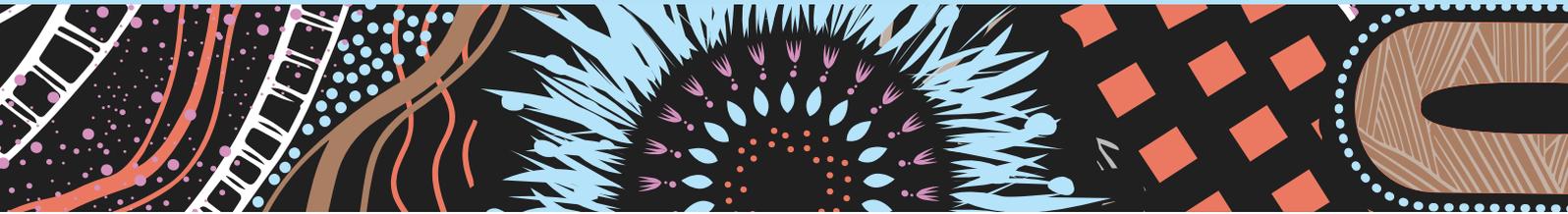




Aboriginal and Torres Strait Islander LGBTQIASB+ people and mental health and wellbeing

Summary paper



This paper is a summary of the *Aboriginal and Torres Strait Islander LGBTQIASB+ people and mental health and wellbeing* publication by Madi Day, Bronwyn Carlson, Dameyon Bonson and Terri Farrelly. This publication was commissioned by and published on the Australian Institute of Health and Welfare Indigenous Mental Health and Suicide Prevention Clearinghouse. It can be accessed online at www.indigenousmhspc.gov.au.

Some people may find the content of this report confronting or distressing. If you are affected in this way, please contact **13YARN (13 92 76)**, **Lifeline (13 11 14)** or **Beyond Blue (1300 22 4636)**.

QLife is a counselling and referral service for LGBTIQ+ people (**1800 184 527** - 3pm to midnight daily).

The acronym LGBTQIA+ is used in this paper to refer to a diverse population of people who identify as lesbian, gay, bisexual, trans/transgender, queer, intersex, and asexual, and other sexuality, gender, and bodily diverse people and communities. LGBTQIASB+ adds 'SB' to represent 'Sistergirl' and 'Brotherboy': two terms used by some Aboriginal and Torres Strait Islander people, and which refer to Aboriginal and Torres Strait Islander women and men who are transgender.

There is no single LGBTQIA+ community, rather a range of identities and experiences which may change over time. Other variations of this acronym exist and may vary depending on the groups or issues being discussed and the available evidence.

Summary

The high rates of suicide-related behaviour among Aboriginal and Torres Strait Islander people, combined with similar evidence relating to LGBTQIA+ people, suggest that there is a need to investigate the compound risk of suicide-related behaviour among people who are both Aboriginal and Torres Strait Islander and LGBTQIASB+.

Terminology

In their languages (including Aboriginal English and Kriol), Aboriginal and Torres Strait Islander people use a range of terms to describe sexual and gender diversity.

LGBTQIA+ is an acronym of the terms Lesbian, Gay, Bisexual, Transgender, Queer, Intersex and Asexual. The addition of the '+' symbol serves as a reminder that there may be other terms that should be included, including 'non-binary' and 'pansexual'.

LGBTQIASB+ adds 'SB' to represent 'Sistergirl' and 'Brotherboy'. Two terms used by some Aboriginal and Torres Strait Islander people, and which refer to Aboriginal and Torres Strait Islander women and men who are transgender.

Data and identity

Most demographic data and statistics collected on, and about, Aboriginal and Torres Strait Islander people are limited to the binary categories of 'male' and 'female'.

Data on Aboriginal and Torres Strait Islander LGBTQIASB+ people and suicide-related behaviour are also limited by the fact that, in Australia, information about sexuality and gender diversity is rarely recorded at death, unless specifically included by a coroner (Skerrett et al. 2014).

The available research and anecdotal evidence show that many Aboriginal and Torres Strait Islander LGBTQIASB+ people identify with both identities together. Others describe keeping the identities separate from each other – but wishing for more opportunities for the two to coexist (Carlson 2019; Hill et al. 2022; Liddel-Hunt et al. 2021; Soldatic et al. 2020). There are some who do not fully identify with either – feeling they are 'not Aboriginal enough' to be fully accepted in the Indigenous community, and 'not queer enough' to be accepted in the LGBTQIA+ community (Henningham 2019).

Suicide-related behaviour for LGBTQIASB+ people

Available evidence suggests that Australian LGBTQIA+ people are 5 to 11 times as likely to engage in suicide-related behaviour, compared with the general population (Skerrett et al. 2015). The first Australian National Trans Mental Health Study (Hyde et al. 2014) found that approximately one-fifth (21%) of participants had experienced suicidal ideation or thoughts of self-harm on at least half of the days in the previous two weeks.

Diagnoses for depression and anxiety are also higher for LGBTQIA+ people, and these outcomes differ amongst particular sexually, gender and sex diverse groups (AHRC 2015).

Protective and risk factors

The report describes a range of intersecting experiences that may increase the risk and incidence of suicidal ideation and behaviours:

- Discrimination and violence targeting Aboriginal and Torres Strait Islander and LGBTQIASB+ people can impact all aspects of life, including access to employment, health care, housing and participation in people's own communities and in broader Australian society. Aboriginal and Torres Strait Islander LGBTQIASB+ people are at a higher risk of family violence as well as assault and harassment which results in compounded and layered trauma. Life trauma, youth, disability and incarceration are also factors which intersect and may further compound the risk for this group (Phelan and Oxley 2021).
- Disconnection and exclusion from community, culture and Country are risks to social, cultural and emotional wellbeing for Aboriginal and Torres Strait Islander LGBTQIASB+ people. Colonisation introduces religious ideology to Aboriginal and Torres Strait Islander communities, contributing to discrimination and violence towards Aboriginal and Torres Strait Islander people who are also LGBTQIASB+. Conversely, feeling fully accepted – both as Aboriginal and/or Torres Strait Islander and as LGBTQIASB+ – and being able to fully participate in community, family and society, are protective factors against suicide.
- Both Aboriginal and Torres Strait Islander people and LGBTQIA+ people experience poorer health outcomes. Due to past and ongoing discrimination and to resulting feelings of distrust, individuals from both groups may also be hesitant to access health, mental health and other suicide prevention services.
- For Aboriginal and Torres Strait Islander people at risk of suicide, there can be a 'help-seeking quandary', in which both Indigenous-specific and mainstream help sources are inaccessible (Farrelly 2008). Aboriginal and Torres Strait Islander LGBTQIASB+ people seeking care must often choose between care that is able to cater to them as an Aboriginal and/or Torres Strait Islander person or as an LGBTQIASB+ person – not both.
- However, Aboriginal and Torres Strait Islander LGBTQIASB+ people show significant agency and resilience in the face of violence, marginalisation and discrimination. More recently, this has included the use of social media to form communities of care and for social and cultural nourishment, as an alternative to formal help-seeking (Farrell 2021).

For Aboriginal and Torres Strait Islander LGBTQIASB+ people it is not just the violence but the anticipation and expectation of violence which impacts their wellbeing, including their ability to connect with family and community, and to maintain and build relationships (Farrell 2015).

The literature confirms that there are no health services that specifically provide care for Aboriginal and Torres Strait Islander LGBTQIASB+ people (for example AHRC 2015; Briskman et al. 2022; Day et al. 2022; Liddelow-Hunt et al. 2021; Soldatic et al. 2020; Spurway et al. 2022; Sullivan et al. 2022; Uink et al. 2022).

Recommendations

The report recommends that:

- Aboriginal and Torres Strait Islander LGBTQIASB+ people be treated as a priority group for research, policy and programs that address the compounding impacts of racism, discrimination, violence and trauma.
- Research, programs and services specifically targeting Aboriginal and Torres Strait Islander LGBTQIASB+ people need to be designed, delivered, managed and evaluated by Aboriginal and Torres Strait Islander people, groups and organisations who are, or involve, LGBTQIASB+ people.
- A national action plan is needed to specifically meet the needs of Aboriginal and Torres Strait Islander LGBTQIASB+ people. The plan needs to involve the Australian, state and territory governments and relevant agencies in a coordinated effort to gather information, support necessary research and drive service provision and be Aboriginal and Torres Strait Islander LGBTQIASB+ led.
- Data is needed that properly captures Aboriginal and Torres Strait Islander LGBTQIASB+ people and their health and social, cultural and emotional wellbeing.
- Programs and services need to address the compound impacts of racism, discrimination and trauma. There is a demand for mental health and health services that adequately cater to Aboriginal and Torres Strait Islander LGBTQIASB+ people and for Aboriginal and Torres Strait Islander LGBTQIASB+ specific programs.
- Aboriginal and Torres Strait Islander LGBTQIASB+ communities be resourced and empowered to lead this response.

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