

# The time for inclusive care for Aboriginal and Torres Strait Islander LGBTQ+ young people is now

Understanding the multiple identity groups of Aboriginal and Torres Strait Islander LGBTQ+ young people can assist in meeting their health care needs

Where does a young, LGBTQ+ (lesbian, gay, bisexual, transgender, queer, and other non-heteronormative or non-binary sexual and gender identities, including asexual) Aboriginal and Torres Strait Islander person go for health care in Australia? Do they attend an Aboriginal community controlled health organisation in search of culturally sensitive care? Or do they visit an LGBTQ+-friendly health service to access staff trained in sexual and gender diversity? Is there a space for them, and other LGBTQ+ Aboriginal and Torres Strait Islander young people, in the Australian health care landscape? These questions are being posed by Indigenous LGBTQ+ health advocates.<sup>1</sup> Recent national policy documents outline the need for comprehensive health care for Aboriginal and Torres Strait Islander LGBTQ+ young people.<sup>2,3</sup> Despite this identification in policy, limited information is available to health practitioners on working with Aboriginal and Torres Strait Islander LGBTQ+ young people (Box 1). Practitioners are limited by the absence of an integrated framework as well as a dearth of research into these young peoples' health needs and service preferences. Intersectionality theory highlights that individuals can face multiple structural inequalities within each of the social groups that they occupy, which also affect their access to health, social and economic resources.<sup>4</sup> We suggest intersectionality theory as a guiding principle for research and practice with Aboriginal and Torres Strait Islander LGBTQ+ young people. An intersectional approach means recognising that patients belong to multiple identity groups, such as sexual orientation and cultural groups, which are socially constructed and which affect their social positioning and subsequent treatment, such as discrimination, within health care systems.<sup>4</sup>

not only experience health risks associated with their development phase — for example, heightened risk of psychopathology, physical injury and emotional dysregulation<sup>9,10</sup> — but are also often unaware of health services available to them or have fears around confidentiality.<sup>11</sup> LGBTQ+ young people, in particular, report feeling isolated from health services.<sup>6</sup> Health practitioners may therefore see Aboriginal and Torres Strait Islander LGBTQ+ young people in a variety of settings, including in suicidal crisis, seeking care after a serious assault or injury, or counselling for prolonged psychological distress.

Although health care workers may be aware of the health risks associated with being Aboriginal and Torres Strait Islander, LGBTQ+ or young, the health outcomes for someone with these intersecting identities remain largely unknown. Emerging literature has begun to identify the health concerns of people who are both Aboriginal and Torres Strait Islander and LGBTQ+, although this work is thus far limited to adults.<sup>12–14</sup> Consistent with research into these groups separately, findings suggest that suicidality, substance misuse and homelessness are primary health concerns for Aboriginal and Torres Strait Islander LGBTQ+ people. However, the evidence in adults also points to a set of health-related concerns which are unique to being Aboriginal and Torres Strait Islander and LGBTQ+. For example, some individuals move off Country in search of more accepting communities or to access gender-affirming care.<sup>13,14</sup> However, moving off Country can lead to feelings of dislocation due to loss of connection to Country, which can then precipitate illness. Arguably, Aboriginal and Torres Strait Islander LGBTQ+ young people find it harder to move off Country because of reduced financial and personal resources. Support and service in remote areas are also scarce.<sup>14</sup>

An inability to express gender or sexual identity is another health-related concern for Aboriginal and Torres Strait Islander LGBTQ+ people. Some people report feeling pressure to suppress their sexual or gender identity when they are in Indigenous communities.<sup>12</sup> Exclusion of gender diverse individuals from men's or women's business can negatively affect social and emotional wellbeing.<sup>13</sup> Contemporary culture-based wellbeing programs often continue this practice of providing support along binary gender lines. Some of the authors' own experiences reiterate this unintentional bias; Indigenous health care providers use terms such as "sis", "brother" or "sistergirl" when answering the phone, which can mean that people are misgendered. Although we

## The health and wellbeing of Aboriginal and Torres Strait Islander LGBTQ+ young people

Aboriginal and Torres Strait Islander LGBTQ+ young people occupy three intersecting identities, which, when considered separately, are each linked to risks for poor health. The risks for poor physical health and social emotional wellbeing among Aboriginal and Torres Strait Islander peoples are well documented.<sup>5</sup> Within Australia, LGBTQ+ individuals experience heightened suicidality, serious assault, homelessness and psychological distress<sup>6,7</sup> compared with their heterosexual, cisgender peers. These increased health risks do not indicate inherent vulnerability but rather are outcomes of discrimination, marginalisation, racism, transphobia and homophobia.<sup>15</sup> Young people

Bep Uink<sup>1,2</sup>

Shakara Liddelow-Hunt<sup>2</sup>

Kate Daglas<sup>3</sup>

Dharma Ducasse<sup>3</sup>

<sup>1</sup> Kulbardi Aboriginal Centre, Murdoch University, Perth, WA.

<sup>2</sup> Telethon Kids Institute, University of Western Australia, Perth, WA.

<sup>3</sup> Youth Advisory Group, Walkern Katatdjin, Perth, WA.

[b.uink@murdoch.edu.au](mailto:b.uink@murdoch.edu.au)

doi: 10.5694/mja2.50718

acknowledge that these terms carry meaning to the Indigenous community, they can be problematical for trans and non-gender-conforming young people. There is therefore scope to develop a culturally sensitive way to bypass the use of these gendered terms until a young person's pronouns have been established.

### Intersectionality theory as a guiding framework

International models<sup>8,15</sup> provide a useful footing on which to consider intersectionality in the Australian health context. These models demonstrate how societal oppressions of racism and heterosexism within health care systems influence internal (eg, an individuals' self-concept) and external (eg, lack of LGBTQ+-specific services, stigma toward multiple minority groups) risk factors. Importantly, the impact of these risk factors resulting from societal oppressions is not simply a multiplicative effect. Rather, individuals living within multiple minority groups face health disadvantage because of their unique social positioning. Common across these models is an emphasis on the social context of health outcomes because membership in multiple minority status groups can be associated with increased stresses and barriers impeding an individual's coping efforts. Further, when practitioners do not consider how a patient's gender, social class, ethnicity and sexual orientation influences their care needs, patients who experience multiple oppressions can become invisible by being left out of health research or ignored in policy and health promotion efforts, leading to delays in seeking care.

Such invisibility in health care is a reported concern among Aboriginal and Torres Strait Islander LGBTQ+ people.<sup>12</sup>

### Health care at the intersection: implications for health research and practice

Adopting an intersectional approach to health care requires practitioners to consider the relationship between multiple structural inequalities faced by Aboriginal and Torres Strait Islander LGBTQ+ young people, and downstream consequences for this group's wellbeing. Doing so will likely require additional training and professional development. As **Box 1** outlines, although not health providers per se, services and supports led by Aboriginal and Torres Strait Islander LGBTQ+ people have emerged in response to the multiple barriers presented by existing health services. These services provide a space for Aboriginal and Torres Strait Islander LGBTQ+ people to discuss intersecting identities. For example, the Gar'ban'djee'lum Network offers a space in which to celebrate sexual and cultural identity, and Black Rainbow partners with an online newspaper to publish content by Aboriginal and Torres Strait Islander LGBTQ+ authors, providing a platform for voices from people living at this intersection. Service providers can increase their awareness of the contemporary issues faced by Aboriginal and Torres Strait Islander LGBTQ+ young people by accessing online information from these organisations. Moreover, concrete steps which practitioners can follow can be guided by an awareness

#### 1 Current services available for Aboriginal and Torres Strait Islander LGBTQ+ people\*

Organisation name	Description	Website
Black Rainbow	Advocacy for Aboriginal and Torres Strait Islander LGBTQ+ suicide prevention Support for homelessness, domestic violence, and people involved in the justice system	<a href="http://www.blackrainbow.org.au/">http://www.blackrainbow.org.au/</a>
Tekwabi Giz	Provides support to the National LGBTI Health Alliance for Aboriginal and Torres Strait Islander LGBTQ+ people, specialised knowledge, advocacy	<a href="https://lgbtihealth.org.au/tekwabigiz/">https://lgbtihealth.org.au/tekwabigiz/</a>
IndigiLez Women's Leadership and Support Group	Special focus on Indigenous lesbians and same sex-attracted women Advocacy for Aboriginal and Torres Strait Islander LGBTQ+ people, cultural retreats, safe sex workshops, family days, workshops, social activities, self-defence workshops	<a href="https://www.facebook.com/IndigiLez/">https://www.facebook.com/IndigiLez/</a>
Sisters and Brothers NT	Social change, advocacy, support, consultation, resource creation, and research, and awareness for sistergirls, brotherboys, and Aboriginal and Torres Strait Islander LGBTQ+ people	<a href="https://www.facebook.com/SistersBrothersNTCelebratingDiversity/">https://www.facebook.com/SistersBrothersNTCelebratingDiversity/</a>
First Nations Rainbow	Acceptance, celebration, raising community awareness, improving wellbeing, and reducing stigma and discrimination	<a href="https://www.firstnationsrainbow.org.au/">https://www.firstnationsrainbow.org.au/</a>
Yarns Heal	Suicide prevention among Indigenous peoples, including sistergirls, brotherboys and LGBTQ+ individuals	<a href="https://www.yarnsheal.com.au/">https://www.yarnsheal.com.au/</a>
Gar'ban'djee'lum Network	Support, advocacy, information on healthy lifestyles, social events, fundraising, and celebration of sexual and cultural identity	<a href="https://www.afao.org.au/article/us-mob-garbandjeelum-network/">https://www.afao.org.au/article/us-mob-garbandjeelum-network/</a>
Blaq Aboriginal Corporation	Celebration, representation and increased visibility of Aboriginal and Torres Strait Islander LGBTQ+ community members	<a href="https://www.blaq.org.au/about-about">https://www.blaq.org.au/about-about</a>

\* This list of organisations in not exhaustive but provides a starting point for practitioners wanting to learn more about Aboriginal and Torres Strait Islander LGBTQ+ health. Information in the table is taken from the organisations' websites. None of the organisations listed are young people-specific, although some make note of the importance of young people. ◆

of intersecting categories, diversity of knowledges, power and multilevel analysis, reflexivity, time and space, and equity and social justice.<sup>8</sup> Actions that practitioners can take which are consistent with these domains are outlined in [Box 2](#).

The increased focus on Aboriginal and Torres Strait Islander LGBTQ+ young people, led by and advocated for by Aboriginal and Torres Strait Islander LGBTQ+ community members and researchers, is a welcome step towards ensuring safe and effective health care for all Australians. However, there has been little guidance for practitioners on how best to work with this patient group. Health services wanting to support Aboriginal and Torres Strait Islander LGBTQ+ young people can:

- include an LGBTQ+ status question on intake forms; services can also use an open-ended question format for young people to describe their gender, rather than tick-boxes of “male”, “female” or “other”;

- provide visual displays of support in waiting rooms, such as displaying a rainbow pride flag and other pride flags alongside Aboriginal and Torres Strait Islander flags; and
- establish mechanisms for Aboriginal and Torres Strait Islander LGBTQ+ young people to provide service feedback (eg, asking patients from this group how the service can best meet their needs).

Further, although there are increasing calls to apply an intersectional approach in health care — none more powerful than those of Aboriginal and Torres Strait Islander LGBTQ+ young people themselves — research has yet to systematically evaluate treatment outcomes for patients when such an approach is applied. Future research should measure treatment outcomes in services where staff apply an intersectional lens. The omission of young people from previous research into the health and wellbeing of Aboriginal Torres Strait

## 2 Next steps in health care provision for Aboriginal and Torres Strait Islander LGBTQ+ young people

Domain <sup>8</sup>	Next steps for research and practice
Intersecting categories: health professionals should consider that patients likely occupy multiple social positions, not just the identity which appears most dominant	<ul style="list-style-type: none"> <li>• Develop LGBTQ+ health information guides that are culturally sensitive to Aboriginal and Torres Strait Islander patients and easily accessible to young people</li> <li>• Display the Aboriginal and Torres Strait Islander flags alongside the pride flags at health services</li> <li>• Including LGBTQ+ status options on patient intake forms</li> <li>• Because experiences of discrimination based on sexual and gender diversity among Aboriginal and Torres Strait Islander people can occur within the context of pre-existing trauma,<sup>12</sup> consider applying trauma-informed care models when working with this patient group</li> <li>• Specific health promotion efforts and programs targeted at Aboriginal and Torres Strait Islander LGBTQ+ young people</li> <li>• Primary research into the social emotional wellbeing of Aboriginal and Torres Strait Islander LGBTQ+ young people</li> <li>• Primary research into experiences and preferences of Aboriginal and Torres Strait Islander LGBTQ+ young people in the health system</li> </ul>
Diversity of knowledges: consider Indigenous and queer ways of knowing and being	<ul style="list-style-type: none"> <li>• Seek Aboriginal and Torres Strait Islander LGBTQ+ young peoples’ perspectives on their health issues</li> <li>• Assess whether Aboriginal and Torres Strait Islander LGBTQ+ young people have a culturally specific understanding of their health and wellbeing, which may differ from dominant, medicalised explanations</li> <li>• Primary research into how Aboriginal and Torres Strait Islander LGBTQ+ young people conceptualise health and wellbeing</li> </ul>
Power and multilevel analysis: health professionals hold greater power than Aboriginal and Torres Strait Islander LGBTQ+ young people due to their positions in society; health issues for this patient group occur across multiple levels of society	<ul style="list-style-type: none"> <li>• Reducing power differentials in the healing relationship by using less medicalised language with patients and asking them how to best cater to their specific needs</li> <li>• Ensuring young people understand limits of confidentiality so that they can trust practitioners with disclosing their LGBTQ+ status</li> <li>• Practitioners attend professional development opportunities that promote appropriate ways of working with Aboriginal and Torres Strait Islander LGBTQ+ young people (such training is currently provided by some organisations listed in <a href="#">Box 1</a>).</li> <li>• Primary research into the impact of various societal oppressions on Aboriginal and Torres Strait Islander LGBTQ+ young peoples’ wellbeing</li> <li>• Primary research into enablers of effective service delivery in this patient group</li> </ul>
Reflexivity: consistent reflection on practice decisions and how they relate to patients’ social positioning	<ul style="list-style-type: none"> <li>• Practitioners regularly reflect on assumptions they may hold about Aboriginal and Torres Strait Islander LGBTQ+ young people and the root cause of their health problems</li> <li>• Discussions with LGBTQ+, Indigenous and mainstream health care providers around attitudes toward Aboriginal and Torres Strait Islander LGBTQ+ young people</li> </ul>
Time and space: patient needs and preferences are not static, and vary with social positioning	<ul style="list-style-type: none"> <li>• Practitioners remain up to date on social trends which may affect this patient group (eg, recent legalisation of same sex marriage, release of the Uluru Statement from the Heart)</li> <li>• Practitioners ask individual patients about their experience of living at this intersection, and not assume a universal experience</li> <li>• Primary research into health care needs and preferences across the life course in this patient group</li> </ul>
Equity and social justice: advocating for increased inclusion of Aboriginal and Torres Strait Islander LGBTQ+ young people	<ul style="list-style-type: none"> <li>• Health professionals can use their positions of social power to advocate for the needs of Aboriginal and Torres Strait Islander LGBTQ+ young people within their collegiate relations, workplaces and the broader health sector</li> </ul>

Islander and LGBTIQ+ people also remains a pressing concern. Further research with young people is needed if practitioners and services working with young people are to effectively and appropriately work within an intersectional framework.

**Acknowledgements:** The Walkern Katatjdin project is supported by a National Health and Medical Research Council Targeted Call for Research into Indigenous Social and Emotional Wellbeing grant (APP1157377). We gratefully acknowledge the input of all of the members of our Walkern

Katatjdin project team and Youth Advisory Group and their contributions to the development of this manuscript.

**Competing interests:** No relevant disclosures.

**Provenance:** Not commissioned; not externally peer reviewed. ■

© 2020 AMPCo Pty Ltd

---

References are available online.

- 1 Bonson D. Our LGBTQI mob are killing themselves. Isn't it time we were shown a little love? *The Guardian* (Australia edition) 2017; 5 Dec. <https://www.theguardian.com/commentisfree/2017/dec/05/our-lgbti-mob-are-killing-themselves-isnt-it-time-we-were-shown-a-little-love> (viewed July 2019).
- 2 Jacobs R, Morris S. National lesbian, gay, bisexual, transgender, and intersex mental health and suicide prevention strategy: a new strategy for inclusion and action. Sydney: National LGBTI Health Alliance, 2016. [https://lgbtihealth.org.au/wp-content/uploads/2016/12/LGBTI\\_Report\\_MentalHealthandSuicidePrevention\\_Final\\_Low-Res-WEB.pdf](https://lgbtihealth.org.au/wp-content/uploads/2016/12/LGBTI_Report_MentalHealthandSuicidePrevention_Final_Low-Res-WEB.pdf) (viewed July 2020).
- 3 National Mental Health Strategy. The Fifth National Mental Health and Suicide Prevention Plan. Canberra: Australian Government Department of Health, 2017. <http://www.coaghealthcouncil.gov.au/Portals/0/Fifth%20National%20Mental%20Health%20and%20Suicide%20Prevention%20Plan.pdf> (viewed July 2020).
- 4 Crenshaw K. Mapping the margins: intersectionality, identity politics, and violence against women of colour. *Stanford Law Rev* 1991; 43: 1241–1299.
- 5 Australian Bureau of Statistics. 4727.0.55.001 - Australian Aboriginal and Torres Strait Islander Health Survey: first results, Australia, 2012–13. <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4727.0.55.001main+features802012-13> (viewed July 2020).
- 6 Robinson KH, Bansel P, Denson N, et al. Growing up queer: issues facing young Australians who are gender variant and sexuality diverse. Melbourne: Young and Well Cooperative Research Centre, 2014. <https://www.twenty10.org.au/wp-content/uploads/2016/04/Robinson-et-al.-2014-Growing-up-Queer.pdf> (viewed July 2020).
- 7 Waling A, Roffee J. Knowing, performing and holding queerness: LGBTIQ+ student experiences in Australian tertiary education. *Sex Educ* 2017; 17: 302–318.
- 8 Hankivsky O. Intersectionality 101. Institute for Intersectionality Research and Policy, Simon Fraser University, 2014.
- 9 Crone EA, Dahl RE. Understanding adolescence as a period of social-affective engagement and flexibility. *Nat Rev Neurosci* 2012; 13: 636–650.
- 10 Schulenberg JE, Sameroff AJ, Cicchetti D. The transition to adulthood as a critical juncture in the course of psychopathology and mental health. *Dev Psychopathol* 2004; 16: 799–806.
- 11 Patton GC, Sawyer SM, Santelli JS, et al. Our future: a *Lancet* commission on adolescent health and wellbeing. *Lancet* 2016; 387: 2423–2478.
- 12 Dudgeon P, Bonson D, Cox A, et al. Sexuality and gender diverse populations (lesbian, gay, bisexual, transsexual, queer and intersex – LGBTQI). Roundtable report. Canberra: Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project, 2015. [https://www.atsispep.sis.uwa.edu.au/\\_data/assets/pdf\\_file/0012/2857539/LGBTQI-Roundtable-Report-.pdf](https://www.atsispep.sis.uwa.edu.au/_data/assets/pdf_file/0012/2857539/LGBTQI-Roundtable-Report-.pdf) (viewed July 2020).
- 13 Rosenstreich G, Goldner S. Inclusion and exclusion: Aboriginal, Torres Strait Islander, trans and intersex voices at the Health in Difference Conference 2010. *Gay Lesbian Issues Psychol Rev* 2010; 6: 139–149.
- 14 Kerry SC. Transgender people in Australia's Northern Territory. *Int J Transgend* 2017; 18: 129–139.
- 15 Mulé NJ, Ross LE, Deepröse B, et al. Promoting LGBT health and wellbeing through inclusive policy development. *Int J Equity Health* 2009; 8: 18. ■