

EXECUTIVE SUMMARY

THE SITUATION OF LGTBI+ PEOPLE WITH DISABILITIES IN SPAIN

MINISTRY OF EQUALITY

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CONTENT

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Introduction

This report summarizes the main results from the **«Intersectional study on the situation of LGBTI+ people with disabilities in Spain; an intersectional approach»** promoted by the Directorate General for the Real and Effective Equality of LGBTI+ People dependent on the **Ministry of Equality**.

This study aims to obtain an overview of the situation **of LGBTI+ people with disabilities** nation wise including their socio-demographic characteristics, as well as their discrimination and victimisation experiences, and the internalisation of LGBTIphobic and ableist stereotypes and prejudices and their consequences.

An **Advisory Group** supported the design and implementation of the research techniques. It was composed of **various** civil society **organisations representatives**, both from the **disability field and the LGBTI+ movement**, together with the **Directorate General for the Real and Effective Equality of LGBTI+ People, under the Ministry of Equality, and the Royal Board on Disability under the Ministry of Social Rights, Consumer Affairs and Agenda 2030**.

Aiming to learn about the perspective and reality of LGBTI+ people with disabilities, experts, public institutions representatives and civil society organisations, both from disability field and the LGBTI+ movement, the subject of study was approached from a **flexible perspective, tending particularly to achieve the highest degree of universal accessibility**. in order to get to know the perspective and reality of LGBTI+ people with disabilities,

This being a pioneer study in Spain, we must keep in mind that at its scope might have certain limitations at some points. Still, we are convinced that the results create new possibilities to promote the imperative adjustment policies, in agreement with the constitutional principles of equality and non-discrimination and invite further research and in-depth study on the subject.

GOALS

GENERAL GOALS

Carrying out a tentative study on **LGBTI+ people with disabilities, their specificities, their experiences of discrimination and victimisation** and the internalisation **of LGBTIphobic and ableist stereotypes** and **prejudices** and their **consequences**.

ESPECIFIC GOALS

- **SO.1. Identifying the situations and areas** in which discrimination and attitudes of rejection based on sexual orientation and gender identity intersect with those based on disability as well as their intensity, circumstances, manifestations and consequences.
- **SO.2. Identifying socio-demographic factors of risk and protection** against discrimination and rejection towards LGBTI+ people with disabilities: gender, age, gender identity and sexual orientation, educational level, activity rate, ethnic origin, household composition, etc.
- **SO.3. Analysing the social stereotypes, prejudices and social discourses** about LGBTI+ people with disabilities, as well as their **internalisation**.
- **SO.4. Identifying the needs, demands and propositions** of LGBTI+ people with disabilities in order to change stereotypes and prejudices and fight discrimination, with special attention to the social, working and educational areas.
- **SO.5. Pointing out propositions for public policies** that allow all LGBTI+ people to exercise their rights under equal conditions and without discrimination.

METHODOLOGY

The study used a variety of methodological approaches to integrate an intersectional and comprehensive approach to the analysis of the experiences of LGBTI+ people with disabilities. These techniques, detailed below, have been key to identifying both risk and protective factors in different areas of life, and have facilitated the formulation of recommendations for public policy.

- **Desk review.** Comprehensive analysis of relevant literature in order to set a theoretical framework, identify key variables as well as risk and protective factors in previous studies.
- **50 in-depth interviews with LGBTI+ people with disabilities,** aiming to explore situations of discrimination and rejection, as well as demands and needs, and identifying protection and risk factors.
- **15 interviews with professionals** from different sectors, aiming to identify situations and areas where stereotypes and barriers for LGBTI+ people with disabilities are generated.
- **10 life stories,** aiming to create a biographical journey of the most relevant experiences of discrimination that structure their perceptions and ideas of an individual.
- **1 focus group** including experts in the field, aiming to identify key issues for the study, as well as to identify public policy propositions.
- **Survey (420 valid questionnaires),** aiming to identify patterns of discrimination and socio-demographic factors that influence risk and protection.
- **1 seminar of key actors,** with the participation of institutional and civil society organizations representatives, where the formulation of public policies based on the study's preliminary results were debated.

CONSIDERATIONS ON UNIVERSAL ACCESSIBILITY

We met with expert organisations in accessibility (CNLSE, CESyA, Plena Inclusión, FIAPAS, ONCE, among others) in order to identify specific needs and get advice about the implementation of tools to guarantee universal accessibility during the fieldwork, (we used sign language, subtitling, easy reading and screen readers). We selected different technological options, such as Microsoft Forms and Encuesta Fácil, to ensure the accessibility of the online questionnaires.

Also, we adapted the scales of the questionnaire prioritising relevant items, reducing response categories to make it easier for people with intellectual disabilities, and we adjusted the self-completed questionnaires to improve their readability and accessibility (adjusting to easy reading, using sign language, larger font size, strong contrast and accessible audio description).

Sign language interpreters assisted at the Advisory Group's meetings, the interviews and the expert seminar, also assistants where required when necessary, and physical accessibility to the venues was ensured.

THEORETICAL FRAMEWORK

Sexuality is a central dimension of the human experience, shaped by biological, psychological, social and cultural aspects, it determinates the way we live and relate to each other in every area of our daily lives.

Through history, and specially from the 15th century, the dominant social structures have created an hegemonic paradigm of sexuality. This established rigid norms about who can express their sexuality and how they should do so, leaving out those who do not conform to those standards. This hegemonic sexuality is sustained by a sexual norm that privileges an hegemonic subject (male, white, heterosexual, able-bodied) and by particular institutions that even today have the capacity to prevent, detect or violate the rights of individuals whose bodies are considered to be less important, whose orientations are regarded as deviant or whose practices are depicted as immoral.

LGBTI+ people with disabilities are among the group of people whose life experiences are deeply conditioned by the stigma of ableism and sexism. These systems of oppression are entangled with other intersectional categories, such as gender identity and sexual orientation, age, skin colour, place of residence or class, to create complex forms of violence and exclusion that often go unnoticed or are naturalised. Some of the most frequent subordination mechanisms are dehumanisation (they are considered deviant, unproductive, unemotional individuals), reification (their identity is reduced to an attribute considered as socially undesirable), denial of their sexualities (they are not considered desirable or desiring persons), denial of specific support or resources to ensure their autonomy and accessibility (their demands are not taken into consideration because they are regarded as a minority or an "extra expense") or infantilisation (they are considered unable to make their own decisions and their complaints or demands are not entirely credible).

Faced with this situation, many LGBTI+ people with disabilities suffer constant and different experiences of rejection, marginalisation or sexual and gender-based violence. This brings them feelings of guilt, shame, undervaluation and loneliness, and often, a fear of rejection that leads to concealing and self-isolation strategies to prevent the family from "looking bad" or to avoid losing some of the support network they depend on, or because they feel worn out and helpless.

Incorporating an intersectional approach when designing, implementing or evaluating different initiatives and public policies is essential to address these complex forms of discrimination. This approach, which arises from the need to understand how different forms of oppression, such as ableism, sexism and LGBTIphobia, intersect, allows for a more accurate analysis of the experiences of LGBTI+ people with disabilities. It shows how this population do not face a single form of marginalisation, but multiple axes of oppression that interact with each other, generating particular experiences that require specific responses.

The intersectional approach is proposed as a valuable framework for public administrations to implement policies grounded in inter-institutional collaboration, while acknowledging diversity, addressing existing inequalities and violence and promoting the creation of more inclusive environments in every area of people's lives.

MAIN FINDINGS

The results of the research are grouped by people's lives general spheres. When possible, combined information from the interviews, focus groups, life stories and the survey is presented in each of these areas.

Also, we study these spheres of life considering how different forms of discrimination are related to each of the socio-demographic variables, such as gender; disability, sexual orientation, gender identity, age, ethnicity.

FAMILY

- 1. Diverse family responses.** For LGBTI+ people with disabilities, acceptance from their families is a complex issue with no homogeneous answer. Some families openly express an acceptance of disability and gender identity or sexual orientation realities, and in so doing they provide very important support. While other families are more reluctant or oppose those realities outrightly. It is common for families' responses to be contradictory. Sometimes they accept one of their relative's realities, e.g. disability, but they oppose gender identity or sexual orientation or vice versa. Prejudices and stereotypes rooted in society are a fundamental barrier to accept these realities. The expression of these prejudices can have a strong emotional impact on the person, which lasts over time. Therefore, the family experience of acceptance or rejection is crucial in the construction of LGBTI+ people with disabilities identity.
- 2. More discrimination based on gender identity and sexual orientation than on disability.** The idea that the only "right" way to be is when there is an alignment between biological sex, sexual orientation, gender identity and traditional gender roles is accepted by many of the families of in this study's participants. The intersection between this normative

paradigm regarding sexuality and gender identity and that of ableism can lead families to exert symbolic violence and intensify discrimination against LGBTI+ people with disabilities. The direct consequences are infantilisation, asexualisation and heterosexualisation, which deny the possibility for people with disabilities to have a full sexual life and make their own choices regarding their sexuality.

The process of “acceptance” within the family requires an exercise of breaking down prejudices, stereotypes and myths that are strongly rooted in our culture and require a learning process to embrace the reality of LGBTI+ people with disability.

These transformations and acceptances take place easier in younger people's environments, and less easily adult or older people's. Having other LGBTI+ and/or disabled family members, friends or close people helps these processes. Early suspicion on the part of the family that a relative may be LGBTI+ or having an open mind towards social transformations also facilitates these processes of acceptance of LGBTI+ people with disabilities.

- 3. Family overprotection.** Some families tend to overprotect LGBTI+ members with disabilities. This can lead to a loss of autonomy and control over their personal decisions, especially regarding gender identity and sexuality, but not exclusively, as overprotection can affect any sphere of life. Here the gender dimension is crucial, women are overprotected to a greater extent than men.

EMPLOYMENT

- 1. Difficulties to access the labour market.** LGBTI+ people with disabilities face multiple barriers when accessing employment. This is due to an intersectional discrimination, in which sexual orientation, gender identity and disability operate together. As a result, people are not invited to selection processes or, when admitted, they are rejected because of prejudices regarding their productive capacity, or because of LGBTIphobic ideas. The survey results show that non-binary people and trans women, as well as people with intellectual disabilities, face the greatest difficulties. As a result, 39% of respondents reported feeling rejected, discriminated against or harassed during their job search.
- 2. Discrimination in the workplace.** Once in the labour market, discrimination is still prevalent. 41 % of respondents reported having experienced discrimination, rejection or harassment at work. Disability was the main reason for discrimination reported with 43 %, followed by sexual orientation with 27 % and gender identity with 15 % of responses. Harassment and discrimination are often perpetrated by both co-workers (36 %) and supervisors (31 %), aggravating the situation and creating less inclusive work environments. On the other hand, the ethnic or age dimension has also been identified as grounds for discrimination in the work environments of LGBTI+ people with disabilities. Faced with this situation, most people (51 %) did nothing, either out of fear, unease or because they did not consider it relevant.

- 3. Psychological and emotional impacts.** Experiences of discrimination and rejection in the workplace have significant consequences on the mental health of LGBTI+ people with disabilities, leading to psychological aftereffects, feelings of loss of autonomy and difficulties in social relations. Workplace discrimination can also lead to problems in family relations as well as in daily life activities, negatively affecting quality of life.
- 4. Concealment of disability, gender identity and sexual orientation.** Faced with lack of inclusion and constant barriers, many LGBTI+ people with disabilities choose to hide some or all their identities (sexual orientation, gender identity or disability) to avoid discrimination. This strategy of concealment, while it may be effective in the short term, is emotionally draining and unsustainable in the long term. This harms self-esteem and people's occupational and emotional wellbeing, as well as limiting their access to full employment rights by refusing to communicate, for example, that they are married to a same gender person, which would prevent them from accessing family benefits.
- 5. Glass ceilings and sticky floors.** LGBTI+ people with disabilities claim that they often have jobs or access to jobs that do not match their expectations, education or work experience. It is reported as difficult to have good working conditions and salaries, which can lead to a process of impoverishment. We also found that their merit in the workplace receives less recognition, so they tend not to have an upward career projection, making it difficult to access important and/or decision-making positions.
- 6. Vicious circles in the Third Sector and teleworking.** For many LGBTI+ people with disabilities, sectors linked to disability or LGBTI+ activism are a more accessible options for employment, because of the greater awareness about their realities in these environments. However, this concentration of jobs in specific sectors is often perceived negatively, as it reduces opportunities for integration in other sectors of the labour market. On the other hand, the increasing spread of teleworking, especially after the pandemic, has offered an alternative for many people, allowing them to avoid face-to-face work environments where discrimination is more common. This, however, enhances the masking and concealment of disability, sexual orientation and gender identity, which also exposes people and hinders other positive dimensions of employment such as the creation of interpersonal bonds.

HEALTHCARE

- 1. Discrimination in access to healthcare.** Experiences of discrimination in health care are common. 46 % of people have felt discriminated against at some point. The experience varies greatly depending on their passing related to gender identity, sexual orientation or disability. This discrimination, moreover, occurs in many areas of health care not only in sexual and reproductive care, where the sexual dimension might matter. Discrimination ranges from primary health care to specific hospital care, including administrative staff and other professionals.

- 2. Factors influencing discrimination.** Gender and disability are key factors in experiences of discrimination. Men have a lower incidence of discrimination compared to women and non-binary people, and people with multiple disabilities and mental illness or disorder face discrimination more often. Regarding specific services, the interviews and life stories point out particularly gynaecology, urology and endocrinology as areas where trans people perceive greater prejudice and stereotypes, while on the other hand people with physical disabilities particularly mention physiotherapy.
- 3. Psychological and emotional impacts.** The consequences of discrimination in the health area are deep. Respondents to the survey especially reported psychological effects (36%), feelings of guilt (24%) and loss of autonomy and freedom (18%). As in the other analysed areas, situations of infantilisation and asexualisation were described, particularly impacting on the invisibility of sexual and reproductive health care needs and generating emotional impacts and mistrust towards the health care system.

EDUCATION

- 1. Different educational pathways and discrimination.** LGBTI+ people with disabilities may have different educational paths due to the lack of adaptations in mainstream education, which can lead to higher rates of “exclusion” from the education system compared to the rest of the population. This is especially true for those with intellectual and/or developmental disabilities. Based on the survey, 78% of people have experienced some kind of discrimination in the education system, being the area with the highest incidence of discrimination, rejection and/or harassment. Women and young non-binary people identify more situations of rejection.
- 2. Causes and agents of discrimination.** LGBTI+ people with disabilities highlight that any of their realities, whenever visible, are enough to cause violence, discrimination and harassment. Regarding agents, it is their own classmates who discriminate the most, followed by teachers and other school staff and people outside the school, but still part of the school community, such as families. Therefore, bullying by classmates against LGBTI+ people with disabilities is reported to be a very frequent issue.
- 3. Passing and concealment.** Passing, i.e. the lack of visibility of disability, sexual orientation or gender identity, acts as a shield against discrimination, harassment or rejection. As such, LGBTI+ people with disabilities reported having suffered more discrimination based on the most visible dimension of these three. Some people choose to conceal their disability, identity and/or sexual orientation as a strategy to avoid harassment, a strategy that they might apply later in contexts such as at the workplace.
- 4. Consequences of discrimination.** 30% have had psychological aftereffects, 24% stated that their social relations had been affected, 13% reported consequences in daily activities. These impacts concentrate on people with mental illness and/or mental disorder more than on people with other disabilities.

5. **Fear and lack of awareness of discrimination.** 62% of people did not react to situations of discrimination, often because they did not know what to do, feared the consequences and thought that acting would be useless. Here we have found a generational gap, with older people being more reluctant to act out of fear, while younger people talk more to friends or family members about these situations.
6. **Discrimination in post-compulsory higher education.** As people move towards post-compulsory education, discrimination tends to transform or reduce, although it persists. Fewer references to discrimination in this period may also be due to the exclusion processes prior to reaching these levels. At University, many LGBTI+ people with disabilities receive support and accommodations, but others experience rejection from teachers or peers, which can negatively impact their academic performance.

PUBLIC ADMINISTRATIONS

1. **Access to public rights and services.** LGBTI+ people with disabilities state the existence of barriers and experiences of discrimination regarding access to certain public services, especially the judiciary system and residential institutions, which limits the effective exercise of their rights. This reveals, on the one hand, the lack of awareness and training of civil servants and, on the other, the lack of accessibility and adaptation of administrative procedures and formalities.
2. **Experience in the legal field.** Justice institutions can have an impact on discrimination, re-victimisation and the impossibility of redress, as reported by a victim of sexual assault interviewed, who was delegitimised and discredited during the judicial process based on her mental illness and sexual orientation. This results in psychological and emotional impacts, as the absence of conviction precludes redress and restoration.

Interviews with experts addressed this shortcoming and the efforts to reinforce training and protocols, both among the State Security Forces and the judiciary, to deal with these persisting situations. Prejudice towards disability, gender identity or sexual orientation by justice bodies and the absence of specific accommodations, such as interpreters or accessible tools, can deprive people of exercising their rights, causing helplessness.

3. **Discrimination in residential care centres and other public resources.** Among LGBTI+ people with disabilities living in residential care centres and sheltered accommodation, 55% have experienced some form of discrimination, rejection or harassment. Living in residential centres very often means a significant loss of autonomy, freedom and agency. These institutions impose restrictions on personal, affective and sexual life, which can generate dynamics of infantilisation and control over their daily decisions, where people feel they lose control over their own lives. Although some institutions are moving towards more inclusive models, many still operate under rigid structures that do not allow for the full expression of people's identities.

4. **Consequences of discrimination in residential care centres.** The most prominent impacts include psychological consequences such as anxiety and depression (32%), impact on daily life (21 %) or loss of autonomy (20%).

SOCIAL PARTICIPATION OF LGBTI+ PEOPLE WITH DISABILITIES

1. **Willingness and ability to participate.** LGBTI+ people with disabilities have different wishes and possibilities for participation. Aspects such as accessibility, support networks and community have a significant influence. The community, understood as a set of heterogeneous actors intertwined in a territory through informal and formal networks of care provision, acts as an enabling pillar capable of providing a satisfactory degree of integration and wellbeing. Support networks, sometimes outside the family, are crucial in coping with discrimination.
2. **Discrimination and intersectionality in social participation.** LGBTI+ people with disabilities have greater experiences of discrimination when they are subject to racism and/or ageism. This demands an extra effort to participate and therefore, they go through experiences ranging from self-exclusion to explicit rejection from social spaces.
3. **Discrimination in participation by area.** More than 50% of people surveyed felt discriminated in each dimension of social participation interrogated about (leisure, sport, training and political activities). Leisure contexts have a special incidence (almost 70%).
4. **Consequences of discrimination in social participation.** The most common impacts reported by LGBTI+ people with disabilities are psychological (17%), fear of not being accepted (15%), concern about the social environment opinions (13%) and social relations problems (13%). Respondents with mental illness particularly identified problems related to their social relations and fear of rejection. Also, smaller social networks were identified for LGBTI+ people with disabilities. They tend to be more selective in their friendships for fear of rejection and suffer of unwanted loneliness, leading to a strong sense of dissatisfaction.
5. **Accessibility as a central element for participation.** Cognitive and sensory accessibility are often overlooked but are as relevant as physical accessibility for participation. From an intersectional point of view, accessibility problems lead to a lower participation in all areas, particularly in physical and online leisure spaces for interaction with other LGBTI+ people. This lack of accessibility can lead to invisibility for LGBTI+ people with disabilities in social spaces, relegating them to private spaces or to fewer and more homogeneous support networks.
6. **Visibility in participation spaces.** Lack of visibility of LGBTI+ people with disabilities is also a consequence of an absence of spokespersons giving voice to their needs, demands and aspirations. There is, additionally, a scarcity of references, and the need to conquer spaces that

normalise the presence of LGBTI+ people with disabilities, as well as their relational and sexual practices. There is a need to break myths, taboos and ideas that prevent them from participating and making their gender identity and sexual orientation visible.

SOCIAL AND POLITICAL ACTIVISM SPACES AS CENTRAL SPHERES IN THE LIVES OF LGBTI+ PEOPLE WITH DISABILITIES

1. **Safe spaces for participation.** LGBTI+ people with disabilities find in LGBTI+ or disability organisations safe spaces where they can perform their identity without fear of discrimination and rejection. These spaces allow for empowerment, participation in decision-making and creating a support community.
2. **Participation in disability organizations.** LGBTI+ people with disabilities often point to the paternalistic attitudes and actions within some disability organisations. Some of these entities and resources project an asexualised and infantilised image of people with disabilities, which can lead to a denial of their sexuality, even more so if it is not normative. At the same time, the people interviewed consider that some disability organisations aspiring to “normalise” the sexual dimension of people with disabilities, do so in a normative manner, making sexual diversity invisible or disregarded in order to make disability more acceptable.
3. **Participation in LGBT+ organisations.** LGBTI+ people with disabilities interviewed indicate that, on most occasions, these spaces lack not just physical accessibility, but universal accessibility in general, making participation very difficult or completely unfeasible. Moreover, the paternalistic, ableist and infantilising gaze also appears in these spaces, especially regarding the possibility of accessing representation and visibility positions, especially if the person’s disability is very noticeable.
4. **Intersectional approach.** The interviews in this study show a perception in both LGBTI+ and disability organisations, that there is a lack of an intersectional approach in, comprising both sexual and gender diversity and disability. Organisations tend to prioritise only one identitarian dimension, which leaves out people belonging to both groups. Thus, both realities coexist in parallel, without dialogue or full integration, which results in negative experiences of discrimination for LGBTI+ people with disabilities.

SEXUALITY

1. **Insufficient sex education.** The lack of a comprehensive, diverse and non-judgmental sex education is a social problem that is passed down through generations. Older people report a complete absence of sex education, while younger people receive poor or distorted information, focused mainly on the prevention of pregnancy and sexually transmitted diseases. This reductionist and stereotypical view of sexuality, disregards the experiences and needs of LG-

BTI+ people with disabilities. This approach hinders the recognition of sexual and bodily diversity, restricting access to a wider and more satisfying sexuality and creating feelings of guilt, shame and/or insecurity in LGBTI+ people with disabilities, as well as strategies of concealment of gender identity.

2. **Infantilisation and denial of sexual desire.** As we have seen throughout the different areas, but with a special incidence here, LGBTI+ people with disabilities are mainly seen with pity and overprotection, perpetuating the myth that they are neither desirable nor desiring, disregarding their sexual and affective needs and limiting their access to a full and satisfactory sexuality. This right is also denied when their orientations, identities and desires are seen as mere phases or attempts to attract attention. Also, from an ableist and genital perspective of sexuality, their bodies are considered as unfit for sexuality.
3. **Barriers to the expression of sexuality.** LGBTI+ people with disabilities often feel that their disability takes centre stage in their daily lives, while their sexuality often becomes secondary, and they experience difficulties in initiating or engaging in sexual relations. Another consequence of the disability care model is the concealment of gender identity and sexual orientation for fear of rejection or loss of the social interactions they depend on. The disapproval and stigmatisation of public expressions of affection leads them to live their sexuality secretly, reinforcing their isolation and invalidating their identities.
4. **Fetishism and objectification.** Some LGBTI+ people with disabilities have experienced encounters stemming from fetishism of diversity. This might occasionally foster self-esteem by making them feel desired, but when this fetishism focuses on their vulnerability or fragility, the possibility of finding themselves in situations of abuse, dehumanisation or sexual objectification, creates rejection.
5. **Specific support needed.** In order to fully enjoy their sexuality, LGBTI people with disabilities need spaces and channels for their encounters, support for independence, intimacy and privacy in their experiences and relationships. Also, they need resources adapted to their diversities and based on principles of autonomy and self-determination to allow them to explore their bodies and pleasure,
6. **Recognition of one's own desire and pleasure.** Despite stereotypes, LGBTI+ people with disabilities recognise themselves as desiring individuals, aware of their bodies and capable of experiencing and providing pleasure. They often express a more comprehensive understanding of sexuality that breaks with normativity and emphasises the importance of setting personal boundaries. 71.2% of respondents report little or no difficulty in initiating or engaging in sexual relations.
7. **Exposure to situations of sexual and gender-based violence.** The objectification and subordination that LGBTI+ people with disabilities face from childhood expose them to various situations of sexual and gender-based violence. These often remain invisible, are difficult to name or recognise and, when they try to report them, they are received with mistrust or scepticism. Some identified examples are: unwanted sexual touching on naked body parts or through clothing (breasts, genitals, buttocks, inner thighs, etc.), verbal abuse, rape (by partners,

corrective rape), spreading rumours or images without consent, sexual comments about their body or appearance, requests for sexual favours, sexually suggestive looks, threats of violence or job loss, and child sexual abuse.

8. **Support and redress in situations of sexual and gender-based violence.** The lack of consistent resources to support autonomy, plus the heteronormative norm, the high level of dependency and emotional ties with caregivers, fear and helplessness of losing the little existing support, the internalisation of stigma, institutionalisation, isolation and a lack of social protection, the influence of medication or fragility due to constant medical processes, as well as the denial of subjectivity... These are some of the factors of vulnerability for which there is currently no specific response or support based on the recognition or legitimacy of the victim.
9. **Individual redress and coping strategies.** Redressing sexual and gender-based violence, as well as reducing the impact that systems of subordination such as ableism or sexism generate, goes hand in hand with processes of personal empowerment. This initial phase involves becoming aware of the oppression systems, connecting with one's own desires and needs, looking for support figures and references (cultural, associative, etc.), re-signifying the objectification mechanisms and learning the tools or skills to set limits.

SUMMARY OF PROTECTIVE AND RISK FACTORS

This section compiles all the risk and protection factors that have been identified and systematised in the report in every area. The aim has been to point out the particularly structural ones while keeping in mind those that operate specifically, or with more relevance in some specific areas.

MAIN PROTECTIVE AND RISK FACTORS

TABLE I. Summary of the main protective and risk factors

Protective factors	Risk factors
<ul style="list-style-type: none"> • Positive view or open attitude towards diversity. • Having LGBTI+ people with disabilities as references within the personal or social environment (or either LGBTI+ referents and/or disability referents). • Quota system or awareness raising, adaptation and training strategies to ensure inclusive work environments. • Person-centred assisted itineraries. • Care protocols based on a human rights approach. • Concealment or masking (capacity to choose the identity/identities to present in different contexts). • Training for professionals. • Comprehensive sex education. • Having LGBTI+ people with disabilities as references. • Opportunity to socialise in safe spaces and to have support networks for interpersonal relationships. • Reappropriation and resignification of social models. • Awareness of oppression systems and access to social and thinking alternatives in favour of equality and diversity. • Recognition of rights as a form of emancipation to guarantee personal autonomy. Personalised support system based on a rights and community approach to guarantee the free exercise of rights. 	<ul style="list-style-type: none"> • Ableist and LGBTI-phobic stereotypes and prejudices. • Denial of sexual diversity or disability in the family, educational, work or social environment. • Infantilisation. • Institutional discredit. • Overprotection. • Heterosexualisation, sexism, asexualisation. • Ableism. • Situations of severe material deprivation. • Multiple disability and mental illness and disorders. • Barriers in different systems or itineraries (labour, health, administrative, educational, judiciary) that are not accessible. • Lack of visibility and models. • Lack of implementation and supervision of quota systems. • Sticky floors and glass ceilings. • Lack of protocols. • Normalisation, naturalisation, tolerance of discrimination. • Lack of adaptability/accessibility. • Prejudices, false beliefs and socio-cultural stereotypes about the sexuality of LGBTI+ people with disabilities. • Violence and structural objectification of anyone that does not conform to the cisheterosexual or ableist norms. • Unwanted loneliness and social isolation. • Internalisation of stigma: discomfort with one's own body, feeling unwanted, guilt, feelings of abandonment and helplessness. • Institutionalisation and care model in residential homes and other assistance resources.

