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MULTIPLE DISCRIMINATION: AN INTERSECTIONAL STUDY ON THE EMBODIED EXPERIENCE OF LGBTQIAP+ DISABLED PEOPLE

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Abstract

The existing literature on Disability Studies has only recently begun to explore the sexual identity of disabled people from an embodied perspective. This study is part of a broader and still ongoing research project that presents the results of an exploratory survey conducted with a self-selected sample of queer disabled people. The study builds on the authors' collaborative autoethnography and continues with a survey and discursive interviews.

Keywords

autoethnography, intersectional, ableism, queerphobia

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INTRODUCTION

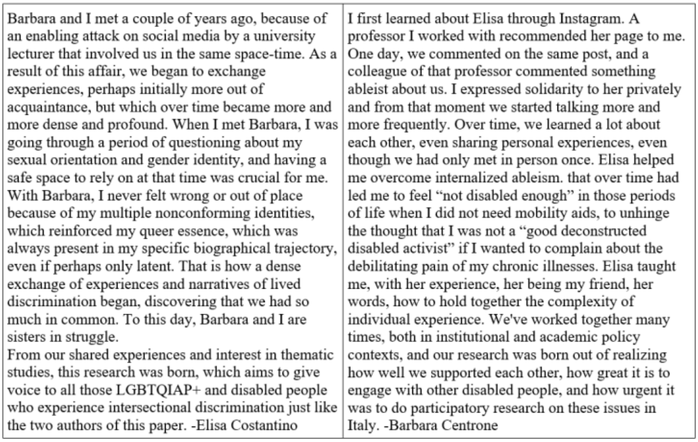
> Azzurra: You are not wrong, you are not alone and above all always remember that whatever others may throw up at you is not reality, it is a thought [...]

Individuals experiencing a state of non-conformity are more likely to question other aspects of their identity (Centrone, 2024b; Pieri, 2023; Walker, 2021). Consequently, there is a significant population of disabled individuals who identify as LGBTQIA+. This demographic faces numerous forms of discrimination on a daily basis, the intricacies of which can only be comprehensively analyzed and addressed through an intersectional lens.

Nevertheless, it is only recently that the field of Disability Studies has begun to address the topic of sexuality. In Queer Studies, disability is frequently rendered invisible. To address this lacuna in the academic literature, McRuer formalized the Crip Theory in 2006. This intersectional interpretative paradigm posits the interconnectedness of ableism and queerphobia.

It is precisely on the basis of the Crip Theory, and with the objective of establishing a genuine field of study – Crip Studies – that the authors, who are themselves disabled and queer, have decided to undertake participatory research with LGBTQ+ disabled people (fig.1).

Fig.1: The genesis of the collaborative decision to undertake this research project



Barbara and I met a couple of years ago, because of an enabling attack on social media by a university lecturer that involved us in the same space-time. As a result of this affair, we began to exchange experiences, perhaps initially more out of acquaintance, but which over time became more and more dense and profound. When I met Barbara, I was going through a period of questioning about my sexual orientation and gender identity, and having a safe space to rely on at that time was crucial for me. With Barbara, I never felt wrong or out of place because of my multiple nonconforming identities, which reinforced my queer essence, which was always present in my specific biographical trajectory, even if perhaps only latent. That is how a dense exchange of experiences and narratives of lived discrimination began, discovering that we had so much in common. To this day, Barbara and I are sisters in struggle. From our shared experiences and interest in thematic studies, this research was born, which aims to give voice to all those LGBTQIAP+ and disabled people who experience intersectional discrimination just like the two authors of this paper. -Elisa Costantino	I first learned about Elisa through Instagram. A professor I worked with recommended her page to me. One day, we commented on the same post, and a colleague of that professor commented something ableist about us. I expressed solidarity to her privately and from that moment we started talking more and more frequently. Over time, we learned a lot about each other, even sharing personal experiences, even though we had only met in person once. Elisa helped me overcome internalized ableism. that over time had led me to feel “not disabled enough” in those periods of life when I did not need mobility aids, to unhinge the thought that I was not a “good deconstructed disabled activist” if I wanted to complain about the debilitating pain of my chronic illnesses. Elisa taught me, with her experience, her being my friend, her words, how to hold together the complexity of individual experience. We've worked together many times, both in institutional and academic policy contexts, and our research was born out of realizing how well we supported each other, how great it is to engage with other disabled people, and how urgent it was to do participatory research on these issues in Italy. -Barbara Centrone

The aim is to investigate, among other things, the intersectional discrimination they experience.

This chapter is set within the theoretical framework of Crip Studies (Centrone, 2025), with the aim of presenting an analysis of the first data collected by means of written and oral interviews. As will be described in the third section, this research was conducted entirely online. Firstly, a preliminary questionnaire was distributed on Google Form. Secondly, some in-depth interviews were conducted on Google Meet. The empirical material collected was then placed in a drive folder so as to be analyzed by both authors. This analysis is strongly linked to the two authors' collaborative autoethnography (Gariglio, Luvera, 2023). One of the chapter's goals is to make a contribution to debates on the accessibility of research methods by offering methodological reflections which emphasize the importance of rethinking and, indeed, cripping the way in which research is done so as to amplify those voices which usually remain unheard and unreachable.

1. CRIP THEORY

In recent decades, Disability Studies[1] have highlighted that disability is not a medical or biological condition intrinsic to human beings, but rather a sociocultural and political construction in which there is a mutual influence between an individual's characteristics[2] and the contextual factors specific to the environment in which they are situated (WHO, 2001).

Disability studies have historically overlooked the intersection with gender and sexual identity (Costantino and Valtellina, 2024; Centrone, 2025). This oversight was not addressed until 2006 thanks to the Crip Theory (Bèrubè, McRuer and Samuels, 2018).

Formalized by Robert McRuer, Crip Theory sits at the intersection of Disability Studies and Queer Studies, proposing a radical critique of the normative structures that regulate bodies and identities. It represents one

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[1] Disability Studies emerged at the close of the 20th century, driven by the activism of disabled individuals in countries where English is the primary language and shares cultural elements. From there, the movement disseminated to Northern and Western Europe. While it adopts various forms depending on the specific socio-cultural context, it is characterized by several overarching principles. These include a) a critical examination of the biomedical model as a prevailing interpretative paradigm of bodies; b) an analysis of social dynamics, institutional practices and language that result in exclusion; and c) the pursuit of rights, including self-determination. For a more in-depth examination of these concepts, readers are directed to Barnes, C.; Oliver, M.; Barton, L. (2002), Disability Studies Today, PolityPress, Cambridge

[2] To be more specific, Barbara is ADHDer with chronic illnesses and Elisa is a person with a motor impairment and some psychiatric diagnoses who is not self-sufficient.

of the most significant theoretical innovations in the landscape of disability studies and contemporary critical theory (Centrone, 2025).

Consequently, it has exerted a profound influence on both academic and political reflections on subjects of identity, oppression, resistance, and methodological approaches that should be employed to analyze these phenomena.

Crip Theory proposes a theoretical reversal of the prevailing gaze, which has historically viewed various forms of discrimination as the result of a sum. This theory unveils the structural interdependence between *compulsory heterosexuality* (Rich, 1980) and *compulsory able-bodiedness* as instruments of social control (Foucault, 1976) that function as a "natural order of things" (McRuer, 2006: p.79): they promote cis-heterosexuality and able-bodiedness as an ideal, universal, and desirable standard, while conceptualizing deviance from the standard as an individual and social problem by virtue of which one is in a lower position in the hierarchical pyramid of dignity and power of bodies[3].

Ableism is deeply embedded in every aspect of social structures, overcoming other forms of pervasive oppression through its ability to naturalize to the point of becoming invisible (Campbell, 2008): "just as heterosexuality is defined by homosexuality, disability cannot exist without ability" (Costantino, Valtellina, 2024). As suggested by Taylor (2018) in the concept of "grievable lives," the lives of disabled and LGBTQIAP+ people are often perceived as less complete and less worthy than those of able-bodied, heterosexual, cisgender[4], monogamous, and allosexual[5] people. This devaluation is not accidental, but the result of a power system that privileges some bodies over others, perpetuating social inequalities and hierarchies.

Disabled and LGBTQIAP+ people share, at the identity, political, and social levels, many common experiences (Centrone, 2025). First of all, the two groups have a history of political claiming that began with grassroots claiming movements, often repressed violently by the police

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[3] Crip Theory, as established by McRuer, exclusively addresses compulsory heterosexuality. Centrone (cfr. Centrone, 2025) proposes a need to expand the scope of Crip Theory and establish a new academic discipline, Crip Studies, that can encompass all forms of oppression and all aspects of normativity, broadening DisCrit's view even further to make it intersectional and multidimensional. This approach aims to facilitate an intersectional analysis that recognizes the interconnected nature of compulsory able bodiedness, compulsory neurotypical-mindedness, hetero-cis-mono-allo normativity, racism, fatphobia, ageism, classism and other forms of oppression.

[4] The term "cisgender" is used to denote individuals who conform to the gender that is socially expected based on the gender that was assigned to them at birth.

[5] Allosexuals are people who experience sexual attraction. Asexuals are people who experience sexual attraction to no gender or only rarely and/or under certain conditions (Chasin, 2015).

and underrepresented or misrepresented in TV news. These movements then led to institutional and legislative changes and to the emergence of new fields of study such as disability studies and queer studies. Moreover, both groups are characterized by a complex and layered history of linguistic experimentation and critical discussions of language, and by the political act of re-appropriating a term that was originally a slur. The third common point concerns the lack of social and legal recognition that results in a lack of access to rights. Furthermore, the presence of queer and disabled bodies within media representations has been noted as being largely invisible. Alternatively, they are frequently depicted through a stereotypical or monstrous lens. This is evidenced by the utilization of clichéic depictions, such as crip suits. Queer and disabled bodies are rarely designated as protagonists within narratives. Their presence is predominantly limited to tragic and compassionate narratives, or those intended to elicit inspiration. (Centrone, 2024). All these commonalities emanate from the fact that both bodies that identify as queer and bodies living with disabilities are viewed and interpreted through the biomedical paradigm. This paradigm stigmatizes and pathologizes and displays bodies that do not fully fit the socio-culturally established standards of what constitutes *normality* (Butler, 2001).

Comprehending the complexity of intersections among these experiences necessitates a queercrip paradigm that is genuinely intersectional, commencing from embodied experiences and progressing through research tools and methodologies that are inherently queercrip.

In this study, we adopt a queercrip paradigm to analyze the experiences of individuals who self-identify as both disabled and queer, with the objective of contributing to the establishment of a distinct field of study: Crip Studies (Centrone, 2025). This methodological framework facilitates the identification of not only the intersections of oppressions, but also the strategies of resistance, solidarity and identity construction employed by these individuals. A particular focus will be placed on the experiences of discrimination, gaslighting and invisibilization that emerged from the interviews conducted, which offer a direct insight into the challenges and potential of individuals living at the intersection of disability and queerness. In doing so, the intention is to contribute not only to the theoretical understanding of these dynamics, but also to their social and political transformation.

2. METHODOLOGICAL FRAMEWORK

The research that is the focus of this chapter was initiated by the collaborative autoethnography (Gariglio and Luvera 2023) conducted by and on the two authors – disabled queer people. The results and reflections of this research are presented in this chapter.

This study aims to shed light on instances of multiple discrimination, with the objective of delving into the lived experiences of individuals who identify as both disabled and as part of the LGBTQIAP+ community.

To this end, an *ad hoc* questionnaire was created on the Google Forms platform, entitled 'Ableism & Queerphobia' (A&Q), through which closed and open-ended questions were administered, and contact details were collected from participants willing to be contacted again to schedule a discursive interview (Cardano, Gariglio 2022).

The questionnaire was disseminated via social media, initially on the authors' Instagram accounts (@barbiequeeer; @elicosta_99). As the authors are disabled and queer individuals who engage in online outreach and activism on these issues, the process of snowball sampling enabled the collection of the participation of 134 people who self-identify as disabled and as part of the LGBTQIAP+ community within a few days.

2.1 'Ableism & Queerphobia' Questionnaire

The 'Ableism & Queerphobia' (A&Q) questionnaire is divided into several sections. Section A is designed to collect socio-demographic data regarding age, sex assigned at birth, gender identity, sexual/romantic orientation, relational style, type of impairment for which one defines oneself as disabled, and the having of one or more caregivers. Section B explores various aspects of life, including family, sports, employment, university/education, health and mental health facilities, and participation in associations. Section C explores the disclosure of disability and LGBTQIAP+ identity, while Section D investigates experiences of ableist and queerphobic discrimination.

The survey concludes with an optional section where participants are invited to provide a written account of one or more instances of discrimination they have encountered. It was evident that the testimonies collated in this specific section were profoundly detailed and concrete in nature. In addition to this, they were also, at times, emotionally evocative. Undoubtedly, these testimonies assisted the researchers in comprehending the subjects to be explored during the oral interviews. Additionally, there is a space where individuals can provide their contact details in case they would like to be interviewed orally.

2.2 Semi-structured interviews

The primary focus of the interview was to elicit experiences of discrimination suffered by virtue of their own positioning.

The interviews were conducted via video calls using the Google Meets platform. Participants were asked to consent to the recording in advance, after which a pre-prepared text was read to them in which we disclosed our own shared positionality and, by so doing, transformed the research into an autoethnographic research:

> We're two queer and disabled people conducting research to highlight multiple forms of discrimination and explore the embodied experience of people who are both disabled and part of the LGBTQIAP+ community. We're using semi-structured interviews, so I'll ask you questions, and you can answer them in any order and as much or as little time as you need. There are no right or wrong answers, and everything you say will be kept anonymous, so there's no way for us to trace your identity

We guided the interview process through the provision of a brief overview of the overarching theme, followed by the presentation of a probing question. As articulated by Cardano and Gariglio (2022), this phase was of paramount importance, requiring us to adopt an active listening stance, thereby empowering the interviewee to construct their own narrative. In instances where the interviewee's discourse appeared to reach an impasse, we promptly proffered a subsequent macro-theme for exploration, ensuring the continuity and progression of the interview.

2.3 Collaborative autoethnography

By autoethnography is meant:

> a set of research approaches and ways of writing grounded in embedded personal experiences (self) through which the writer intends to contribute to the understanding of cultural and social experiences (ethno), in which personal experiences are located, through analysis and writing (handwriting) (Gariglio e Luvera, 2023:2; our translation).

The decision to employ collaborative autoethnography is predicated on the objective of situating our respective (inter)subjective experiences at the core of the research process, through the utilisation of co-writing methodologies (Gariglio, 2017; 2018).

In order to facilitate interaction and the exchange of ideas, online platforms were utilised in both synchronous and asynchronous modes. Specifically, video calls were conducted on Google Meets for synchronous interactions, whereas instant messaging and Instagram chat were employed as means for asynchronous communication. The asynchronous approach was complemented by a co-writing exercise, wherein intensive writing sessions were interspersed with regular revisions, fostering a dynamic and collaborative learning environment. This modality enabled the recounting and sharing of experiences deemed particularly pertinent, both in terms of our embodied experience and the exchange of strategies to combat multiple discriminations. It also facilitated the enrichment of the analysis of the discursive interviews with our perspective as experts by experience and scholars who employ an intersectional approach from Disability Studies and Crip Studies (Costantino, Valtellina, 2024; Centrone, 2025).

2.4 Strengths and limitations

One potential limitation of the study is the self-selection of the sample. Participants from the disabled and LGBTQIAP+ communities who chose to take part in the research are likely to be individuals who follow our social networks pages. Consequently, the study participants are likely to have access to and use of social networks, which provides them with greater opportunity to interact with other disabled individuals and profiles dedicated to activism and outreach. It is acknowledged that the process of recounting experiences of discrimination can be challenging, and it is possible that some individuals may have desired to participate but were unable to recall or document distressing experiences. This leads to the hypothesis that those who completed the questionnaire may have a comprehensive understanding either the political and the scientific significance of sharing their experiences and may possess the psychological resilience and coping mechanisms necessary to engage in the emotional recollection process. Moreover, being a discriminated vulnerable group, we thought this would be the most appropriate ethical approach.

A secondary consideration of paramount importance that is frequently overlooked in research is that of autonomy, accessibility and safety. It should be noted that not all disabled individuals possess the ability to complete the questionnaire independently, often requiring assistance from caregivers or assistants. The findings of the present study, as outlined below, underscore the challenges associated with being safe disclosing personal information and experiences. This is a particularly salient concern when considering the experiences of disabled individuals, the LGBTQIA+ community, and those who require assistance in order to attend to their daily needs, as these groups frequently encounter difficulties in accessing settings conducive to the articulation of their authentic selves. Consequently, the present sample is inherently influenced by self-selection, a factor which has already been alluded to in the preceding discussion. This results in a significant limitation, and we are exploring strategies to overcome it, particularly in reaching individuals who are subjected to a higher level of segregation and, consequently, unable to be out due to their dependence on enabling and queerphobic caregivers (i.e. it might be difficult to be honest if your father is writing for you).

Another salient issue that demands attention pertains to our positioning as researchers. It is well-established that positioning is never neutral; in this instance, our embodied experiences as queer and disabled individuals were crucial in determining the methodological techniques, interview instruments, and the manner in which the interviews were conducted, as well as the analysis of the constructed data. Our positioning was promptly communicated to the interviewees and was written in the initial descriptions of the survey.

The utilisation of autoethnography in research does not stem from any sense of shame or apprehension concerning the aforementioned issues. On the contrary, it is employed with the objective of engendering superior forms of research, characterised by enhanced humanity and ethical democracy. This approach endeavours to mitigate the occurrence of epistemic violence and hypocrisy, thus promoting an environment that values truth and justice.

The participants' feedback indicated that the decision to disclose our positioning had a significant positive effect on the individuals interviewed, who felt comfortable sharing deeply personal experiences, including life stories and biographical interviews, with people who, despite their unique characteristics, shared a similar identity, political orientation, and personal history, as it is well known in autoethnographic literature. The explicit positioning created a sense of understanding among the interviewees, encouraging them to share even the most challenging moments of their biographical journey (Cardano *et al.*, 2020).

This decision, which is also politically motivated, seeks to crip, to transform the manner in which research is conducted, resulting in oral interviews becoming spaces for sharing and listening, with the aim of deconstructing hierarchies. By the way those who were not confident with it did not reply. It is our conviction that the level of depth and the amount of detail provided in the autobiographical narratives would not have been achievable if we had not explicitly shared our positioning (cfr. “Autoethnographies conversation” in Gariglio, 2025); if people were required to answer questions posed by researchers who were not queer or disabled, it would be difficult for them to share deep life stories.

The choice to conduct the interviews online was made for reasons of convenience - the people in the sample come from different provinces in Italy - but above all for reasons of accessibility: the online mode allows us to conduct the research and the interviewees to participate from home. However, if on the one hand many problems related to the disablement of the environments and methods are avoided a priori, we are aware that for some people it is not always possible and safe to talk about themselves and their identities and experiences in front of their family members and/or caregivers (Gariglio, 2025)

We believe it is important to highlight that this is a limitation and a risk that the world of researchers must face with ever new and effective strategies that can guarantee the largest possible participation; in the meantime, we believe it is important to cripple the way of doing research (Mills and Sanchez, 2023), also through the choice of instruments with which to conduct it, the premises, the acts of care and the sharing of one's positioning.

The main strength of this essay, in our view, is the design of research based on situated knowledge (Cardano and Gariglio, 2022).

3. COLLABORATIVE AUTOETHNOGRAPHY

We subscribe to the notion that "the personal is political", a concept that has evolved into a slogan frequently employed in feminist publications, manifestos and demonstrations. This assertion is substantiated by the analysis of autobiographical interviews and first-hand experiences, which have led to the discernment of clear similarities and differences in the experiences of intersectional discrimination across various domains. The present study employs a methodology known as collaborative autoethnography, which is predicated on the premise outlined above. The methodology enables the dissemination of experiences that have been encountered in different spheres, thereby facilitating the identification of commonalities. It is precisely from the points of difference and convergence that future critical analyses of the systemic phenomena of queerphobic and ableist violence will be initiated.

The following account is that of author Barbara Centrone, who writes in the first person.

I am a queer, lesbian, neurodivergent, relational anarchist and disabled person. All of these identity labels are relatively recent for me, and it is still a revolutionary political act to claim them. I have lived my entire life wondering who I was and why I was a certain way. I have always asked myself, 'What is wrong with me?' The first reason is that there is a lack of representation in the media of people from minority groups, and these groups are often shown in a negative light. The second reason is that society has a very narrow idea of what it means to be 'normal'.

Not having representations that I could identify with meant that I became aware of myself very late, and in the meantime, I was gaslighted in every context for my desire to question myself and my difficulty in finding suitable words to describe myself.

Finding out I was ADHD changed my life, but 'how' I found out also played a key role. In Italy, embarking on a diagnostic pathway is still a privilege - of race, class, gender, geographical origin...- (Marocchini, 2024) and I had the privilege of being followed by a competent psychiatrist who explained to me how my neurobiological functioning. Because he was not biased, he listened to me carefully, and this allowed me to understand what had happened in my life and to see myself differently. I could understand how I learn, socialize and deal with difficulties. For years, people had said that these were because I was 'lazy', 'selfish' or 'uncaring'. It hasn't been easy to come out as ADHD in other situations, like at the emergency room or at work. Even at university -I was enrolled in a degree course to become a teacher- I was often gaslighted by those same professors who teach disciplines, such as psychology and neuropsychology, that also study neurodevelopmental disorders.

I have come out thousands of times, for a thousand reasons. Sometimes as a political and pedagogical act, such as when I reveal my identities to my pupils at school or university; other times to defend myself in advance against any unsolicited judgements; other times to try to justify my opinions or my knowledge of certain facts established in literature.

Even in activist circles, which I have frequented for years, I have been constantly having to come out as if I had to convince other people that I had a right to occupy that space and talk about certain issues. This is because for every part of my identity I do not fit into the stereotypes present in the common imagination: I am a lesbian and non-binary but I have a distinctly female gender expression, I am non-monogamous but I have had a main partner to live with for years, I have a dynamic disability and therefore do not always use mobility aids. Living at the intersection of many identity axes of oppression has allowed me to understand what it means to suffer intersectional discrimination and has enabled me to practice the tool of intersectionality to analyze oppressions, create networks of alliances, make resistance, create representations. It is as if I had to choose which part of me to bring into a space and which to hide: am I in a transfeminist collective? if I talk about lesbian issues I am accepted, if I talk about ableism I am frowned upon. And if I don't have mobility aids, I'm not even taken seriously.

I have also often come out in health care, to demand more comprehensive answers to my questions about my health from negligent doctors who treated me carelessly because I was socialized as a woman, because I was a lesbian. In fact, I have suffered from chronic pain since I was 13 years old, and only after 13 years of visits, examinations, and specialized check-ups around Italy did I get the official diagnosis of endometriosis and adenomyosis.

When I asked the family doctor for a prescription for blood tests to check for sexually transmitted diseases, she did not understand why because she knows me as a disabled person with chronic pain, she has seen me use a walker and cane to walk and this for her automatically meant that I did not have a sex life. When I told her that I was a non-monogamous person and that I had multiple sexual partners, she was in shock.

In many contexts my being “weird”, “eccentric” became a distinguishing feature, a tool in the hands of the outside gaze: “you're weird because you're ADHD, but you're not really queer” in LGBTQIAP+ environments, “you're weird because you're queer, but you're not really ADHD” in contexts occupied by other neurodivergent people. My biological mother, after my umpteenth coming out told me “You’ve always been weird! Now you tell the world that you are all these things just because you want to be the center of attention”. This sentence is half true, but only if turned inside out: I have always been weird in the eyes of others because I am a neurodivergent queer person with chronic pain. And since self-determination is a right, I only had access to as an adult, after much effort, the act of claiming these identity labels for myself and re-appropriating terms like ‘street’ is an act of freedom.

In my process of reappropriating my body and my identities, endometriosis surgery played a key role: it was proof that 13 years of pain was real, it was not in my head, it was not hysteria, it was not lack of a man, it was not because I am a lesbian, it was not confusion, it was not all a figment of my imagination, as the doctors had told me for years.

All these experiences of discrimination have influenced my way of doing activism, which also aims to create representation by sharing photos that show the daily reality I live in the chronically ill queer fourth body, to deconstruct the stereotypes present in the collective imagination (*fig. 2*).

Figure 2. One of the photos through which I create non-stereotypical representation of a non-binary, lesbian, disabled body on my Instagram profile barbiequeeer.

The following are the experiences of author Elisa Costantino, who writes in the first person.

I have motor impairments, I am neurodivergent, demisexual, genderfluid and relational anarchist. I was 23 when I came out as queer after my first relationship with a girl. Before that, I felt wrong because of my sexual preferences, the way I understand sexuality and relationships. I liked women, I couldn't understand the difference between love and friendship, and I refused to compete with my friends on who had sex first. For me, sex has always been something that primarily involves the mind, and only afterwards the body. Growing up, I then had the privilege of getting to know other queer people, starting a long journey of questioning that continues even now. The problem is that there is a lack of LGBTQIAP+ disabled people being shown in the media (Centrone, 2024a; Cuollo, 2024), sex education is not taught in schools (Bruno, 2024) and issues related to gender identity, sexual orientation, relationship status and disability are medicalized by the society (Eckhert, 2016). If you don't see yourself represented anywhere, how can you not feel out of place? Another thing is that I was ashamed of my disability which stopped me from accepting my queerness, since I didn't accept my disability.

In my personal experience, the most denied identity is undoubtedly the demisexual identity, which falls within the asexual spectrum. Invisibilization and microaggressions against people on the asexual spectrum are also very common among the people we interviewed, which is consistent with what the relevant sociological literature points out (Winer, 2024; Milligan & Neufeldt, 2001; Gupta, 2017). As has already emerged from the interviews, my life experience is also influenced by this kind of 'mutual denial' involving the two communities: the disabled community and the asexual community (Kim, 2014). In fact, it is common for people from the disabled community to deny the existence of asexuality as a real and prior sexual orientation: see for example viral slogans on the web such as 'I am not asexual', which is a response to the common infantilization of disabled people who are thought to be sexless (Bonnie, 2014; McRuer and Mollow, 2012). On the other hand, many people in the asexual community claim their own asexual identity and, in emphasizing that asexuality is not a disease, often fall into the trap of conflating disease and disability, contributing to an empowering and inaccurate view (Appia, 2024).

In my daily life, I don't have to say that I'm asexual because otherwise people might think disabled people can't or don't want to have sex, which isn't true. All people, including disabled people, can choose to have sex if they want to. When people don't talk about their sexuality, it has consequences for society. It can make it difficult for us to understand all parts of a person's identity. For example, it has caused me to hide my demisexual identity, which is when someone is attracted to only one or two of the three main types of sexuality. This double invisibility doesn't only affect places of activism and association, but also the medical field.

As the studies on gender medicine confirm (Schopp et al., 2022), this is expressed most strongly during gynecological examinations: disabled people with a uterus are not provided for, only penetrative sex is given importance, and the disabled body is not thought of as a sexual body that can have a sexual life. This view influences the way the examination is conducted, the examinations that are or are not prescribed, the focus on the prevention of sexually transmitted infections, etc.

Obtaining a contraceptive device was very difficult: the doctors did not want to prescribe it for me - just as they would not give me internal examinations - because they assumed that my disabled body could not be sexually active.

Another aspect I would like to focus on is personal assistance or, more generally, Independent Living (Costantino, 2024; Bocci et al., 2024) since I have been experiencing this model of living for six years now as a non-self-sufficient person. In this regard, I would like to emphasize how crucial personal assistance is to enable disabled people to freely question themselves without the judgement of enabling and queerphobic caregivers. In fact, it is only thanks to personal assistance - people whose job it is to do my arms and legs - that today I have the privilege of being able to assert my sexual, gender and relational identity. In practice, in fact, my assistants: accompany me to queer events (when accessible), allow me to hang out with whomever I wish and make decisions regarding my gender identity. I remember very well the first time when, thanks to my assistant's presence, I dressed in a suit and tie. Finally, at that moment, I saw myself and could be authentically myself. The same thing could not have happened if I had been cared for by my parents -a situation that is still all too common among disabled people who are often forced to depend on queerphobic and enabling caregivers. To this day, it is only possible for me to express my gender identity through personal assistance and, wearing a jacket and tie, I could only do so at the age of 24, with the right caregiver (*fig.3*).

Fig.3 A photo of Elisa representing freedom of self-determination with the right assistance.

My life experience gives me hope that soon all disabled people will be able to find and express themselves through personal assistance, without judgement, without abuse and in full self-determination.

4. BEING DISABLED AND QUEER: NARRATIVES OF INTERSECTIONAL DISCRIMINATION

4.1 The survey

A total of 134 individuals participated in the ad hoc questionnaire, which was designed to assess the prevalence of ableism and queerphobia. The participants were characterised by the following demographics (fig.4; fig.5):

Figure 4. Gender distribution

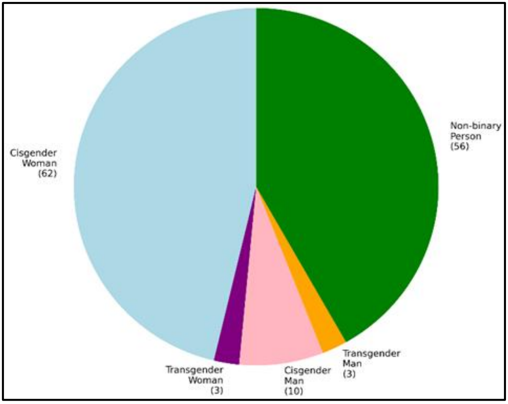
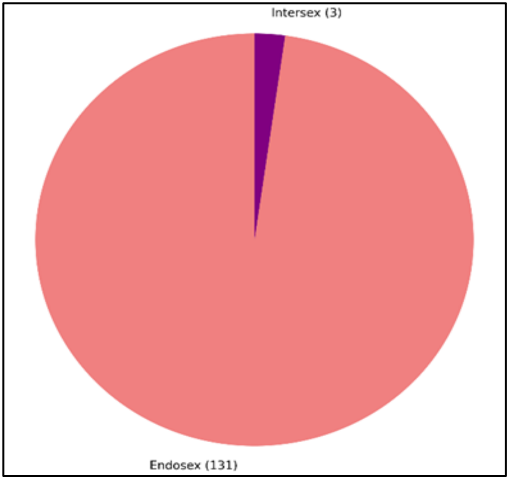


Figure 5. How many people are intersex



In relation to the subjects of gender identity and sexual and romantic orientation and relationship orientation/style, individuals self-identified in the following manner (*fig. 6; fig.7*):

Figure 6. Sexual and romantic orientation

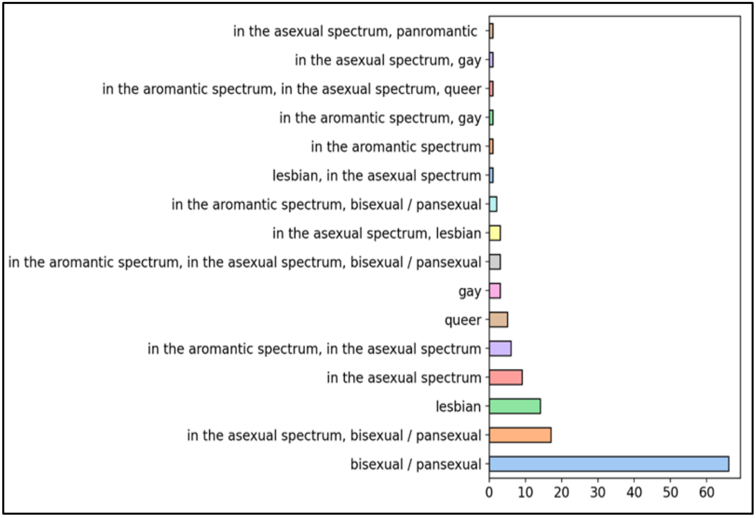
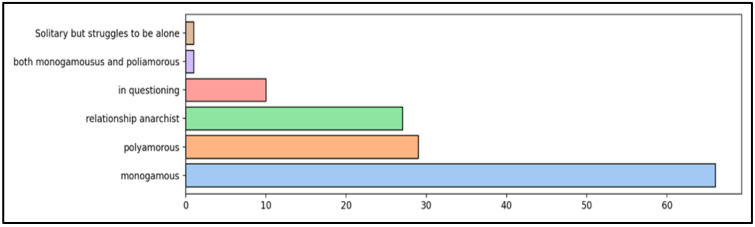


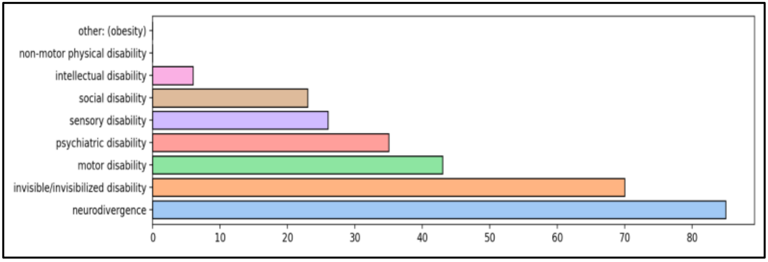
Figure 7. Relationship orientation/style



In relation to the identification of the target group, participants were invited to provide answers to the question of why they identified themselves as disabled. The following alternative answers were provided: 'intellectual disability', 'invisible/invisible disability', 'motor disability', 'psychiatric disability', 'sensory disability', 'social disability', 'neurodivergence' and 'other'. While acknowledging the preferred usage of the term 'impairment', we have opted for alternative lexical choices due to its limited prevalence and utilisation in Italy. Consequently, we have chosen to utilise expressions frequently encountered in social networks and offline activist circles, thereby ensuring the familiarity of the terminology to the self-selected sample.

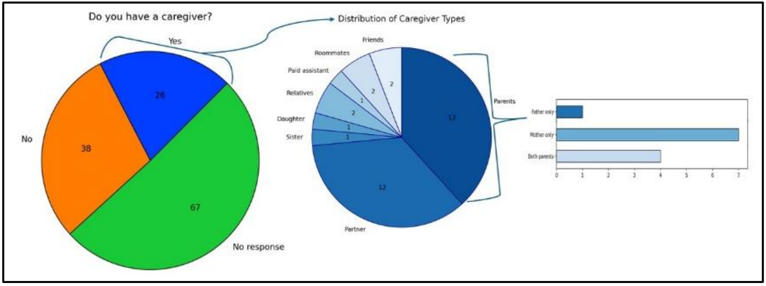
The following graphs show the distribution of the answers given (fig.8):

Figure 8. You identify yourself as disabled for...



The questionnaire was originally designed to allow participants to opt out of answering certain questions. However, it was subsequently deemed necessary to make these questions compulsory in order to ensure the collection of valuable data. A total of 68 individuals chose not to respond to these optional questions, resulting in a final sample size of 66 for the section on carers. In relation to caregiving, 27 out of 66 respondents reported having one or more caregivers, primarily family members, while 39 respondents reported having no caregivers (*fig.9*):

Figure 9. Do you have a caregiver? What is your relationship with your caregiver?



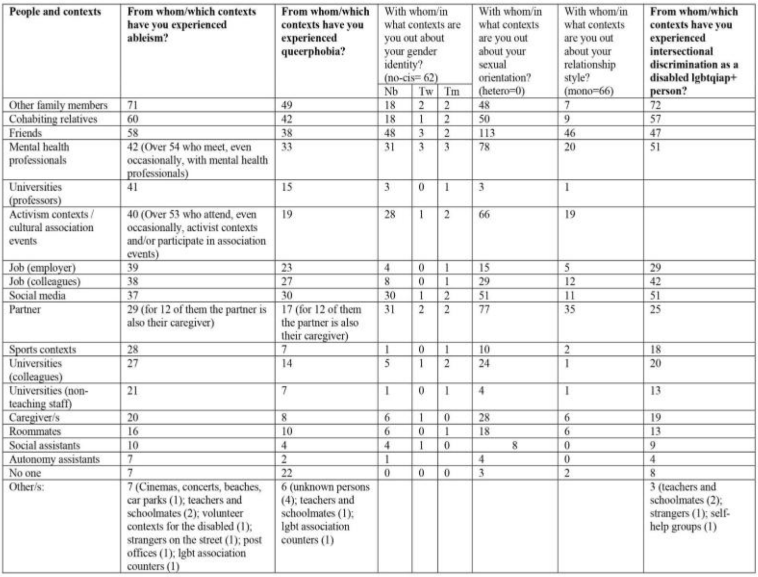
In order to investigate the experiences of ableism and queerphobia, a series of questions was posed, with multiple options available for selection:

1) From whom/which contexts have you experienced ableism?
2) From whom/which contexts have you experienced queerphobia?
3) From whom/which contexts have you experienced intersectional discrimination as a disabled LGBTQIAP+ person?

The following table provides a summary of the distribution of answers given to these three questions, as well as to the answers related to the people and contexts with whom/which one is out about one's gender identity (showing the distribution over the sample of non-binary people, trans women and trans men), one's sexual orientation and one's relational orientation/style. This is taking into account that of the sample of 134 people interviewed, cisgender people numbered 72, heterosexual people 0, and monogamous people 66 (fig.10*)*.

The data presented thus far is drawn from the empirical data collection derived from written interviews; the remaining data will be addressed in future contributions. The following discussion will provide a synopsis prior to the analysis of the oral interviews that is the subject of this report.

Figure 10. Contexts in which episodes of discrimination were experienced.



People and contexts	**From whom/which contexts have you experienced ableism?**	**From whom/which contexts have you experienced queerphobia?**	With whom/in what contexts are you out about your gender identity? (no-cis= 62)			With whom/in what contexts are you out about your sexual orientation? (hetero=0)	With whom/in what contexts are you out about your relationship style? (mono=66)	**From whom/which contexts have you experienced intersectional discrimination as a disabled lgbtqiap+ person?**
			Nb	Tw	Tm			
Other family members	71	49	18	2	2	48	7	72
Cohabiting relatives	60	42	18	1	2	50	9	57
Friends	58	38	48	3	2	113	46	47
Mental health professionals	42 (Over 54 who meet, even occasionally, with mental health professionals)	33	31	3	3	78	20	51
Universities (professors)	41	15	3	0	1	3	1	
Activism contexts / cultural association events	40 (Over 53 who attend, even occasionally, activist contexts and/or participate in association events)	19	28	1	2	66	19	
Job (employer)	39	23	4	0	1	15	5	29
Job (colleagues)	38	27	8	0	1	29	12	42
Social media	37	30	30	1	2	51	11	51
Partner	29 (for 12 of them the partner is also their caregiver)	17 (for 12 of them the partner is also their caregiver)	31	2	2	77	35	25
Sports contexts	28	7	1	0	1	10	2	18
Universities (colleagues)	27	14	5	1	2	24	1	20
Universities (non-teaching staff)	21	7	1	0	1	4	1	13
Caregiver/s	20	8	6	1	0	28	6	19
Roommates	16	10	6	0	1	18	6	13
Social assistants	10	4	4	1	0	8	0	9
Autonomy assistants	7	2	1			4	0	4
No one	7	22	0	0	0	3	2	8
Other/s:	7 (Cinemas, concerts, beaches, car parks (1); teachers and schoolmates (2); volunteer contexts for the disabled (1); strangers on the street (1); post offices (1); lgbt association counters (1)	6 (unknown persons (4); teachers and schoolmates (1); lgbt association counters (1)						3 (teachers and schoolmates (2); strangers (1); self-help groups (1)

4.2 Medical spaces[6]

As McRuer (2006) argue, the LGBTQIAP+ community and the disabled community share experiences of medicalisation and normalisation. This can be summarised by «*the restorative principles that are used for both disabled and queer people*» (our translation), as Sara, our interviewee, explains.

This phenomenon is particularly evident within medical spaces, where ableist and queerphobic discrimination are intertwined.

The present study draws upon in-depth interviews with a diverse sample of asexual disabled individuals to explore the prevalence of intersectional discrimination in their lives, with a particular focus on its manifestations in medical and care settings. Caterina Appia's seminal work (2024) addresses the issue of mutual negation involving disabled and asexual people and takes its starting point from the processes of medicalisation and psychiatry to which both populations of our interest are subjected. Indeed, if disabled people have been socially perceived as sick and defective in accordance with the medical model, asexual people have not fared any better, being even psychiatrized in light of Hypoactive Sexual Desire Disorder being included in the DSM-IV. Conversely, individuals with disabilities have historically been stigmatised as asexual, a term that, in this particular context, does not denote a sexual orientation but rather signifies a profound incompatibility between disabled individuals and the sexual domain as objects of desire. The existence of such stereotypes may give rise to the erroneous assumption that individuals with a disability are incapable of sexual desire. However, closer inspection reveals that each individual, irrespective of disability status, exhibits a distinct relationship with their sexuality, one that is influenced by personal, cultural, and social factors. Asexuality, by contrast, is defined as a sexual orientation characterised by a deficiency or diminution in sexual attraction to others. It is imperative to acknowledge that identifying as asexual does not imply an absence of yearning for intimacy or relationships; rather, individuals may experience a spectrum of romantic, affectionate, and physical attractions. Consequently, asexuality is recognised as a legitimate and valid identity within the comprehensive spectrum of sexual diversity. In practice, as will be demonstrated in the following excerpts of interviews reported, this manifests in the denial of disability by asexual people and, reciprocally, in the perception of disability as a pathological condition and of

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[6] It is imperative to acknowledge that the results presented here are preliminary. Each paragraph will be the subject of further exploration in subsequent contributions.

asexuality as a deficiency and incompatibility with the sexual dimension, due to the prevailing ableist and aphobic stereotypes.

In this context, mutual negation is manifested in the experience of Eva[7], a disabled and asexual person, who recounts:

> Eva: it's like saying “I'm declining you to an even lower level-not only you're not-you can't be what you are or you're not but I'm declining you to an even lower level which is disability” [...] even asexual people for example keep saying “we don't have a disease, we don't have a libido problem”, probably, but in reality I mean you can have it and anyway you're not less asexual [...] 'are-you-have-you-listed in your biography all your diseases? [...] like it's my fault that I'm like that, I have a lot of intersections, of discrimination it's not my fault [...] (our translation).

Consequently, asexual individuals, perceiving disability as a disease, seek to distance themselves from it at all costs, thereby exhibiting ableist tendencies.

A discussion of disability and asexuality reveals several intriguing and intricate facets. For instance, disabled individuals who identify as asexual are frequently perceived through a skewed lens, as asexuality is often invalidated, occasionally regarded as a consequence of impairment, and never acknowledged as an act of self-determination. This phenomenon is exemplified by the experience of Azzurra, an asexual individual living with chronic illnesses, who asserts that:

> Azzurra: there is then this kind of double discrimination, isn't there? That is, “you are like this because you are ill, you are like this because you are disabled”. No, I would have been even if I didn't have my disability, if I didn't have illness, I could have been exactly the same, full stop. ‘Ah you're like this because you took this drug and maybe on a hormonal level it destroyed you’ in fact I say on a hormonal level it destroys me and I can have libido problems but not sexual attraction problems that's another matter [...] many times I repeat it bothers me a lot that then it takes a very ableist nuance that is ‘you're like this because you're sick because you're disabled’, there it bothers me a little bit as if my disability goes to break something, no? [...] when I tried to talk about it with some doctor, things like that, I often felt invalidated especially because of the discourse of not feeling sexual attraction. [...] Now I can't really tell you the amount of times I've been told “no, it must be the drugs, no, it must be the illness that's drained you so much energy that you don't think about it” and I was like “no, it's not that, it's not that” [...] (our translation).

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[7] In order to comply with ethical standards and privacy regulations, the data has undergone a process of anonymisation.

As demonstrated by Azzurra's experience, asexual disabled individuals are not perceived as having the capacity for autonomous self-determination of their sexual orientation, but rather as doubly ill. Disability is thus used as a pretext to delegitimise asexuality.

A similar dynamic can be observed in the experience of Mario, a trans, autistic boy with fibromyalgia. Like Azzurra, Mario's chronic pain is not recognised as legitimate due to his trans identity and neurodivergence:

> Mario: [...] after two years of hormone therapy they started to tell me that surely the fact that I had lived that is, my trans life and the fact that I was diagnosed late as autistic had probably been the two causes that had triggered the fibromyalgia because there was a very strong stress on my nervous system... so my identity essentially was used as an explanation for why I have chronic pain... it's an incredible combo [...] (our translation).

In this case, Mario's non-binary gender identity and autism are used as a pretext for the invalidation of the chronic pain he experiences. Due to the medicalisation of disabled identity and queerness, LGBTQIAP+ disabled people appear to be unable to have a sexual orientation and gender identity that does not conform to normative standards. The interviews conducted clearly demonstrate that collective opinion perceives the disabled and queer experience as inexorably incompatible.

This stereotype is particularly pronounced among disabled individuals within the LGBTQIAP+ community, especially in medical and care settings.

The situation is critical in these spaces, which by definition should provide support and care regardless of any individual's identity characteristics. An analysis of the interviews conducted reveals a concerning pattern of treatment by healthcare professionals towards LGBTQIAP+ disabled people, characterised by invalidation, gaslighting and invisibilization

This phenomenon is exemplified by the case of Eva, whose psychologist, exhibiting prejudicial attitudes, contributed to the delay in the affirmation of her sexual identity:

> Eva: people like my psychologist who told me that when I told him I was asexual he told me to stimulate my libido [...] it created a situation of confusion in me i.e. it delayed the discovery of my identity [...] (our translation).

Mario's testimony is also of great significance. During the interview, he describes experiencing discrimination on the basis of both his trans status and disability. He illustrates how this took place in the field of gynaecology, an area in which intersectional discrimination is manifestly evident:

> Mario: [...] the situation was not only ableist, but it was also crossed with the fact of being trans and of being in hormone substitution therapy ... so there were several times where with medical staff and with specialist people ... I had to be accompanied in order to be listened not only to the physical pain I was feeling but also for a question linked to the hormone substitution therapy [...] then let's say that the whole experience linked to gynaecology was quite devastating, that is to say the last time I saw a gynaecologist she kept repeating my first name and then she repeated my first name and then she said that I was in hormone substitution therapy [...]. ..] then let's say that the whole experience related to gynaecology has been quite devastating exactly that is to say that the last time I saw a gynaecologist she kept repeating my name and then she did it in a way almost to make me feel better, didn't she? [...] and she didn't really know how to handle the fact that I didn't have relations with people with penises [...] she didn't really know how to handle this and she even went so far as to suggest to me, I was 24 at the time [...] when I had this visit and it was suggested that I still get the papilloma virus vaccine if I'm not mistaken [...] because she didn't really know which way to turn with this [...] (our translation).

4.3 Activism settings

It is evident that intersectional discrimination manifests itself in various spaces, including those dedicated to activism. This phenomenon can be attributed, at least in part, to the pervasive societal perception of disability as a health issue rather than a minority social identity. This misperception leads to the exclusion of disabled individuals from intersectional activist spaces, effectively rendering them inaccessible and exclusionary. The absence of disability in these spaces is particularly keenly felt and suffered by the crip community, who do not have the opportunity to see themselves represented, expected and welcomed in those very environments that should offer support. In this sense, all other identities of disabled people are invisibilized in order to maintain the status quo (Centrone et al., 2023; Bocci and Straniero, 2020).

The experience of disabled people is in stark contrast to the theoretical underpinnings of intersectional activism, which posits the inclusion of multiple identities. In practice, disabled people are often marginalised and absent from intersectional movements, including, for instance, intersectional transfeminism[8]. This disparity underscores a systemic failure to incorporate disabled people's experiences and needs in both collective reflections and actual practice.

A similar situation pertains to LGBTQIAP+ activist spaces that tend to be exclusionary towards disabled people. The majority of the interviews conducted reveal that such spaces are inaccessible in their structure, thereby exacerbating the social exclusion of disabled people, as exemplified by the presence of steps, loud noises, lights, and a lack of remote connection. However, as will be demonstrated in the subsequent section, drawing upon the embodied experience of one of the two authors of the present essay, in addition to the inaccessible nature of these spaces, there is a conspicuous absence of collective consciousness regarding the issue of disability.

The following section will provide concrete examples to support this argument:

> Eva: [...] the spaces where you went to do activism were not completely accessible and so... there were some problems, for example once there was a place where I went to do-participate in this event against gender violence, it was also a kind of event of self-awareness but it was not... apart from that you could hear a lot of noises and so... I'm ADHD and then there was the noise of an air conditioner, that is trivial things that then, no? I mean... for people who have disabilities, however, they count, and there was the noise of the air conditioner all the time that... caused me a lot of anxiety, in fact I had to run away from the room [...] Not to mention the Pride, the Pride is really a nightmare for any type of disability, any type of disability (our translation).

As Eva's experience illustrates, activist environments are characterised by inaccessibility. This phenomenon occurs even in spaces such as Pride events, which, by definition, are intended to provide a safe haven for individuals of all body/mind. However, these spaces frequently impose their own set of barriers, including architectural, sensory and information access issues, which can effectively exclude disabled individuals. This is a glaring oversight in the design of these spaces, which fail to cater to the needs of disabled individuals. Disabled people encounter numerous barriers in all aspects of life, leading to the phenomenon of psycho-emotional ableism (Thomas, 2004; Reeve, 2004; Crippi, 2024), a phenomenon to which we are all subject. In this regard, by analogy, we

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[8] Please direct your attention to the letter signed by Marta Migliosi and Asya Bellia, which was addressed to *Non Una Di Meno* and concerned the exclusion of disabled people from the feminist struggle. This letter can be found at the following URL: https://informareunh.it/per-tutte-le-donne-per-non-una-di-meno-oggi-e-in-futuro-siamo-meno/ (last visited 30/12/2024).

often hear of minority stress (Meyer, 2003) for people from the LGBTQIAP+ community. We posit that the concept of minority stress is analogous to that of psycho-emotional ableism. To summarise further, one could conclude that psycho-emotional ableism is to disabled people as minority stress is to queer people. Once more, it is evident how disability is itself a queer experience.

At this juncture, the words of Sara, a bisexual girl with motor impairment, assume central importance:

> Sara: [...] so many queer centres and spaces [...] yes because disabled people are not allowed [...] so this queer feminist bookshop is the only one I have in [city name] and I had this huge fight with them, I'm so angry with them because they don't let disabled people in, not even queer disabled people, so... and this is not a safe space for queer disabled people if they don't even let you in, if they tell you that it's not true that there are laws against architectural barriers, it's not a safe space if they tell you that they want to organise an event with you and then they do it in a space that is inaccessible for you and for disabled people, you can't even go to the bathroom, it's not a safe space I mean if they call you to a transfeminist collective or a transfeminist podcast they call you and force you to drive 8 hours alone on the motorway and without giving you the possibility to connect remotely [. ..] and without thinking that yes exactly as we were saying before, right? That there's all the hidden labour, there's the chronic illnesses, the fatigue and the disability, the architectural barriers and the sensory barriers... that's discrimination, that's discrimination, I absolutely see it as queer and ableist discrimination because people [...] because disabled people who are queer how do they feel safe in a space like that where their presence is not for their existence-is not expected? (our translation).

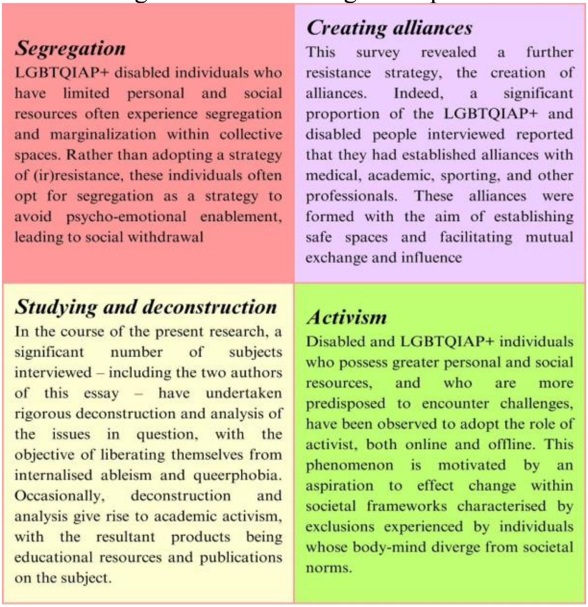
Whilst transfeminist associations frequently advocate for face-to-face meetings as a means to cultivate human connection and establish safe spaces, online meetings can prove more inclusive and accessible for a multitude of individuals. Indeed, those residing in remote areas and experiencing disablement may find virtual spaces to be a more accessible opportunity to actively participate in movement discussions and initiatives.

Like Eva, Sara faces significant challenges in accessing queer activist spaces due to structural inaccessibility and a lack of collective understanding of disability and ableism issues. These crucial concerns perpetuate a pervasive feeling among disabled individuals of not feeling safe, unwanted and unwelcome. Despite the endeavours of disabled activists to reclaim their existence in the world, the prevailing reality indicates that events organised as part of the queer, feminist, and related movements continue to be hosted in non-accessible venues. This preclusion effectively limits access to an elite comprising those who possess the physical, sensory, and neurological characteristics deemed to be normal within the ableist system's normotype.

4.4 Resistance strategies

In view of the aforementioned points, individuals from the LGBTQIAP+ and disabled community adopt various strategies of resistance to ableist and queerphobic discrimination. The following section will examine some of these strategies expressed in idealtypes (*fig.11*).

Figure 11. Main strategies adopted



Segregation LGBTQIAP+ disabled individuals who have limited personal and social resources often experience segregation and marginalization within collective spaces. Rather than adopting a strategy of (ir)resistance, these individuals often opt for segregation as a strategy to avoid psycho-emotional enablement, leading to social withdrawal	***Creating alliances*** This survey revealed a further resistance strategy, the creation of alliances. Indeed, a significant proportion of the LGBTQIAP+ and disabled people interviewed reported that they had established alliances with medical, academic, sporting, and other professionals. These alliances were formed with the aim of establishing safe spaces and facilitating mutual exchange and influence
Studying and deconstruction In the course of the present research, a significant number of subjects interviewed – including the two authors of this essay – have undertaken rigorous deconstruction and analysis of the issues in question, with the objective of liberating themselves from internalised ableism and queerphobia. Occasionally, deconstruction and analysis give rise to academic activism, with the resultant products being educational resources and publications on the subject.	***Activism*** Disabled and LGBTQIAP+ individuals who possess greater personal and social resources, and who are more predisposed to encounter challenges, have been observed to adopt the role of activist, both online and offline. This phenomenon is motivated by an aspiration to effect change within societal frameworks characterised by exclusions experienced by individuals whose body-mind diverge from societal norms.

It is finally important to emphasise that both visible queerness, performed as such, and visible forms of impairment can be understood as forms of *intersectional master status.* These can easily become a vector for further oppression. This aspect is important to take into account for an intersectional analysis of the phenomena in question.

5. CONCLUSIONS

McRuer's Crip Theory offers a sophisticated and critical analysis of the role of compulsory able-bodiedness within globalized neoliberal capitalism. In this context, political consciousness tends to be constructed around a politics of identity that implies identification as a specifically marginalized subject (McRuer, 2014).

The concept of "queer-crip consciousness" was derived from the life experiences of self-determination and resistance that were shared during the interviews conducted by the researchers and among the researchers themselves within the framework of collaborative autoethnography. This concept was coined by McRuer (2006): the process of identification does not end in an individual claim; rather, it takes the form of a form of collective resistance. This emergent form of queer and disabled consciousness interrogates ableist and heteronormative norms, while also claiming political space for collective action to secure rights and social equity. Furthermore, it problematizes the structures of the neoliberal state that facilitate the perpetuation of systemic forms of oppression.

However, in order for Crip Studies to evolve into a comprehensive theoretical and political frame of reference that genuinely embodies intersectionality (Centrone, 2025), it is imperative to build upon and extend its foundations. It is through this process of expansion and innovation that the social sciences can evolve to embrace new perspectives and enhance their analytical capabilities.

The concept of *cripping* the way in which research is conducted entails the acknowledgement and deconstruction of the privileges that inform the decisions made by researchers. It involves active engagement with the needs of various stigmatized social groups and a process of reflection on the aspects that require modification. Crip research can be defined as a truly participatory form of enquiry that is founded on the premise that each life experience is inherently valuable and must be evaluated within a comprehensive framework. The inherent complexity and intersectionality of this framework necessitates the employment of sophisticated and multifaceted analytical methodologies.

Cripping the way one does research also means using one's identity positioning to engage often marginalized identities, amplify their voices and collaborate to conceptualize lines of intervention.

Our research, which is currently ongoing, has demonstrated significant promise in actively involving disabled and queer individuals in the process of sharing their experiences of discrimination and discussing strategies for active resistance. The selection of methods and research approaches reflects a personal and political commitment to adhere to the principles of Universal Design (Centrone et al, in press; CAST, 2018; Demo, 2022), as well as the intersectional interpretative crip paradigm.

In this theoretical framework, the methodology of collaborative autoethnography manifests through three distinct components: a guiding framework, an insightful examination, and an analytical lens.

In general, the data collected to date provides an alarming portrait of abuses perpetrated by caregivers, by mental health professionals, by partners, and in contexts of activism and associationism that self-identify as safe and inclusive environments.

Our objective is that this undertaking will make a meaningful contribution to an as yet undefined field in Italy's academic context, that of Crip Studies.

In terms of the future direction of this research, the objective is to facilitate group activities centered on the sharing and creation of audiovisual and artistic products. These products will be informed by the creative methods employed within the social sciences (Giorgi et al., 2021) with the aim of enhancing biographical narratives and serving as a conduit for the dissemination of effective practices concerning early intervention in contexts involving discrimination.

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