The sexualities of people with disabilities are often stereotyped at opposite ends of two extremes: either as perverse, hypersexual beings;[45] or as lacking sexual desire (i.e. asexual), not being able to be sexually active, or not being able to perform certain sexual practices and sexually satisfy others, which tends to lead to experiences of infantilisation and invisibility.[46]

Asexuality is an identity that is commonly ascribed to people with disabilities. It's defined by the lack of sexual attraction to others, or low or absent interest in or desire for sexual activity.[47] It may be considered a non-normative sexual orientation, or one of the variations thereof, alongside heterosexuality, homosexuality and bisexuality.[48] Disability studies commonly refers to asexuality as an oppressive stereotype that should be contested.[49] However, in an attempt to depathologise asexuality, asexual

[39] Brune, J.A., & Wilson, D.J., eds. (2013). *Disability and Passing: Blurring the Lines of Identity*. Philadelphia: Temple University Press; Fuller, C.B., Chang, D.F., & Rubin, L.R. (2009). *Sliding Under the Radar: Passing and Power Among Sexual Minorities*, Journal of LGBT Issues in Counseling, 3:2.
[40] McRuer, R. (2006). *Crip Theory: Cultural Signs of Queerness and Disability,* New York University Press; Brooks, S. (2016). *Staying in the Hood: Black Lesbian and Transgender Women and Identity Management in North Philadelphia.* Journal of Homosexuality 63 (12).
[41] Brune & Wilson (2013); Fuller, Chang, & Rubin (2009).
[42] McRuer (2006); Brune & Wilson (2013); Brooks (2016).
[43] Alexander, N., & Gomez, M.T., (2017). *Pleasure, Sex, Prohibition, Intellectual Disability, and Dangerous Ideas.* Reproductive Health Matters 25:50; McRuer (2006).
[44] Abbott, D. (2015). *Love in a Cold Climate: changes in the fortunes of LGBT men and women with learning disabilities?* British Journal of Learning Disabilities.
[45] Shakespeare, T. (2000). *Disabled Sexuality: Towards Rights and Recognition.* Sexuality and Disability, Vol. 18, No. 3; Martino (2017); Addlakha, R., Price, J., & Heidari, S. (2017). *Disability and sexuality: claiming sexual and reproductive rights.* Reproductive Health Matters, Vol. 25.
[46] Martino (2017); Ruiz, F.J. (2018) *The Committee on the Rights of Persons with Disabilities and its take on sexuality.* Reproductive Health Matters; Agmon, M., Sa'ar, A., & Araten-Bergman, T. (2016). *The person in the disabled body: a perspective on culture and personhood from the margins.* International Journal for Equity in Health; Shah, S. (2017) *"Disabled People are Sexual Citizens Too": Supporting Sexual Identity, Well-being, and Safety for Disabled Young People* Frontiers in Education, 2:46; Addlakha, Price & Heidari, (2017).
[47] Lund, E.M., & Bayley A.J. (2019). *Asexuality and Disability: Strange but Compatible Bedfellows.* Sexuality and Disability 33 (1).
[48] Lund & Bayley (2019).
[49] Martino (2017); Addlakha, Price, & Heidari (2017).

activists have attempted to distance themselves from disability by emphasising the "healthiness" of asexual people.[50]

Medicalisation of difference

The CRPD promotes a human rights based model of disability, moving away from the previous medical model. However, it is important to recognise how the medical model of disability has historically been used against people with diverse sexual orientations and gender identities as well. For example, until recently, the Diagnostic and Statistical Manual of Mental Disorders[51] included a medical classification in which homosexuality and being transgender are defined as a mental illness. It is also important to note that this history of negative labelling may discourage potential alliances between disability and diverse SOGIESC communities.[52]

There is a long history of forced medical interventions, such as forced sterilisation and institutionalisation, of both people with diverse SOGIESC and people with disabilities. Although homosexuality and gender incongruence are now removed from the mental illness section of the ICD,[53] many people with diverse sexual orientation and/or gender identity continue to be perceived as having a mental illness by governments, medical professionals and family members in many parts of the world, and are subjected to 'conversation therapies' seeking to 'correct' their non-conforming sexual orientation and/or gender identity.[54]

Limited access to information and services

It has been noted that many people with disabilities and people with diverse sexual orientation and gender identity often do not access support services and institutions due to fear of discrimination. This includes health services, educational institutions, housing and employment.[55]

It is also noted that people with diverse sexualities can and often do face discrimination within disability services, and people with disabilities face ableist discrimination within LGBT spaces.[56] Medical rehabilitation and counselling services are largely characterised by heteronormative assumptions which prevent staff from delivering adequate supports[57] – and present a potentially negative influence on the social life of the person seeking support.[58] There is evidence that women with disabilities and diverse sexualities do not access support services due to a myriad of reasons, including not being aware of what services are available, and fear of further

[50] Martino (2017).
[51] The DSM is produced by the American Psychiatric Association and used as an international reference for clinical psychiatric practice.
[52] Martino (2017).
[53] In June 2018, the World Health Organization (WHO) announced the completion of the process of revision and reform of the (ICD), and one of the outcomes in relation to trans and gender diverse people was that all pathologising references would be changed from mental health into sexual health conditions. This means that all pathologisation contexts will be removed, and transgender people will still be able to receive assistance for medical transitions as endorsed by the ICD.
[54] International Lesbian, Gay, Bisexual Transgender and Intersex Association (2017).
[55] Abbot (2015).
[56] Leonard & Mann (2018)
[57] Martino (2017)
[58] Martino (2017)

violence from family and partners if they attend and disclose the violence they have endured.[59]

Attitudes of people living with and supporting[60] people with disabilities and diverse SOGIESC can be a barrier denying them access to a positive, safe and accessible space to explore their sexuality and identity – as people could be scared of losing their support.[61] In the literature examined, many had recommendations that included staff training and development, including the delivery of holistic sex education to both staff and clients, so that these spaces could become inclusive for people with disabilities and diverse SOGIESC.[62]

People with disabilities and diverse SOGIESC receive inadequate sex education or are excluded from sex education classes, which leads to a lack of vocabulary to articulate identities, desires and rights, a scarcity of role models and a lack of a safe and supportive community to be able to come out as having a non-conforming sexuality.[63] One study demonstrated that due to institutionalised homophobia and inadequately trained disability service staff, same-gender attracted women in specific disability services showed high levels of homophobia and 'internalised homophobia', believing their own sexuality was deviant.[64]

Violence and abuse

Review of existing literature did not find any mention of violence and abuse towards people with disabilities with diverse SOGIESC within development contexts. However, this is likely due to lack of research. The following section outlines how the experiences of people with disability and diverse SOGIESC in violent or abusive situations have similarities or parallels.

It has been well documented that both people with a disability and people with diverse sexualities and genders face violence, discrimination and marginalisation.[65] Studies in non-development contexts have found that people with disabilities with diverse SOGIESC face higher encounters of violence than their diverse SOGIESC counterparts without disability.[66]

One study, titled *Count Me In!*,[67] documents the lives of lesbian women, women with disabilities and sex workers from Nepal, India and Bangladesh. It highlights discrimination, violence and sexual abuse from family members, partners and

[59] CREA (2012). *Count Me IN! Research Report on Violence against Disabled, Lesbian, and Sex-working Women in Bangladesh, India and Nepal.*
[60] People such as family members, carers, or professional support workers.
[61] Leonard & Mann (2018).
[62] Martino (2017); Leonard & Mann (2018); Abbott (2015); CREA (2012).
[62] Sisters of Frida (2017). *Shadow Report on the UK Initial Report on the UN Convention on the Rights of Persons with Disabilities*.
[63] Martino (2017)
[64] Burns, J., Davies, D. (2011). *Same-Sex Relationships and Women with Intellectual Disabilities*. Journal of Applied Research in Intellectual Disabilities.
[65] Martino (2017); Cheng, R.P. (2009) *Sociological Theories of Disability, Gender and Sexuality: A Review of the Literature.* Journal of Human Behaviour in the Social Environment, Vol.19; Johnson, M.L. (2015) *Bad Romance: A Crip Feminist Critique of Queer Failure.* Special Issue: New Conversations in Feminist Disability Studies. Winter 2015.
[66] Sisters of Frida (2017).
[67] CREA (2012).

community members.[68] Lesbians in the study reported increased violence at specific times in their lives, especially when 'coming out'. Women with disabilities have consistently reported facing higher rates of violence from partners and family.[69]

People with diverse SOGIESC may hide their sexuality due to fear of violence, discrimination, marginalisation and criminalisation. It can be assumed that, with the additional experiences of violence and discrimination that people with diverse SOGIESC[70] and people with disabilities[71] face, establishing and maintaining relationships and attaining the right to a healthy and satisfying sex life would be even harder.

The *Count Me In!* report noted that researchers struggled to recruit lesbians in Bangladesh and Nepal to participate in the study, because women were reluctant to self-identify as lesbians due to fear of violence.[72]

Humanitarian contexts

Review of existing literature did not find any mention on the intersectionality of people with disabilities and diverse SOGIESC in humanitarian contexts. The following section outlines how the experiences of people with disability and people with diverse SOGIESC in humanitarian situations have similarities or parallels. Both groups can be considered disproportionately affected by conflict and disasters because the pre-existing situation of discrimination and exclusion increases their vulnerabilities and decreases their capacities in terms of social networks and access to services.

Literature examining the experiences of people with diverse SOGIESC in disasters include a 2008 study on intersex and transgender people in India affected by the December 2004 tsunami;[73] a report on Hurricane Katrina's impact on LGBTIQ communities in New Orleans;[74] experiences following the earthquake in Nepal;[75] and following a volcano eruption in Indonesia.[76]

More recently, the *Down by the River* report[77] released in 2018 recounts violence, harassment and trauma experienced by Fijian sexual and gender minorities both pre- and post-Tropical Cyclone Winston, from family, community, church and other institutions such as schools. Post-TC Winston violence also featured allocation of

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[68] CREA (2012).
[69] Wapling (2015); CREA (2012); Astbury & Walji (2013).
[70] Dwyer, E. & Woolf, L. (2018). *Down by the River: Addressing the Rights, Needs and Strengths of Fijian Sexual and Gender Minorities*. Oxfam Australia; Heartland Alliance International (2014) *"No Place for People Like You" An Analysis of the Needs, Vulnerabilities, and Experiences of LGBT Syrian Refugees in Lebanon*; Rumbach, J., & Knight, K. (2014) *Sexual and Gender Minorities in Humanitarian Emergencies.* Humanitarian Solutions in the 21st Century; Laguerre, S., et al. (2010) *The Impact of the Earthquake, and Relief and Recovery Programs on Haitian LGBT People.* IGLHRC/Serovie; IRIN. (2014) *Lost in the Chaos - LGBTI people in emergencies*; International Gay and Lesbian Human Rights Commission (ILGHRC) (2014).
[71] Martino (2017).
[72] CREA (2012).
[73] Pincha, C & Krishna, H. (2008), *'Aravanis: Voiceless Victims of the Tsunami'.*
[74] D'Ooge, C (2008), '*Queer Katrina: Gender and Sexual Orientation Matters in the Aftermath of the Disaster'.*
[75] Knight, K. & Sollom, R. (2012), '*Making Disaster Risk Reduction and Relief Programmes LGBTI Inclusive: Examples from Nepal'*.
[76] Balgos, B., Gaillard, J.C. & Sanz, K. (2012). '*The Warias of Indonesia in Disaster Risk Reduction: The Case of the 2010 Mt Merapi Eruption'.*
[77] Dwyer & Woolf (2018).

blame for the disaster – for example, as God's punishment for their sexual orientation, gender identity/expressions or sex characteristics. There is also evidence of the use of lesbian corrective rape[78] in both pre-emergency and post-disaster conditions.[79]

The experience of people in Fiji recounted in the *Down by the River* report found that many people restricted their participation to safer spaces in their communities and did not actively participate on an equal basis with others.[80] This parallels the experiences of people with disabilities who also face attitudinal barriers. This exclusion causes both groups to lack access to disaster preparedness information and increases their vulnerability in the event of a disaster. A 2013 UNISDR survey of over 5,000 people with disabilities from 137 countries found that over 85% had never participated in community disaster management and risk reduction processes.[81] In Vanuatu, research conducted after Tropical Cyclone Pam found that 60 per cent of people with disabilities reported they didn't have information on what to do in an emergency before the cyclone.[82]

A report outlining the impact of the 2010 earthquake in Haiti outlines increased sexual assaults and rape of gay and bisexual men, transgender individuals and lesbians.[83] There are stories of people pushed out of food distribution lines designed only to allow women in the queues. The rape and murder of gay and bisexual men has also been noted in Syria and the Chechen Republic.[84] For people with disabilities there have been reports of the higher rates of violence they experience. People with disabilities may also be separated from their family members and carers, leading to reliance on others and risk of abuse and exploitation. People with psychosocial disabilities also face increased vulnerabilities to abuse and neglect during times of disaster.[85]

During conflict and disasters, people with disabilities are more likely to be left behind, killed, or injured. For every one person killed in a disaster, another three are injured or left with a permanent disability, and many face long-term psychosocial impairments.[86] Out of 2,000 respondents in a household survey in Indonesia, 58% people with disabilities did not evacuate in a recent major disaster.[87] This parallels the experiences with people in diverse SOGIESC communities. In Haiti following the earthquake, reports of violence related to sexual orientation and gender expression

[78] ILGHRC (2014).
[79] International Gay and Lesbian Human Rights Commission (ILGHRC) (2014) Violence Through the Lens of Lesbians, Bisexual Women and Trans People in Asia.
[80] Dwyer & Woolf (2018).
[81] United Nations Office for Disaster Risk Reduction (UNISDR) (2014), *'Survey on living with disabilities and disasters: Key findings'*, pg. 12
[82] Nossal Institute for Global Health & CBM Australia (2017), *'Disability inclusion in disaster risk reduction: Experiences of people with disabilities in Vanuatu during and after Tropical Cyclone Pam and recommendations for humanitarian agencies'*
[83] Laguerre, et al (2010).
[84] International Gay and Lesbian Human Rights Commission (ILGHRC) (2014) Violence Through the Lens of Lesbians, Bisexual Women and Trans People in Asia.
[85] World Health Organisation (2010), *'Mental Health and Development: Targeting people with mental health conditions as a vulnerable group'*
[86] CBM International (2012), *Technical brief for the post-2015 consultation process: Disability, sustainable development and climate change*
[87] Centre for Disability Research and Policy, University of Sydney & Arbeiter-Samariter-Bund Indonesia (2015). *Technical Report 3. The Disability Inclusive Disaster Resilience (DiDR) Tool: Development and Field-Testing.*

increased during the recovery period. There were challenges of overcrowding, unsafe structures, poor lighting, public bathing facilities, and general insecurity in camps which increased experiences of SGBV for those with diverse sexual orientation or gender identity.[88] During the 2011 floods in Pakistan some transgender people were reportedly denied access to camps.[89]

During humanitarian responses, people with disabilities are often invisible in registration processes and excluded from accessing emergency support and essential services such as food distribution, shelter or WASH facilities. Similar challenges of registering for humanitarian assistance are faced by people with diverse sexualities genders and sex characteristics due to discrimination, and personal identity documentation with a listed sex contradictory to the person's gender expression not being accepted.[90] These barriers in registering and accessing humanitarian assistance can be assumed to have a compounded impact on people with disabilities with diverse SOGIESC.

Findings from the Interviews

Organisational focus on intersectional inclusion

Diverse SOGIESC organisations were generally more likely than DPOs to report that their organisations strive to be inclusive of all people in their programming, including people with disabilities, even if the organisation did not have a specific mandate to focus on people within the intersection of disability and diverse SOGIESC:

> *'The LGBT PWD community is not large, so we have lots of work to do to make it disability friendly.'* (Participant from civil society organisation focused on violence)

This was reported as not always being effective due to some of the following issues:

- people with disabilities were not always comfortable to access LGBT spaces;
- LGBT spaces were not always physically accessible to people with mobility challenges;
- people with disabilities did not have the support equipment to leave their homes; or
- the families / caregivers of people with disabilities denied them access to these spaces.

Only three out of 12 organisations interviewed intentionally focused on people within the intersection of disability and diverse SOGIESC. One organisation specifically focuses on LGBT individuals who are deaf; another is a SOGIE organisation that is intentionally inclusive of people with disability within their humanitarian work; and the third organisation has submitted a paper to the UN on this specific intersection. However, the majority of SOGIESC organisations interviewed reported that they had created a space for people with disabilities and diverse SOGIESC.

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[88] Laguerre, et al (2010).
89 IRIN (2014). 'Lost in the Chaos – LGBTI people in emergencies' http://www.irinnews.org/report/100489/lost-chaos-lgbti-people-emergencies
[90] IRIN (2014).

There were a small number of examples of disability organisations that had done awareness raising in partnership with diverse SOGIESC organisations. This seemed to be enabled through the networking of civil society organisations and the bringing together of different organisations through programs such as HIV awareness programs and humanitarian programs. This was not consistent however, with one disability organisation from the Pacific reporting that they had never come across people at this intersection in their work.

Development organisations (such as those working in WASH or education) reported that they often partnered with disability organisations. Yet they did not work directly with diverse SOGEISC organisations, nor were they aware of their partner organisations doing so.

Respondents from the ASEAN region were generally more likely than respondents from the Pacific region to report awareness of other organisations working within this intersection. Although again, there were very few examples of organisations intentionally working with people at this intersection, or networking with said organisations. In some contexts, organisations reported supporting secret SOGIESC groups in order to keep a low profile of their work with diverse SOGIESC communities, due to the social stigma and criminality associated with diverse SOGEISC.

> *'[Because of] LGBT discrimination, [we] have to operate in the shadows.'* (Participant from civil society organisation focused on violence)

There was however a willingness expressed by respondents to investigate further as to whether there were organisations working in their context who did engage with people at this intersection. Similarly, respondents expressed a willingness to themselves learn more about working at this intersection.

Respondents discussed that when staff of organisations were able to openly identify their diverse sexuality or gender identity, the organisation itself had more awareness and understanding of the importance of inclusion of marginalised groups. Some respondents however highlighted inequalities and discrimination was still evident within organisational policies. For example, one respondent who identified as gay and worked for an international NGO reported that their family were not entitled to the same family benefits as their heterosexual, married colleagues.

Experiences of people within the intersection of disability and diverse SOGEISC

Respondents reported diverse and context-specific experiences of people within this intersection. There were however common factors which influenced these experiences. Respondents generally reported that people within both groups (disability and diverse SOGEISC) experienced discrimination, exclusion and violence, often remaining 'hidden' within their communities. However the experiences of the two groups were generally distinct. Whilst context-specific, people with disabilities were often reported as being badly treated and considered a burden by families and communities, yet they were more likely to be reported as accepted and supported by their communities compared with people from diverse SOGEISC. This was suggested as being particularly the case in most rural areas.

Respondents from countries that do not criminalise same-sex sexual activity and have anti-discrimination laws (e.g. the Philippines) were more likely to report social acceptance of and support for people from diverse SOGEISC. Again, people within the intersection were reported to be more at risk of discrimination and violence.

> *'There is discrimination of both, but people with disability more likely to have some limited support/but still remain in home and not included. Whereas LGBT is illegal, not accepted, jailed, raped. People at the intersection together [are] told [they] should not be born, [are] worthless and against our culture and religion.'* (Participant from SOGIESC organisation)

In general, younger generations across contexts were described as being more accepting of diversity that older generations. However, respondents consistently reported that people within the intersection were 'doubly stigmatised and disadvantaged', with people reported to often hide one of their identities from their families, communities, organisations and their peers of their other identity:

> *'I have hid my disability from my LGBT peers, but lately I have come out and they have been accepting.'* (Participant from SOGIESC organisation)

This seem to be particularly relevant to people with disabilities and people with certain types of impairments such as psychosocial and intellectual impairments.

> *'There is less expression of [sexual] orientation within the disability community. Diverse sexual orientation would add to the stigma and exclusion, particularly those who are transgender. Mental health is more stigmatised, not so much intellectual disability in the Philippines. In places that are more isolated or more strict such as Muslim communities, exclusion is greater.'* (Participant from SOGIESC organisation)

> *'I could never tell disability organisations about LGBT. My disability is understood by LGBT and feminists organisations.'* (Participant from SOGIESC organisation)

It does appear that people with disabilities and diverse SOGIESC felt that the SOGIESC organisation they were involved in was more accepting of their disability than the disability organisation was of their SOGIESC identity. No regional differences were noticed in this analysis. Respondents alluded to both social discriminations and the criminalisation of same sex relationships and the threat of imprisonment as reasons for keeping their diverse SOGIESC identity a secret.

Respondents who did identify within this intersection also described the double discrimination they experienced due to their dual identities. This was linked to individuals reporting that they needed to monitor and modify their behaviour to stay safe. In some contexts, respondents reported that communities think diverse SOGEISC is a disability:

'Many people think LGBT is a disability, something wrong with us and need spiritual gurus and doctors to correct.' (Participant from HIV organisation)

Similarly, one respondent from the Middle East reported that they didn't come across people at the intersection, unless they were people from diverse SOGIESC who have acquired disability due to violence and abuse.

Intersex people may identify as a person with disability, in the sense of having a body 'which is not the same as others' or having non-functioning or incorrectly functioning sex hormones that may be considered an impairment. However, the fear of being discovered as being 'abnormal' and of forced medical treatment may keep many intersex people hidden from the disability movement as well. Many intersex people are often not found within the LGBT communities unless they grow up to be same-sex attracted. This could potentially mean that intersex people and their needs are largely being ignored in both the disability and LGBT movements.

Whilst some respondents did describe incidents of violence and abuse experienced by people with disability and people with diverse SOGIESC, it is not possible to report consistent findings on the experiences of violence and abuse of people within this intersection and further research is required. However, in this sample, respondents were generally more likely to discuss violence perpetrated against people with diverse SOGIESC. This may be because these respondents were more likely to work for organisations with more experience in working with people who have experienced violence. The limited discussions around violence within the interviews, however, indicate that people with disability and people with diverse SOGIESC may have different experiences of violence and that this may be influenced by the context. For example, one respondent felt that people with diverse SOGIESC were more likely than people with disability to experience violence perpetrated by strangers, whereas people with disability in that context were reported to be more likely to experience neglect or be treated badly within the family.

'All minority groups get discrimination, [and] face family violence…LGBT [people receive] more violence from strangers, especially backlash from recriminalisation and decriminalisation of homosexuality.' (Participant from SOGIESC organisation)

Barriers to intersectional inclusion within services and programming

While there appeared to be more acceptance and attempts by community services providers (such as hospitals) and organisations to include people with disabilities, there seemed to be less acceptance of diverse SOGIESC identities – respondents described feeling like they had to hide their diverse gender or sexuality. Several respondents described how there was a significant lack of access to services for people with disabilities or people with diverse SOGIESC, especially in rural areas, but that there was more acceptance for disability overall in comparison to acceptance for diverse genders and sexualities.

This led to participants describing a fear of discrimination for people at the intersection of disability and diverse SOGIESC. A perceived lack of intention to proactively include people with disabilities, people with diverse SOGIESC, or people

with disabilities and with diverse SOGIESC within service providers' organisational approaches was reported as one reason why people may be reluctant to access services unless truly necessary. Respondents shared how they tended to hide their identities when they did access health services, or only visited LGBT services if they were available.

> *'People with disabilities are pitied and discriminated against. LGBTI are hated. If you have both, you are told you should not be born, that you are worthless and against our culture and religion.'* (Participant from SOGIESC organisation)

The organisations interviewed that provided services to a specific group (i.e. SOGIESC only or disability only) cited a lack of funds as one of the barriers preventing a focus on people at this intersection. The fact that people within this intersection may be considered a 'hidden' population, or hide aspects of their identity, makes it difficult for organisations to develop an understanding of their experiences and how to include this group in their work.

It would also appear that because of the limited awareness and availability of documented practices of intentional inclusion addressing this intersection, there is a lack of resources and guidance to support organisations to develop an understanding of the experiences, barriers and enablers for progressing inclusion of this group.

Further, there appears to be a lack of awareness of the services available to make events and meetings accessible for people with disabilities and diverse SOGIESC, which has the consequence of not including people at this intersection in such events and meetings. This means that people with disabilities with diverse SOGIESC do not have a voice in decision making and are unable to contribute to increasing awareness, which also means negative attitudes are unintentionally perpetuated. One respondent from an international disability NGO highlighted that when there was no intentional focus on this intersection, it can result in unintentional harm. An example was shared wherein SOGIESC was included as an agenda item at an international disability meeting and the organisers had hoped to invite representatives of this group to speak, not realising that homosexuality carries the death penalty in that country.

The political and legal context was also reported to influence whether and how organisations worked with people with disabilities with diverse SOGIESC. For example, one organisation whose services included working with perpetuators of violence towards people with diverse SOGIESC did not identify as a LGBT organisation due to laws against same-sex activity and described how people with disabilities and diverse SOGIESC were particularly unsafe and at risk of murder.

> *'[We] work to reduce SGM violence, and all people who work here are LGBT but this is not a LGBT organisation.'* (Participant from civil society organisation focused on violence)

Another organisation reportedly focused on gender equality and trans rights, and not the rights of people with diverse SOGIESC and disabilities, because it perceived the employment discriminations as being greater for trans persons without disabilities than for trans persons with disabilities.

Enablers of inclusion of intersection within services and programming

One organisation, Pinoy Deaf Rainbow, focuses on capacity building for diverse SOGIESC people who are deaf by providing leadership skills training and human rights advocacy. Pinoy Deaf Rainbow also partners with organisations to increase the organisation's ability to provide accessible HIV awareness workshops and be inclusive of deaf people with diverse SOGIESC.

Respondents shared how two-way capacity building and being invited, or inviting others, to join meetings alongside people or organisations who were at the intersection, such as HIV-oriented organisations, were good entry points to explore how people with disabilities with diverse SOGIESC could be better supported by organisations. Being invited to the table to discuss anti-discrimination laws and policies was described as a good opportunity to increase awareness of people at the intersection.

One respondent shared how there had been opportunities for joint advocacy with a DPO and a diverse SOGIESC organisation moderated through a civil society network, which might suggest that an external party is sometimes needed to help broker the start of a working partnership.

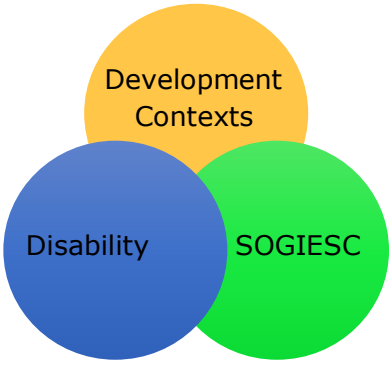
One interviewee who is a person with disability and diverse SOGIESC described how their confidence was built when they were involved in training and capacity building activities or observed others nominated to positions of leadership. This enabled them to have more of a voice, and led to peer development opportunities. It was noted that when staff at organisations were open as being a person with disability with diverse SOGIESC the organisation itself became more accepting and understanding of people at this intersection. The feminist movement was described as a model that was drawn upon to help facilitate this inclusion of people at the intersection.

In particular, a mandate from funders for the specific inclusion of people with diverse SOGIESC in disability inclusive development projects was identified as a key entry point.

Limitations

Fifteen potential participants were identified. However, due to language and technological barriers as well as time and resource constraints, only 12 participants were interviewed. Most participants were not interviewed in their first language. Additionally, westernised terms such as 'gender identity' or 'LGBT' were not always familiar terms for the participants. In all interviews, attempts were made to ensure that the participant's terminology was matched by the interviewer. Findings should be interpreted with the understanding that they may not be representative of the diverse experiences of people at this intersection.

Conclusion



Overall, while there was existing evidence on each area of disability, diverse SOGIESC, and humanitarian and development contexts, there is a dearth of evidence on the intersectionality of the three areas. This lack of evidence is significant. It highlights that intersectionality of disability and diverse sexual orientation, gender identity, gender expression and sex characteristics is a much neglected area within humanitarian and development contexts. This is the case not only within the humanitarian and development sectors, but also among researchers, international non-governmental organisations and other entities that have a specialised focus on these areas. While there is growing attention on people with disabilities within these sectors, diverse SOGIESC has not received the same level of attention and nor has the intersectionality of the topics explored here. This is also highlighted in the lack of recognition of people with disabilities and diverse SOGIESC in international commitments and guiding frameworks, such as the SDGs and the CRPD.

It was clear from the interviews that diverse SOGIESC organisations were more likely to be inclusive of people with disabilities and diverse SOGIESC, whilst there appears to be less focus from disability organisations on inclusion of people with disabilities and diverse SOGIESC. This could be related to the historically more extensive global awareness raising activities about the rights of people with disabilities, the existence of the Convention of the Rights of Persons with Disabilities and a growing focus in humanitarian and development programs on disability inclusion. Another potential factor in this is that same-sex relationships or identifying as someone with diverse SOGIESC has been historically criminalised and stigmatised in many contexts, which may have discouraged disability organisations from intentionally including people with diverse SOGIESC.

It is important to recognise that humans are diverse individuals with numerous intersecting identities and experiences, and that this analysis paper was only concentrated on those of disability and diverse SOGIESC within humanitarian and development contexts. However, it is evident that people with disabilities in humanitarian and development contexts face significant levels of discrimination and barriers to inclusion and attainment of their rights. It is also clear that people with diverse SOGIESC face significant barriers and discrimination. People at the intersection of disability and diverse SOGIESC face greater barriers and discrimination.

The findings from Out of the Margins do highlight potential enablers that can be built upon to progress inclusion of people with disabilities and diverse SOGIESC within humanitarian and development contexts, as highlighted in the recommendations below.

Recommendations

The following recommendations are structured to focus on a multi-level response and are provided with the overarching mandate of *'nothing without us'* in mind. This means that people at the intersection of disability and diverse SOGIESC should play a central role in developing and implementing any responses to these recommendations. It is critical that the recommendations be implemented with people at this intersection being resourced to be at the centre of any future action to progress inclusion.

1. Intentional Organisational Focus

Recommendation 1: Build internal organisational mechanisms to be inclusive of people with disabilities and diverse SOGIESC.

It is critical that humanitarian and development organisations move towards intentionally working with people with disabilities and diverse SOGIESC across all areas of organisational policy and practice. This includes:

Short term goals

1. Building the evidence base of the organisation, including by:
    - Understanding how contexts, rights and local laws affect people with disabilities / diverse SOGIESC and how they intersect in specific ways;
    - Obtaining technical (contextual) information on inclusion measures and barriers;
    - Developing an understanding of the risks involved if / when humanitarian and development organisations are seen to be bold on this in a context that is hostile and considered not reflective of in-country value systems.
2. Develop a Do No Harm (DNH) framework and tools with a specific disability / diverse SOGIESC lens.
    - Build institutional commitment and capacity to 'do no harm' in program activities and through organisational frameworks, policies and practices.
    - Undertake context-specific analysis of the risks of harm with a focus on people with disabilities / diverse SOGIESC and those at the intersections.
    - Review and modify approaches, tools, processes and systems to minimise context-specific risks of harm.
    - Strengthen monitoring and accountability mechanisms to capture unintentional negative impacts of programs and practice.
    - Monitor and respond to situations where DNH considerations are leading to a 'do nothing' intervention approach in relation to people with disabilities / diverse SOGIESC and/or those at the intersections.
3. Review all relevant organisational policies (e.g. human resources, ways of working, staff training) to be inclusive of and non-discriminatory towards people with disabilities, people with diverse SOGIESC, and those at that intersection.

4. Build capacity and assign 'Internal Champions' within organisations: train key staff in disability and SOGIESC inclusion; cultivate disability / diverse SOGIESC champions at a grassroots, local leadership and global leadership levels; and understand relationships among the layers of champions.

5. Create organisational platforms / communities of practice to share their voices on intersectional inclusion practice.

Long term goals

6. Develop visible and consistent leadership commitment within organisations to the inclusion of people with disabilities and diverse SOGIESC at both organisational and program levels.
7. Support disability and diverse SOGIESC champions and 'go-to people' who bridge the gap between leadership, staff and aid beneficiaries.
8. Build long term collaborative relationships with diverse SOGIESC CSOs and DPOs. This would include encouraging all organisations to consider inclusion of members of each group.

Recommendation 2: Increase **opportunities for** people with disabilities and diverse SOGIESC to access and actively participate in the services provided by development and humanitarian organisations.

Given that people with disabilities and diverse SOGIESC may have limited opportunities to openly participate in and benefit from services of development and humanitarian organisations, it is critical that donors and humanitarian and development organisations identify and enable possibilities for people to engage.

Short term goals

1. Ensure that physical service access points are accessible for all people with disabilities regardless of their SOGIESC, including within the staff-allocated areas. An example is the ability to access a toilet free from physical and psychological harm.
2. Ensure that physical spaces are safer spaces[91] for people with disabilities / diverse SOGIESC and those at the intersections. This ensures those seeking services will be less likely to experience discrimination and stigma when accessing humanitarian / development programs and services.
3. Enhance representation of people with disabilities and diverse SOGIESC in all aspects of development and humanitarian organisations, including among staff, members of committees and boards and positions of leadership.

Long term goals

4. Build both targeted and mainstreamed approaches to the inclusion of people at the intersections of disability and diverse SOGIESC into program design, implementation and monitoring and evaluation.

[91] A safer space is a supportive, non-threatening environment where all people can feel comfortable to express themselves and share experiences without fear of discrimination or reprisal. We use the word safer to acknowledge that safety is relative: not everyone feels safe under the same conditions.

2. Advocacy

Recommendation 3: Develop and implement advocacy and awareness campaigns based on the experiences and knowledge of people with disabilities and diverse SOGEISC, their families and their communities.

A greater understanding of intersectionality and the experiences and rights of people with disabilities and diverse SOGIESC is urgently needed to foster positive attitudes of individuals, communities and organisations in humanitarian and development contexts, thereby enabling development of contextually relevant solutions to improve inclusion.

Short term goals

1. Engage people with disabilities and diverse SOGIESC, alongside other disability / diverse SOGIESC / inclusion advocates and allies, in advocacy and other visible and vocal development and humanitarian roles.
2. Conduct an opportunity and risk assessments to identify disability and diverse SOGIESC intersectional priorities for advocacy campaigning within the humanitarian and development sectors, the broader community and government.
3. Document and promote positive examples of inclusion across the humanitarian and development sectors.

Long term goals

4. In countries where societal norms, awareness and acceptance are open enough for an official level of engagement, build the skills and knowledge of in-country staff and national government and civil society organisations
5. Create an intersectional capacity-building agenda for national government and civil society organisations.
    a. supporting the capacity of disability-oriented organisations to be inclusive of people with diverse SOGIESC;
    b. supporting the capacity of SOGIESC-oriented organisations to be inclusive of people with disabilities;
    c. advocating for and supporting the capacity of all civil society organisations, development and humanitarian agencies, and government agencies to be inclusive of people with disabilities and diverse SOGIESC; and
    d. developing sector-specific guidelines and resources on progressing inclusion of people with disabilities and diverse SOGIESC.
6. Conduct a mapping exercise to understand the diverse SOGIESC and disability landscape in specific countries, and whether there are any formal or informal organisations that include the intersectionality of disability and diverse SOGIESC.
7. In parallel to targeted advocacy on disability and diverse SOGIESC, support advocacy that centres on ending all forms of exclusion.

8. Conduct an analysis or dialogue (with the disability movement/diverse SOGIESC CSOs) to identify discriminatory social and legal norms that can be challenged utilising a DNH approach.

3. Donor-level inclusion

Recommendation 4: Intentionally include people with disabilities and diverse SOGIESC in **donor strategies and frameworks.**

Aid donors are well placed to advocate for, and support, a broadening of focus on marginalised groups to include people within the intersection of disability and diverse SOGIESC, including ensuring an inclusive approach to the design, implementation, monitoring and funding of humanitarian and development programs.

Short term goals

1. Identify opportunities to raise broader awareness about the experiences and rights of people with disabilities and diverse SOGIESC. For example, their inclusion could be a focus within disability- or SOGIESC-related strategies or policies, especially in relation to COVID-19 humanitarian assistance and recovery efforts.
2. Support the documentation and dissemination of positive examples of inclusion of people with disabilities and diverse SOGIESC. For example, ask for case studies, conference presentations, regional and global meetings, and other opportunities to share practices within MEL project outputs.

Long term goals

3. Develop policies or strategies that specifically focus on diverse SOGIESC inclusion within the programs of donor organisations to complement existing disability and broader inclusion strategies (noting that diverse SOGIESC inclusion-focused efforts to date have not been widely progressed across the sector).
4. Fund aid program activities – including context-specific research, development projects and capacity building – that help to develop locally-relevant solutions to promote intersectional disability and diverse SOGIESC inclusion.
5. Include consideration of the rights, needs and strengths of people with disabilities / diverse SOGIESC and those at the intersections in aid program designs.
6. Ensure that projects aimed at women and girls specifically include women with disability and diverse SOGIESC.
7. Build disability and diverse SOGIESC inclusion into monitoring, evaluation and learning requirements for all AID funded programs.
8. Support programming and related diplomacy or advocacy to progress legal frameworks that support the rights of people with disabilities and diverse SOGIESC.

Annexes

Annex 1. Analysis Proposal/Terms of Reference

Proposal for Analysis Paper of the Intersections between Disability and Sexual orientation, gender identity and expression, and sex characteristics (SOGIESC)
26 July 2018

"How can development and humanitarian programs be inclusive of people with disabilities of diverse sexual orientation, gender identity and expression, and sex characteristics?"

Proposal for use of TA days under the DFAT-CBM partnership.

Compiled by Jen Blyth, July 2018

Background

In 2018 DFAT DIS have requested information on disability and SOGIESC/LGBTIQ several times, and usually required this information quickly. Simultaneously, we have observed a rise in interest and engagement of the development sector in these issues, for example the ACFID working group on the topic, panels at the Australasian Aid Conference, and the consideration of people with different SOGIESC in the new DFAT Funded Water for Women Fund. To ensure DIS and the DFAT-CBM Partnership are well placed to contribute evidence based information and well targeted feedback to others we proposed taking some time to proactively explore this issue further.

Purpose

- Improve DFAT and CBM understanding of the intersection of disability and sexual orientation, gender identity and expression, and sex characteristics (SOGIESC) in development and humanitarian contexts,
- identify and analyse inclusion of people from Sexual and Gender Minorities (SGM) with disability in development and humanitarian programs,
- present lessons from these experiences, outlining barriers, enablers and recommendations to inform DFAT policy and programming.
- explore areas of overlap or commonality that are not attached to a person being a member of both groups, such as high rates of mental distress among SGM and people with disabilities.

Rationale

There remain a large number of countries where having a non-conforming or 'different' SOGIESC is stigmatised, if not criminalised, or labelled as a psychosocial disability. For example, there are seven countries and territories in the Pacific and 12 countries within Asia where it is still a crime to identify as a SGM. There is also an absence of anti-discrimination laws that are inclusive of sexual orientation, gender identity and intersex status. Harmful religious and socio-cultural norms continue to stigmatise SGM and inhibit their access to vital health care and other support services.

Approximately one billion people, or 15% of the world's population experience some form of disability and approximately 80% of this number live within developing countries.[92] People with disabilities face significant barriers to meet their needs and

[92] http://www.who.int/disabilities/world_report/en/

priorities, including exclusion from access to health, housing, employment, education and civil liberties. SGM with disabilities face double marginalisation. People with disabilities are often viewed as nonsexual or hypersexual.[93]

Existing research, programming and organisations looking at the intersectionality of disability and SOGIESC are largely concentrated within European and North American contexts. Studies in the Global North have identified numerous barriers for SGM with disabilities, such as:[94]

- Accessing equipped gender-neutral toilets.
- Exclusion from either or both communities of compromising of disabilities or LGTBIQ.
- Accessing safe spaces for either or both their disability or sexual or gender identity.
- Being involved in awareness-raising and advocacy.
- Facing significantly higher levels of violence.
- Accessing appropriate health services, particularly for Intersex people.
- Being susceptible to increased rates of psychosocial disabilities, or being diagnosed with a psychosocial disability due to their sexual or gender identity.

SGM with disability have been excluded from participation in making decisions. Anecdotal evidence suggests that SGM with disability have minimal participation in Disabled Persons Organisations, and as such, there is limited representation of their priorities and perspectives in advocacy activities, policies and programs. Similarly, the evidence suggests that SGM with disability have minimal inclusion in SGM organisations – if any exist.

Key learning questions

The study will seek to answer the following key learning questions:

1. What are the key areas of intersectionality of disability and SGM in development and humanitarian contexts, and the issues arising from these?
2. What are the particular barriers and enablers to the inclusion of people with disabilities of diverse SOGIESC in development and humanitarian programs?
3. What examples are there of good practice in disability and SOGIESC inclusion, particularly in the Asia-Pacific region, and who is involved in these?
4. What principles, practices and strategic opportunities should inform disability- and SGM-inclusive development and humanitarian policy, planning and programming?

Methodology

Part One

- **Expert consultation:** Key stakeholders will be approached to provide published or unpublished reports, policy papers, submissions or other documents for inclusion in the analysis.
- **Literature review:** Undertake a literature review (using published and unpublished literature) regarding the factors which support or prevent inclusion of people with

[93] http://www.ala.org/rt/sites/ala.org.rt/files/content/professionaltools/QWDBibliography.pdf
[94] CBM Australia briefing note.

disability and non-conforming SOGIESC in development programs, including the efforts of Disabled Persons Organisations.

- **Discussion Paper:** A preliminary discussion paper presenting key themes, drawn from findings from initial consultations and literature review, and describing available frameworks and legislation which can be used to guide DFAT staff in understanding intersectionality.

Part Two

- **Key informant interviews:** Identify up to five key informants and interview these regarding their perceptions of the barriers and enablers for people with disability who have non-conforming SOGIESC being included in development programs. Key informants may include staff of Disabled Peoples Organisations (DPOs), NGOs, partner country governments, SOGIESC organisations and Posts.
- **Data analysis:** Analyse findings from the literature review and key informant interviews and prepare draft report.
- **Expert review:** Facilitate peer review of draft report by key stakeholders, including relevant DPOs and SOGIESC organisations.
- **Final report:** A final report which contains draws on findings from both interviews and the preliminary discussion paper will be submitted to DFAT.

Team and number of days

This work will be led by Jen Blyth (CBM). CBM-Nossal will establish a peer-review group consisting of staff from CBM Australia, Nossal and expert organisations.

CBM is allocating 25 days for the literature review, key informant interviews, analysis, drafting, peer review, and report finalisation. No travel will be required.

Deliverables

This analysis will produce:

- A preliminary discussion paper summarising findings from the literature review and expert consultation, and setting out key themes and topic areas relating to disability and SGM intersectionality. This will be used to guide further data collection and analysis, as well as highlighting areas where there are gaps in empirical evidence/examples.
- A report (maximum 10 pages) which concisely summarises major findings, highlighting lessons and analysing barriers and enablers to development and humanitarian practice which is inclusive of SGM with disability, and identifying opportunities.
  - Key topic areas which are likely to be to be covered include:
    - Sexuality, personal/bodily autonomy and access to sexual and reproductive health.
    - The expansion of Universal Design Principles to be inclusive of SGMs.
    - Exploration of the Do No Harm Principles and how this can be understood in the lens of SOGIESC and disability intersectionality.
    - How to work with key advocacy and representative groups (Disabled People's Organisations and Sexual and Gender Minority organisations) to ensure that intersectionality is considered in programming and policy engagement.

- The risks of being labelled with a psychosocial disability by identifying as a SGM.
- Experiences of gender-based violence and access to support services.

Annex 2. Key Informant Interview Question Guide

Questions for SOGIESC / Disability Key Informant Interviews

Introductory Statement [read this verbatim before commencing interview]:

"Thank you very much for agreeing to speak with me today, I really appreciate your time.

As you know CBM and Edge Effect are conducting research on the experiences of people who have a disability and also identify as being from a sexual or gender minority (could replace this with: lesbian, gay, bisexual, transgender and intersex) on behalf of the Australian Department of Foreign Affairs and Trade (DFAT).

We are hoping to find out how development and humanitarian programs could be more inclusive of people with disabilities from sexual and gender minorities (could replace this with: Lesbian, gay, bisexual, transgender and intersex).

The following questions are about your experiences and the experiences of people you know or who may access your services. Everything you say is confidential and we will not be using your name or any identifying information in the discussion paper we are writing.

If you don't wish to answer a particular question or wish to stop the interview at any time please just let me know.

I am not recording this interview but I will make some rough notes to make sure I remember everything correctly.

Are you OK with me starting the questions now?"

[Wait for response]

*Please do not give any names of individuals when answering the following questions

Organisation	Disability	SGM	Other
Can you tell me a little bit about your organisation?			
I am wondering if we can talk about people who identify as both disabled and with diverse SOGIESC? What is your understanding of the experiences of this group? Prompts, experiences in their community, access to services, inclusion within organisations such as DPOs or SOGIESC groups, development programs?			
Are these experiences different to people with disability and/or people who identify with diverse SOGIESC? I.e. what is the effect of identifying with both disability and diverse SOGIESC on peoples experiences of inclusion/exclusion from communities/organisations/development?			
Has your organisation involved this group in your activities? If yes, can you tell be about how these people have been included? (Prompts, what activities,			

impact? If no, why do you think your organisation has not included this group? Prompt: policy, resources, capacity, attitudes?
What are the enablers and barriers to the inclusion of this group in the community, organisations, development programs more broadly? (Prompts, improving awareness, capacity building, resourcing, community attitudes, mobilisation of this group etc.)
Do you know of any organisations that are inclusive and of benefit for people in this group? If yes, can you tell me about these organisations and why/how you feel they are inclusive of people in this group?
What could be done to improve the inclusion of this group in community, organisations, and development programs more broadly? (prompts, awareness, training, resourcing, supporting individuals in this group to access services, organisational capacity development)
Do you think the barriers/enablers for people with disability and diverse SOGIESC identities is the same in rural vs urban settings?