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Supporting LGBTQ+ young people with disability: What service providers need to know

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Sensitive content warning

This paper discusses some of the issues that LGBTQ+ young people with disability face and covers topics such as harassment and bullying, sexual assault, poor mental health, self-harm and suicide. If you or someone you know is in crisis, call Lifeline on 13 11 14 or Kids Helpline on 1800 55 1800. Both are available from anywhere in Australia 24 hours a day (toll free) and provide generalist crisis counselling, information and referral services.

QLife, 1800 184 527, provides anonymous peer support and referral services for people who identify as LGBTIQ+.

The Suicide Call Back Service, 1300 659 467, offers free professional 24/7 telephone counselling support to people at risk of suicide, concerned about someone at risk, bereaved by suicide and people experiencing emotional or mental health issues.

Call Police on 000 any time you are worried about your safety or the safety of another person.

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Overview

This resource is aimed at practitioners, service providers and other professionals who work with young people with disability and/or LGBTQ+¹ young people.

The resource covers:

- what intersectionality is and why it's important when it comes to LGBTQ+ young people with disability
- what the research says about the key issues experienced by LGBTQ+ young people with disability
- practice considerations for better supporting the wellbeing and needs of LGBTQ+ young people with disability.

Key messages

- LGBTQ+ young people with disability may hold several intersecting identities and social positions. These individuals are often discriminated against or marginalised due to these identities.
- Discrimination and societal marginalisation can contribute to LGBTQ+ young people with disability experiencing multiple challenges, including poor mental health, suicidal ideation, self-harm behaviours, bullying and harassment and lack of social inclusion and support.
- LGBTQ+ young people with disability often experience challenges accessing safe and appropriate care that meets their needs.

Research highlights the need for service providers across both mainstream and LGBTQ+ led services to increase their awareness and understanding of the challenges faced by LGBTQ+ young people with disability. This includes:

- recognising and acknowledging structural barriers, such as heterosexism and ableism, that negatively affect LGBTQ+ young people with disability
- assessing how inclusive and safe practices and service settings are and making changes to ensure a safe, inclusive and accessible environment
- recognising the unique experiences of each individual and avoiding generalising or making assumptions based on a person's external appearance.

Person-first and identity-first language

In Australia, person-first language; for example, 'people with disability', is commonly used when discussing disability. Person-first language places a person's identity before their disability and focuses on a person's right to an identity beyond their disability or impairment (Department of Families, Fairness and Housing [DFFH], 2022). However, some people feel that person-first language provides an individualised understanding of disability (DFFH, 2022). Many Autistic and neurodivergent people have voiced strong preferences for identity-first language; for example, 'Autistic people', because they feel that autism is a core part of their identity (Amaze, 2018).

This resource adopts a dual approach that uses person-first language to respect the preferences of many people with disability, particularly people with intellectual disability (DFFH, 2022), but uses identity-first language whenever we refer to autistic and neurodivergent people. However, each individual has the right to decide how they are described and these terms are not used by all people with intellectual disability or all autistic people (Strawa & Lancaster, 2024).

¹ The term LGBTQ+ is used throughout this resource to refer to people who are lesbian, gay, bisexual/bi+, transgender and gender diverse or queer/questioning. Different acronyms are used only when referring to specific research or policies that used other acronyms such as Writing Themselves In 4 and the *National Action Plan for the Health and Wellbeing of LGBTIQ+ People 2025-2035*. In these instances, the 'I' stands for intersex and the 'A' stands for asexual. Although the authors acknowledge that LGBTIQ+ is a more inclusive term, research on the experiences of intersex and asexual individuals is limited and represents a significant gap in the literature.

Introduction

The *National Action Plan for the Health and Wellbeing of LGBTIQ+ People 2025–2035* (Department of Health and Aged Care [DHAC], 2024) highlights the urgent need for health and social care service providers to improve their accessibility, safety and inclusion for LGBTQ+ people and to recognise and address the diverse intersectional identities and experiences of the community.

Research consistently shows that LGBTQ+ young people² with disability experience higher rates of harassment, poorer mental health outcomes and increased suicide risk than both LGBTQ+ young people without disability and the general population (Argenyi et al., 2023; Hill et al., 2021; King et al., 2018; Renley et al., 2024a).

Further, young people can find accessing safe and affirming care that recognises both their LGBTQ+ identity and disability difficult (Baczewski, 2023; Hill et al., 2021;). This is due, in part, to experiences of bias or negative attitudes from service providers, as well as structural and systemic barriers to service access (Hill et al., 2022).

Despite facing significant challenges, LGBTQ+ young people with disability demonstrate resilience, adaptability and strength. By fostering inclusive environments and understanding the unique needs of each individual, service providers can deliver more responsive and affirming care that will contribute to improved wellbeing for this cohort.

This resource aims to support professionals and organisations who work with young people with disability and/or LGBTQ+ young people.

How many young people in Australia identify as LGBTQ+ and have disability?

The exact number of LGBTQ+ young people with disability in Australia is currently unknown due to limited national data collection (Australian Bureau of Statistics [ABS], 2022). To date, no Australian census has included questions about sexual orientation or gender identity;³ however the ABS recently released its first ever estimates of LGBTI+ Australians (ABS, 2022). These findings suggest that 10% of 16–24 year olds and 4.5% of those 16 years and older identify as LGBTI+.

There are no national level data to suggest how many of these young people also have disability; however, according to the Writing Themselves In 4 national survey, the largest survey of LGBTQ+ young people in Australia, 39% of LGBTQ+ young people in Australia (aged 14–21 years) reported having disability or a long-term physical or mental health condition (Hill et al., 2021).⁴

Nature of the evidence

This resource is based on a rapid scoping review of the research evidence on the experiences of LGBTQ+ young people with disability. It draws on published Australian and international literature from the past 10 years (2015–25), including academic journal articles and grey literature. Further details on the review method are provided in the Appendix.

Overall, there is limited research on the experiences of LGBTQ+ young people with disability. Most existing research is from the USA, is cross-sectional (single point in time) and of varying quality.

Our review identified slightly more quantitative studies than qualitative studies and few mixed methods studies. While few quantitative studies involved population representative samples, most studies included large samples of LGBTQ+ young people (i.e. >2,000 individuals) and compared health and social outcomes between LGBTQ+ young people *with* and *without* disability. Qualitative studies were often exploratory in nature, with most examining the school/education experiences of LGBTQ+ young people with disability. (Table 1 in the Appendix outlines the included studies.)

² The Australian Institute of Health and Welfare (AIHW; 2021) defines 'young people' as those aged 12–24 years. This paper draws on research that predominately involves populations aged 12–24 years, although some studies included individuals as young as 10 years and as old as 31 years (see Table 2 in the Appendix).

³ In 2026, questions about sexual orientation and gender identity will be included in the census for the first time.

⁴ Writing Themselves In 4 received 6,418 survey responses.

What is intersectionality and why is it important?

'Intersectionality theory' is a key framework that researchers and others use to describe how different aspects of a person's identity – such as race, gender, class, sexuality and disability – interact to create unique systems of discrimination or disadvantage (Crenshaw, 1991). For example, this resource explores the intersection of youth with LGBTQ+ identity and disability. This framework can help practitioners understand the multiple forms of discrimination (homophobia, transphobia, sexism and ableism) and disadvantage that LGBTQ+ young people with disability often face in their day-to-day lives (Toft, 2019).

While this approach can be useful in explaining the multiple and overlapping forms of discrimination and disadvantage an individual or group may face, it is important to highlight that individuals who have the same broad intersectional identity, such as LGBTQ+ young person with disability, will each have unique experiences of discrimination and disadvantage. For example, an Autistic transgender adolescent woman will have a different experience to a gay adolescent man with an intellectual disability.

A person's experience will also differ according to other aspects of their identity or circumstances, such as their socio-economic status or racial, ethnic or cultural background (Gates et al., 2023). For some people, these aspects of their identity or circumstances can further contribute to their experience of marginalisation and discrimination.⁵

In addition, gender identity and sexual orientation are not fixed and can change over time. This means an individual's day-to-day experiences and service needs may also change (Baczewski, 2023; Ingram, 2019). Despite this, intersectionality can be a useful approach to understand not only the multiple identities of LGBTQ+ young people with disability but also the way they experience the world.

Minority stress model

Another useful approach that has helped researchers and others understand the experience of marginalised individuals and groups is the minority stress model.

This is an approach often used by researchers studying sexual and gender minority health and wellbeing (Brooks, 1981; Meyer, 2003). The model has been used to examine the various social, psychological, institutional and structural factors (i.e. stressors) that can create a hostile and stressful environment. This environment can subsequently contribute to poor mental health outcomes among sexual minority populations, including young people (Amos et al., 2020; Hunter et al., 2021; Kelleher, 2009; Meyer, 2003; Mongelli et al., 2019).

The minority stress model describes 2 types of stressors (Frost & Meyer, 2023; Meyer, 2003):

- **distal stressors** are *external* factors that contribute to stress, such as being treated with disrespect, experiences of verbal or physical violence or being subject to laws and policies that discriminate on the basis of LGBTQ+ identity.
- **proximal stressors** are *internal* factors that contribute to stress, whereby individuals internalise others' negative beliefs about them. This can lead to behaviours such as young people hiding or concealing their identity to protect themselves from discrimination or feeling stress and anxiety due to fear of rejection.

The model also notes that individual- and group-level coping mechanisms (e.g. social support, resilience) can reduce the negative impacts of minority stress.

Taken together, intersectionality theory and the minority stress model are useful for **understanding the experiences** of LGBTQ+ young people with disability (Schmitz et al., 2020).

Emerging research suggests that young people with **multiple marginalised identities**, such as LGBTQ+ young people with disability, disproportionately experience **adverse** events related to minority stress (Renley et al., 2024a). This research is summarised in the next section.

⁵ According to the Writing Themselves In 4 national survey, 4.0% ($n = 256$) of participants identified as Aboriginal or Torres Strait Islander and 11.0% ($n = 705$) were born overseas, of which 55.1% ($n = 326$) were born in non-English speaking countries (Hill et al., 2021). Further, among participants born overseas, 10.5% ($n = 73$) were international students or on a working visa.

What are the key challenges faced by LGBTQ+ young people with disability?

Australian and international research has highlighted a range of challenges experienced by LGBTQ+ young people with disability (Slothouber et al., 2025).

Much of the research in this area has focused on this cohort's experiences of bullying, discrimination and harassment and/or the effects of bullying and discrimination on young people's mental health and wellbeing. There is also emerging research on barriers to young people's service access and engagement.

Few studies have focused on protective factors for wellbeing.

The following sections outline in more detail some of what the evidence says about the key challenges experienced by LGBTQ+ young people with disability.

Bullying, harassment and discrimination

Several studies have reported high rates of harassment and bullying of LGBTQ+ young people with disability (Bucchianeri et al., 2016; Hill et al., 2021).

- An Australian study of 2,500 LGBTQ+ young people (aged 14–21 years) with reported disability found that 48.4% of participants had experienced verbal harassment or abuse, 12.4% physical harassment or abuse and 29.7% sexual assault or harassment (Amos et al., 2024). These proportions are higher than those for LGBTQ+ young people without a disability (Hill et al., 2021).
- A US study of 162,034 adolescents examined the prevalence of different types of harassment experienced by high school students (i.e. based on gender, race/ethnicity, weight or physical appearance, sexual orientation and disability status) (Bucchianeri et al., 2016). It found significantly higher rates of harassment reported by lesbian, gay, bisexual and queer (LGBQ) adolescents compared to heterosexual adolescents. In addition, disability-based harassment was higher among LGBQ adolescents compared with heterosexual adolescents.

Poorer mental health and suicide-related behaviours

The evidence suggests that experiences of bullying and/or discrimination can contribute to negative mental health and suicide-related behaviours (Amos et al., 2024).

The research also suggests that, on average, LGBTQ+ young people with disability have poorer mental health outcomes than LGBTQ+ young people without disability. For example:

- A US study of 9,418 young people (aged 13–17 years) who identify as a sexual and/or gender minority found that participants who reported disability had greater depressive symptoms, lower self-esteem, poorer health and sleep, and a higher likelihood of cannabis and cigarette use than those without disability (Argenyi et al., 2023).
- A US study of 3,108 students (grades 9–12) found that lesbian, gay and bisexual (LGB) youth with disability were 5 times more likely to report poor mental health than LGB youth without disability (Gates et al., 2023).

Research also suggests a link between suicide and self-harm related behaviours and sexual or gender minority identity and disability. For example, a US study found a higher risk of suicide ideation among students who identified as both having disability and identifying as a sexual minority, compared to students who had either disability alone, a sexual minority identity without disability or neither identity (Higgins Tejera et al., 2019). This suggests that having a **dual** identity may be associated with **heightened** negative experiences that increase the risk of suicide ideation.

An Australian study of LGBTQ+ young people (aged 14–21 years) found that higher proportions of LGBTQ+ young people with disability experienced suicide ideation, suicide attempts and self-harm (in the past 12 months and in their lifetime) than those not reporting disability (Hill et al., 2021).

Specifically, 88.3% of LGBTQ+ participants reporting disability had experienced suicidal ideation in their lifetime compared with 69.4% not reporting disability (Hill et al., 2021). In comparison, data from the Longitudinal Study of Australian Children suggest that among all Australian young people (aged 14–19 years), 34% have reported ever having suicidal thoughts and behaviours (Swami et al., 2025).

Barriers to health, education and social service access and engagement

Some research has explored the experiences of LGBTQ+ young people with disability in health, education and social service settings. Overall, these studies have reported that LGBTQ+ young people with disability often have unmet needs and experience barriers to accessing appropriate health, education and social supports (Baczewski, 2023; Cappotto & Rinaldi, 2016; Milne, 2021; Mulcahy et al., 2023).

The evidence says that some of the barriers to service access, or to adequate care when in contact with services, include:

- Service providers' having negative/unhelpful attitudes and stereotypes. This can include, for example, assumptions that young people with disability do not have sexual desires, have less need for sexual and reproductive health services or that people with disability are heterosexual (Ride & Newton, 2018).
- Service providers or educators not using an individual's name or pronouns, which are an important aspect of their identity. This can include assuming pronouns based on appearance or using different pronouns to what a young person has said they use (Milne, 2021). For trans and gender-diverse clients this can include using their legal rather than preferred name. This can impact an individual's self-esteem and willingness to engage with services (Milne, 2021).
- A lack of support and accommodation of disability needs (Capotto & Rinaldi, 2016; Kuvalanka et al., 2018). For example, not providing learning support teachers or sign language interpreters for students with hearing difficulties (Capotto & Rinaldi, 2016)
- Service providers having a lack of confidence, knowledge or skills in providing supports to LGBTQ+ young people with disability (Baczewski, 2023; Ride & Newton, 2018).
- Young people with co-occurring disabilities can face additional barriers to accessing appropriate services due to a lack of service provider knowledge or expertise in addressing their multiple needs. For example, a qualitative study based in the USA of 20 LGBTQ+ Autistic young people with co-occurring mental health conditions or disability described the difficulties they experienced finding mental health practitioners that understood their identities and needs (Baczewski, 2023). Participants reported that some practitioners were unwilling to work with them due to a perceived lack of autism expertise (Baczewski, 2023). Some participants also reported they often had to educate practitioners about their identities and had to navigate the attitudes and beliefs of practitioners to ensure they felt 'safe' in their interactions with them (Baczewski, 2023).

Even when services are set up to meet specific needs (e.g. youth, mental health and/or LGBTQ+ support), they may not always understand or adequately cater for the needs of young people with an intersectional identity. For example, an Australian study of 2,500 LGBTQ+ young people with disability found that less than half (44.2%) felt that LGBTQ+ social or community venues made it easy or very easy for them to use (Hill et al., 2021).

Considerations for practitioners and support services

Practitioners and other professionals in child and family services have an important role to play in supporting the wellbeing of LGBTQ+ young people with disability. However, there is a need for service providers across both mainstream and LGBTQ+ led services to better understand the unique barriers faced by LGBTQ+ young people with disability as well as their specific support needs (DHAC, 2025).

Based on our review of the still emerging research literature and practice resources, we provide some general practice considerations below.

This is not an exhaustive list, nor is it designed to give medical or psychological expertise and advice on working with this cohort. However, it aims to provide general guidance to support practitioners and service providers.

Practitioners and service providers should:

- Increase their awareness and knowledge of the experiences of LGBTQ+ young people with disability and the issues they face (Gates et al., 2023; Hill et al., 2021). This includes recognising and acknowledging the structural barriers; that is, heterosexism and ableism, that impact them regularly (Baczewski, 2023).

- Recognise the unique experiences of each individual and avoid generalising or making assumptions based on external appearances (Commissioner for Children and Young People WA, 2023).
- Reflect on their own beliefs and attitudes about gender, sexuality and disability and how these may affect how they engage with the people in their service. Many services operate on binary gender models, which exclude or marginalise trans and gender diverse individuals (Commissioner for Children and Young People WA, 2023). For example, many service intake forms don't include non-binary or gender diverse as an option.
- Encourage clients/service users to contribute to their support plans. This can involve asking clients upfront about their preferred communication styles and regularly obtaining feedback on how things are going to build trust and a safe environment (Baczewski, 2023).
- Use positive and affirming language. This includes using an individual's name and pronouns (Parsons et al., 2021). Practitioners can share their own pronouns as a way of showing young people they value gender diversity. This may help them feel comfortable in sharing their own gender identity. Try to use gender neutral and inclusive language; for example, ask about a young person's partner or parents rather than gendered language such as boyfriend/girlfriend or mum/dad (Parsons et al., 2021).
- Provide a safe, inclusive and accessible environment, keeping in mind both visible and invisible disabilities such as attention deficit hyperactivity disorder (ADHD) and dyslexia (Amos, 2024; Dykes & Thomas, 2015; Hill et al., 2021). For LGBTQ+ young people with disability this involves both meeting an individual's disability needs and creating spaces that are LGBTQ+ inclusive. For example, ensure physical access to buildings, providing low sensory spaces and fidget toys, and training staff on inclusive language and terminology.
- Identify and refer individuals to appropriate peer support groups or networks to help them find others who may be going through similar experiences (Sturchio, 2020; Toft et al., 2019). Check with individuals about how they'd like to connect with these groups (online or in-person).
- Consider providing information and support to the young person's parents/carers and family members (Harwood, 2019; Hill et al., 2021; Prosser, 2019). Greater support from families can be a protective factor for young people's wellbeing (Greenspan et al., 2023; Powell et al., 2025).

Further readings and resources

Understanding identity exploration among LGBTQ+ young people with disability. This resource discusses the importance of identity exploration and formation in young people's wellbeing. It includes practice considerations that will help ensure services better meet the needs of all young people - irrespective of their gender, sexuality or disability.

[Writing themselves in 4: The health and wellbeing of LGBTQIA+ young people in Australia](#). The national report of the results from the survey Writing Themselves In 4 by the Australian Research Centre in Sex, Health and Society, La Trobe University

[Our Rainbow Lives - Inclusion Melbourne](#). An introduction to LGBTQIA+ identity, experiences, sexuality, gender and bodies for people with intellectual disability and their supporters

[National Action Plan for the Health and Wellbeing of LGBTQIA+ People 2025-2035](#). The national plan from the Australian Government Department of Health, Disability and Ageing

[Disability Inclusion - LGBTQIA+ Health Australia](#). Co-designed by and for LGBTQIA+ people with disability, a digital advocacy resource to support LGBTQIA+ people with disability and their communities

[How to Support LGBTQ Young People with Disabilities](#). A guide on how to support LGBTQ+ young people with disabilities

[Advocacy at the Intersections Training - Drummond Street](#). Training provided by Drummond Street for a fee and tailored to organisations

[LGBTQIA+ resources - Yooralla](#). Resources for people with disability and staff to learn more about how they can support LGBTQIA+ clients and employees

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Appendix: Summary of review method and included studies

Review method

This resource is based on a rapid scoping review of the research evidence on the experiences of LGBTQ+ young people with disability. The review method used was based on the Cochrane rapid review guidelines (Garritty et al., 2021). These guidelines were adapted to fit the project's scope and aims. Stakeholder consultations with researchers and peak bodies were conducted to inform the topic scoping process.

Research questions

The following research questions guided the review (and this resource):

- What are the experiences of LGBTQ+ young people with disability, particularly in relation to their health and wellbeing?
- What are the experiences of LGBTQ+ young people with disability when engaging with services (e.g. health, social and education services and organisations)?

Search strategy and search terms

The search strategy and inclusion criteria were based on 3 concepts: disability; sexual orientation and gender identity; and young people/adolescents.

In February 2025, the research team conducted a systematic search of the peer-reviewed literature (published January 2015 to March 2025) using the Australian Institute of Family Studies' Catalogue+ database portal.

Data screening and extraction

The researchers used [Covidence](#), an online research review tool, to manage the literature screening process.

To reduce the risk of bias, 2 reviewers screened the same 10 articles (at both the title abstract and full-text stages) using the study selection criteria (Table 1). The reviewers discussed and resolved any discrepancies before moving on to the next stage of the review.

Data from the included studies (Table 2) were extracted to Microsoft Excel. This included population characteristics, study design, factors/outcomes, key findings, practice implications and limitations.

Table 1: Study selection criteria

| Inclusion criteria | Exclusion criteria |
|---|--|
| <p>Studies were included in the review if:</p> <ul style="list-style-type: none"> • participants identified as LGBTQ+ and having disability • participants were aged between 9 and 24 years or the mean age of participants was ≤ 24 years or if the study included a parent or carer group (including support worker/educator) of an LGBTQ+ person with disability • it included a mental health outcome (e.g. anxiety, depressive symptoms, suicidal ideation) or other factor/experience (e.g. bullying, harassment, abuse, family support, acceptance, resilience, community connection, identity formation) • participants were from an OECD country⁶ • published in peer-reviewed journals between January 2015 and March 2025. | <p>Studies were excluded from the review if:</p> <ul style="list-style-type: none"> • mean age of participants was >24 years • the focus on the paper was on diagnosis of disability or gender dysphoria • it was a clinical study. |

Data analysis

The researchers used Microsoft Excel to analyse the extracted data from the included studies and identify key themes and patterns among study characteristics, measures and findings. Studies were extracted and initially compared and analysed separately according to study method (i.e. quantitative, qualitative, mixed methods).

A narrative synthesis was conducted based on the research questions and themes emerging from the data. Themes were reviewed and refined by the authors.

The research team did not conduct a risk of bias assessment or quality appraisal of included studies. Therefore, the quality of the studies included in the review was not assessed and considered in the synthesis of findings.

⁶ OECD stands for Organisation for Economic Co-operation and Development and includes countries that have similar legal and economic structures as Australia.

Table 2: Study characteristics of included studies ($n = 40$)

| First author, year | Country | Study population characteristics | Outcomes/Study aim | Key finding(s) |
|----------------------|-----------|--|---|--|
| Quantitative | | | | |
| Amos, 2024 | Australia | 2,500 LGBTQA+ young people with disability, age range 14–21 years | Verbal, physical and sexual harassment or abuse and suicide attempt | <ul style="list-style-type: none"> 48.4% of participants reported experiencing verbal harassment or abuse, 12.4% of participants reported experiencing physical harassment or abuse and 29.7% of participants reported experiencing sexual assault or harassment. Participants who had experienced any form of harassment or abuse were significantly more likely to have attempted suicide in the past 12 months. |
| Argenyi, 2023 | USA | 9,418 SGM adolescents with disability, age range 13–17 years | Mental health, physical health and substance use | <ul style="list-style-type: none"> Participants reporting any type of disability had greater depressive symptoms, lower self-esteem and higher odds of cannabis and cigarette use. |
| Bucchianeri, 2016 | USA | Overall: 162,034 adolescents, 5th, 8th, 9th and 11th grade students. Sexual minority (including LGB, and discordant heterosexual) $n = 1,952$; adolescents with disability $n = 15$ | Harassment | <ul style="list-style-type: none"> LGB adolescents reported significantly more mistreatment compared to heterosexual adolescents. Even after controlling for disability status, disability-based harassment was significantly higher among LGB and discordant heterosexual adolescents than among heterosexual adolescents. |
| Gates, 2023 | USA | Overall: 3,108 LGB young people, age range 12–18 years, LGB young people with disability $n = 1,935$ | Cyberbullying, sadness, hopelessness | <ul style="list-style-type: none"> LGB youth with disability were 5 times more likely to report poor mental health (sadness and hopelessness) than LGB youth without disability. |
| Greenspan, 2023 | USA | 31 TGD autistic youths, age range 13–17 years | Psychological wellbeing, life satisfaction | <ul style="list-style-type: none"> Community connectedness, school support, family availability and self-identification of sexual orientation (as queer) were identified as protective factors. Community connectedness was a statistically significant predictor of psychological wellbeing. School support was a significant predictor of life satisfaction. Family availability was a statistically significant predictor of psychological wellbeing. |
| Higgins Tejera, 2019 | USA | Overall: 10,386 year 11 students, sexual minority youth with disability $n = 497$ | Suicidal ideation | <ul style="list-style-type: none"> Sexual minority teenagers with disability had a higher risk of suicidal ideation than heterosexual teenagers without disability. |

| First author, year | Country | Study population characteristics | Outcomes/Study aim | Key finding(s) |
|--------------------|-----------|---|---|--|
| Hill, 2021 | Australia | Overall: 6,418 LGBTQA+ young people, age 15–21 years LGBTQA+ young people with disability $n = 2,500$ | Safety in educational settings, psychological distress, harassment (verbal, physical, sexual), assault (verbal, physical, sexual), suicide attempts, disability support | <ul style="list-style-type: none"> Over half (56.7%) LGBTQA+ young people with disability said that they had felt unsafe or uncomfortable in the past 12 months at their educational setting due to their sexuality or gender identity, compared to 45.1% of those without disability. 90.9% of LGBTQA+ young people with disability reported experiencing high/very high psychological distress, compared to 70.6% of those without disability. LGBTQA+ young people with disability reported experiencing greater levels of verbal (52.7%), physical (15.0%) and sexual (31.7%) harassment or assault based on their sexuality or gender identity, compared to those without disability. LGBTQA+ young people with disability reported experiencing greater levels of verbal (52.7%), physical (15.0%) and sexual (31.7%) harassment or assault based on their sexuality or gender identity, compared to those without disability (verbal 34.7%; physical 7.5%; sexual 18.5%) (in the past 12 months). 15.0% of LGBTQA+ young people with disability reported attempting suicide in the past 12 months, compared to 6.0% of those without disability. Less than one quarter (21.5%) of LGBTQA+ young people with disability felt that their LGBTQA+ identity was supported by NDIS/disability support providers. |
| Hill, 2022 | Australia | 2,500 LGBTQA+ young people with disability, age range 14–21 years | Experiences of disclosures, support and acceptance; safety in educational settings; experiences of harassment, abuse and discrimination; family violence; mental health and suicidality; community connection | <ul style="list-style-type: none"> High rates of suicidal ideation and suicide attempts High rates of harassment, abuse and neglect based on sexual orientation and/or gender identity, particularly at home |
| King, 2018 | USA | Overall: 11,364, age range 14–18 years, LGBQ young people $n = 730$, LGBQ young people with disability $n = 250$ | Suicidal ideation, peer victimisation, school connectedness | <ul style="list-style-type: none"> Students with disability or a LGBQ identity reported higher levels of suicidal ideation than their peers. Students with both identities did not report significantly higher levels of suicidal ideation. School connectedness was associated with lower levels of suicidal ideation among student with disability or identifying as LGBQ. Students who identified as LGBQ and reported higher levels of peer victimisation than their peers reported higher levels of suicidal ideation versus all other groups. |

| First author, year | Country | Study population characteristics | Outcomes/Study aim | Key finding(s) |
|--------------------|-----------|---|--|---|
| Lawrence, 2023 | USA | 80,456 year 9 and 11 students | Bullying (physical and relational) | <ul style="list-style-type: none"> Multiple marginalised youth were part of all high prevalence victim groups. TGD or gender questioning students with disability who did not have a sense that school adults cared for them or school was safe were more likely to have experienced physical bullying. LGBQ youth across gender identities with one or more disability/health problem, were at highest risk for involvement as relational bully-victims. Many of this group did not feel strongly that school adults care for students. |
| Lim, 2025 | Australia | 6,481 LGBTQA+ young people, age range 14–21 | Homelessness | <ul style="list-style-type: none"> LGBTQA+ young people with disability were significantly more likely to have experienced homelessness in the last 12 months. LGBTQA+ young people who had experienced homelessness in the past 12 months were significantly more likely to have experienced physical, sexual and verbal harassment. |
| Marino, 2024 | Australia | 6,388 young people, age range 10–17 years | Gender, sexuality, mental health, disability | <ul style="list-style-type: none"> Sexuality and gender diversity were associated with diagnoses of poor mental health and disability. |
| May, 2017 | Australia | 3,454 young people, age range 14–15 years | Sexual attraction among adolescents with autism | <ul style="list-style-type: none"> Around half of the females with ASD did not have a heterosexual preference. This was significantly lower odds than among non-ASD females. There were higher odds of females with ASD being attracted to both males and females, or not being sure who they were attracted to, compared with non-ASD females. |
| McClellan, 2025 | USA | 65 binary transgender adolescents, age range 13–21 years | Sexual and gender minority (SGM) stigmatisation | <ul style="list-style-type: none"> Cognitive and developmental features impact the experience and perception of SGM stigmatization. Autism-related social differences, cognitive abilities and age are differentially associated with directly experienced and perceived SGM stigma. |
| Palmer, 2016 | USA | 7,898 LGBTQ young people with and without disability, age range 13–21 years | School discipline, dropping out of school, justice involvement | <ul style="list-style-type: none"> LGBTQ students with disability were more likely to have experienced school discipline (47.8%) than LGBTQ students without disability (36.9%) 5.8% of LGBTQ students with disability indicated that they may drop out of school, compared to 2.6% of LGBTQ students without disability. LGBTQ students with disability were more likely to have been involved in the justice system due to school discipline (4.4%) than LGBTQ students without disability (1.7%) |

| First author, year | Country | Study population characteristics | Outcomes/Study aim | Key finding(s) |
|--------------------|-----------|---|--|---|
| Renley, 2024a | USA | 9,318 SGM youth, age range 13-17 years | LGBT-based victimisation, disability-based bullying, dating violence, school safety, average stress | <ul style="list-style-type: none"> Participants who reported any disability had greater odds of reporting LGBT-based victimisation, disability-based bullying and dating violence than participants without any reported disabilities. Participants who reported any disability were significantly more likely to report greater average stress and lower levels of school safety than participants without any reported disabilities. |
| Renley, 2024b | USA | 4,502 GM youth, age range 13-17 years | Family support, gender identity, disclosure and identity disclosure stress | <ul style="list-style-type: none"> GM Youth with no disability reported significantly greater support from their family compared to those with disability. |
| Salafia, 2024 | USA | 2,239 SGM youth with a disability, age range 13-17 years | Bias-based bullying | <ul style="list-style-type: none"> Experiences of bias-based bullying among SGM youth with disability differed based on gender expression, gender identity, sexual orientation and disability type. SGM youth who identified as transgender had higher odds of ever being bullied based on their gender identity compared to cisgender youth. |
| Strang, 2023 | USA | Overall $n = 93$ adolescents, age range 13-21 years, evenly divided between 3 groups: 1. autistic-transgender, 2. autistic-cisgender, 3. non-autistic-transgender | Emotional internalising (including anxiety and depression), suicidality | <ul style="list-style-type: none"> Youth with intersecting ASD and gender diversity experienced greater internalising symptoms than transgender-allistic or cisgender-ASD youth. Approximately 51% of autistic-transgender youth were in the clinical range for internalising symptoms. Approximately 60% of autistic-transgender youth reported suicidal ideation, compared to ~35% of non-autistic-transgender and ~30% of autistic-cisgender youth. |
| Strauss, 2021 | Australia | 859 transgender young people with and without autism, age range 14-25 years | Psychiatric diagnosis, current psychopathology, self-harming and suicidal behaviour, abuse, bullying, discrimination, employment issues, significant loss, isolation, isolated from services, unstable accommodation, lack of family support | <ul style="list-style-type: none"> Transgender young people with autism were more likely to report a psychiatric diagnosis (psychosis, substance use disorder, anxiety disorder) than those without autism. Transgender young people with autism had higher odds of being diagnosed with depression, post-traumatic stress disorder or an eating disorder compared to those without autism. Transgender young people with autism were more likely to have engaged in self-harming behaviour, reckless behaviour to purposely put life at risk, suicidal thoughts, and previously attempted to take their own life compared to those without autism. Transgender young people with autism had higher odds of experiencing abuse in an intimate relationship, unstable accommodation, neglect, emotional or verbal abuse from a family member, extra-familial physical abuse and isolation from not knowing other trans people. |

| First author, year | Country | Study population characteristics | Outcomes/Study aim | Key finding(s) |
|---------------------|---------|---|---|---|
| Qualitative | | | | |
| Baczewski, 2023 | USA | 20 LGBTQ+ young adults with autism, age range 18–28 years | Explore the mental health care experiences of Autistic LGBTQ+ young adults, including barriers and facilitators to receiving care | <ul style="list-style-type: none"> Some participants had their Autistic or LGBTQ+ identities questioned by service providers. Some participants had experienced harmful discriminatory interactions with service providers. Many participants described challenges in finding a therapist who was a good 'fit' and could support their intersecting identities. Participants described their connection to others, particularly the Autistic LGBTQ+ community, as an alternative method of mental health support but that making this connection was sometimes difficult. |
| Barry, 2019 | Canada | 40 LGBTQ2S year 9 and 10 students (most identified as having a disability) | Explore how LGBTQ2S young people can use fashion hacking to explore their intersectional identities | <ul style="list-style-type: none"> The hackathon provided a space for participants to affirm the complexity of their identities and the multiple ways they experience oppression. Having their disabled identity affirmed alongside their LGBTQ2S identity was meaningful for participants because they felt these identities were regularly stigmatised and oppressed in school and society. The fashion hackathon provided a space for queer disabled participants to feel that these intersectional identities were valuable, desirable and worthy. |
| Cappotto, 2016 | Italy | 15 LGBT deaf young people, mean age 24.5 years | Understand the experiences of deaf LGBT youth in Sicily, focusing on their school years and peer interactions | <ul style="list-style-type: none"> Many participants experienced double stigma and were the victims of bullying. Many participants did not feel part of a group or community due to their LGBT and disabled identity. Many experienced a lack of support from educators in relation to both their deafness and sexuality. |
| Guttmann Kahn, 2015 | USA | 8 high school students with disability who identify as LGBTQ, age range 14–18 years | Examine how multiple marginalised identities influence sense of self and school experience | <ul style="list-style-type: none"> Participants' understandings of themselves shifted across time and environments. Some experienced fear of rejection. Some participants identified several positive aspects of their intersecting identities. Being open about all aspects of identity helped them feel happier and have more positive self-beliefs. All participants reported incidents of homophobic language and overwhelming heteronormative cultures in their high schools. Some reported physical violence or direct homophobic bullying. Participants who went to schools with more open and accepting environments had more positive experiences in relation to their identity and felt more positive about themselves. |

| First author, year | Country | Study population characteristics | Outcomes/Study aim | Key finding(s) |
|--------------------|---------|---|--|---|
| Harwood, 2019 | UK | 10 parents of 7 autistic-transgender young people, age range (of child) 11-18 years | Explore the experiences of parents who have an adolescent child with autism who has socially transitioned to their self-identified gender. | <ul style="list-style-type: none"> • Most participants were unaware of their child's autism or gender diversity when they were a young child. • Participants' experiences of discovering their child's autism and wish to make a social transition was often accompanied by feelings of fear and helplessness. This was often related to concerns about their child's future and the expectations of a difficult journey. • Participants often wondered if their child's autism may have increased their chances of pursuing a transgender path. • Participants often experienced barriers and resistance from professionals in educational settings. • Some participants described initially keeping their child's social transition private due to concerns about their child's safety and other people's reactions. |
| Ingram, 2018 | USA | 9 transgender young people with disability, age range 16-22 years | Gain understanding of the lived experiences of transgender youth with disabilities in high school | <ul style="list-style-type: none"> • Participants spoke about their gender identity and disabled identity being conflated. • Participants spoke about being bullied at school and experiencing rejection from family. • Participants spoke about how their intersecting identities helped them form supportive friendships and allowed them to understand people in empathetic ways. • Participants spoke about mental health issues including depression, anxiety, self-harm, suicidal ideation and gender dysphoria. • Participants spoke about feeling frustrated about their school experiences and the need for change to better address transgender and disability needs. |
| Kuvalanka, 2018 | USA | 3 mothers of transgender and gender-nonconforming children with autism, age range (of child) 8-12 years | Understand mothers' experiences of raising a transgender and gender-nonconforming (TGNC) child with autism | <ul style="list-style-type: none"> • One participant wondered whether her child's gender non-conformity was a symptom of autism. • Two participants wondered how the autism had impacted their child's thinking and decision making about their gender expression. • Participants worried about their child navigating a world that was often hostile to gender-conforming individuals, described the challenges of getting a child's school to provide support for both gender-diversity and neurodivergence and spoke about the need for better peer support among other parents. |

| First author, year | Country | Study population characteristics | Outcomes/Study aim | Key finding(s) |
|--------------------|-----------|--|--|---|
| Mazur, 2022 | USA | LGBTQ+ emerging adults with various disabilities, age range 19-30 years | Explore online dating experiences of LGBTQ+ emerging adults with a disability | <ul style="list-style-type: none"> • Many (40.7%) participants included their disability in their online dating profile, sometimes as a strategy to screen out those who would not accept their disability. • Participants described feeling stress and anxiety about when and how to tell people about their disability – particularly because dating apps and websites typically perpetuate ideas of ableism, sexuality and gender. • Many participants described positive dating experiences and fulfilling romantic experiences. |
| Milne, 2021 | UK | 6 Autistic gender diverse young people, age range 16-26 years | Explore the experiences of Autistic gender-diverse young people in the UK, particularly their experiences in education settings | <ul style="list-style-type: none"> • Participants stated the importance (for identity and mental wellbeing) of the use of preferred name and pronouns in relation to themselves and others. • Participants described feeling most themselves and a sense of belonging and solidarity among other LGBTQ+ or Autistic young people. • Participants reported aspects of school that they found stressful, including social and communication challenges with peers and the negative impact of gendered language. • ‘Coming out’ was central to participants’ narratives. Participants had mixed receptions on their coming out journeys. Coming out was not usually a singular event but an ongoing process, sometimes with evolving stages. |
| Ride, 2018 | Australia | 9 health professionals and professionals from disability focused organisations | Explore health professionals’ perceptions of the barriers and enablers to young people with disability accessing sexual and reproductive health services | <ul style="list-style-type: none"> • Participants spoke about parents’ denial of their child’s sexuality. • Participants spoke about the additional barriers that LGBTI young people might face due to heteronormative assumptions within services, meaning they had fewer opportunities to explore their sexuality or form their LGBTIQI identity. |
| Strang, 2019 | USA | 31 adolescents with gender dysphoria and autism, age range 12-19 years and $n = 46$ supportive parents (30 mothers and 16 fathers) | Employ community-based participatory research (CBPR) methodologies to develop clinical group program | <ul style="list-style-type: none"> • Participants identified some common care challenges including difficulty in self-advocating about gender dysphoria-related needs and their gender dysphoria being questioned/doubted by some service providers. • Participants expressed a need for gender-diverse role models and spaces to foster connections with others like them. |

| First author, year | Country | Study population characteristics | Outcomes/Study aim | Key finding(s) |
|--------------------|---------|---|--|---|
| Sturchio, 2020 | USA | 15 LGBTQ+ young people with disability, age range 15–31 years | Explore how LGBTQ+ young people with disability use social media for social support and identity formation | <ul style="list-style-type: none"> • Participants expressed that connecting with other LGBTQ+ people with disability online assisted them in identity exploration and contributed to a more positive self-view, particularly with self-acceptance and -understanding. • Participants said that seeing others navigate a struggle that they could relate to had lessened their discomfort, shame and uncertainty. • Participants spoke about their lack of supportive ties with LGBTQ+ / disabled people offline, and that social media fulfilled an array of social support needs. |
| Toft, 2019 | UK | 13 LGBT+ young people with disability, age range 16–25 years | Amplify the voices of young disabled LGBT+ people | <ul style="list-style-type: none"> • Participants highlighted the importance of role models for identity formation. • Participants felt they needed to hide certain aspects of their identity at certain points in their lives to protect themselves from rejection and discrimination and keep themselves safe. • Participants spoke about being desexualised and infantilised by others. • Participants spoke about the benefits of meeting up with others who were like them or who'd had similar experiences. |
| Toft, 2020a | UK | 13 LGBT+ young people with disability, age range 17–25 years | Amplify the voices of young disabled LGBT+ people | <ul style="list-style-type: none"> • Participants spoke about a lack of affirmation of their LGBT+ identity. • Participants frequently experienced bullying and discrimination and mental health issues including depression and anxiety. • Participants spoke about being told their gender identity was a phase because of their disability. |
| Toft, 2020b | UK | 15 LGB young people with disability, age range 16–25 years | Amplify the voices of young disabled LGBT+ people | <ul style="list-style-type: none"> • Participants' identities were often questioned or misunderstood by those around them including family. |
| Toft, 2020 | UK | 30 LGBT+ young people with disability, age range 16–25 years | Explore the perceptions and strategies towards coming out by young disabled LGBT+ people | <ul style="list-style-type: none"> • Participants mentioned how the involvement in communities of like-minded individuals had a positive impact on identity management. • Participants used 'coming out' to work against heteronormativity and ableism. • Participants discussed how when thinking about 'coming out' they considered their own safety and often considered the feelings of others before their own. |

| First author, year | Country | Study population characteristics | Outcomes/Study aim | Key finding(s) |
|----------------------|---------|--|---|--|
| Mixed methods | | | | |
| Abbott, 2024 | UK | Study 1: Overall $n = 56$ adults who identified as LGBTQI+ and disabled Study 2: Overall $n = 12$ young adults who identified as LGBTQI+ and disabled and 11 personal assistants (PA) | Explore young disabled adults' views about managing issues of sexual and gender identity with their PA | <p>Study 1</p> <ul style="list-style-type: none"> • More than half of those surveyed said they would never or only sometimes disclose their sexual orientation or gender identity to the PA they paid to support them. • More than one-third had experienced discrimination or received poor treatment from their PA because of their sexual orientation or gender identity. • More than 90% said their needs as a LGBTQI+ disabled person were either not considered at all or were only given some consideration when their needs were assessed or reviewed. <p>Both studies</p> <ul style="list-style-type: none"> • Navigating relationships with PA was delicate and most erred on the side of caution or non-disclosure. |
| Bottema-Beutel, 2020 | UK | 248 autistic young people; LGBT $n = 41$. 43.5% aged 18–22 years and 55.6% aged 23+ years | Explore autistic young people's perspectives on the impact of autism, school professionals, family members and peers on their high school experiences | <ul style="list-style-type: none"> • Participants who identified as LGBT were more likely to assess teacher and peer contributions to their high school experience as negative or neutral than those not identifying as LGBT. |
| McDermott, 2017 | UK | Overall, 789 LGBT young people, age range 13–25 years, with disability $n = 199$ | | <ul style="list-style-type: none"> • LGBT young people with disability had an increased likelihood of planned or attempted suicide. |

Notes: ASD = Autism Spectrum Disorder; GM = Gender Minority; LGB = Lesbian, Gay, Bisexual; LGBTQ2S = Lesbian, Gay, Bisexual, Transgender, Queer and Two Spirit; SGM = Sexual and Gender Minority; TGD = Trans and Gender Diverse