



ATSISPEP

# The Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP)

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## Sexuality and Gender Diverse Populations (Lesbian, Gay, Bisexual, Transsexual, Queer and Intersex - LGBTIQ) Roundtable Report

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The Healing Foundation, Canberra

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The School of Indigenous Studies  
The Poche Centre for Indigenous Health



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### **Executive Summary**

The Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project has undertaken a series of national community Roundtables to ensure Aboriginal and Torres Strait Islander input to the overall Project and to gain specific information about contributing factors to suicide; what works and has not worked for suicide prevention and what strategies are needed to support communities in suicide prevention. This Roundtable focused on the specific theme of Aboriginal and Torres Strait Islander sexuality and gender diverse populations and suicide prevention. The one-day Roundtable was held at the Healing Foundation in Canberra on March 18<sup>th</sup>, 2015. Participants came from diverse backgrounds and all identified as sexuality and gender diverse. Participants felt that the history of colonisation has contributed towards high suicide rates. Suicide and its risk factors in Aboriginal and Torres Strait Islanders is a complex, historically and culturally embedded, intertwined situation involving trans-generational trauma, grief and ongoing dislocation. It is also a situation that impacts many communities, affecting different members of the community and the overall health and well being of a large group in Australian society. Addressing sexuality and gender diverse populations as a higher suicide risk group requires responsiveness from the Commonwealth and state government, and various governmental bodies in a coordinated way to gather information and to support necessary research. Closing the gap on suicide statistics and improving the physical and mental health of Aboriginal and Torres Strait Islander peoples requires both immediate and long term, upstream approaches to providing adequate mental health interventions, supporting front-line community workers and promoting effective national programs that support individuals and families. A quantitative approach is also necessary in order to measure issues/factors of vulnerable populations within the larger marginalized and vulnerable population of Aboriginal and Torres Strait Islander peoples.

Bonson (2015) has identified that despite numerous reports into the health and wellbeing of sexuality and gender diverse Australians, very little investigation has gone towards the social and emotional wellbeing of Aboriginal and Torres Strait Islander people who are also sexuality and gender diverse. Rosenstreich and Goldner (2010) also discuss the issue of the invisibility of the Aboriginal and Torres Strait Islander sexuality and gender diverse population and how it is connected to the difficulties of identifying their specific needs and forming strategies to support them within the community. A strong recommendation from this Roundtable highlighted the need for research and publications to empower Aboriginal and Torres Strait Islander sexuality and gender diverse populations health and wellbeing. Bonson (2015) highlights the need for this work to have self-determination approach - that is, to be strengths based and to involve by Aboriginal and Torres Strait Islander sexuality and gender diverse people in all aspects. Lack of research and publications does not enable participation in academic discourse and subsequently, in policy development. Participants in the Sexuality and Gender Diverse Roundtable supported this view. Further, the need for Aboriginal and Torres Strait Islander sexuality and gender diverse people to lead and own the agenda was a clear emerging issue.

The following themes emerged from the Roundtable that could guide actions concerned with Aboriginal and Torres Strait Islander sexuality and gender diverse populations:

- **Identifying Sexuality And Gender Diverse Populations Suicide**

The main issue in this theme was the absence of rigorous research and evidenced based information about Aboriginal and Torres Strait Islander sexuality and gender diverse populations and wellbeing. Sexuality and gender diverse populations are an invisible minority in a national minority group and there are currently no protocols for identifying them in the suicide and self-harm statistics. The absence of information needs to be rectified urgently and a national Aboriginal and Torres Strait Islander sexuality and gender diverse network, such as Black Rainbow, needs to be established and supported.

- **Sexuality and Gender Diverse Populations and the interconnectedness of Cultural, Sexuality And Gender Diversity**

Participants saw that topics of sexuality, gender diversity and cultural identity were of primary importance, and the impact that of a person's sexuality and gender diversity can influence family and to community relationships. The impact of sexuality and gender diversity and social issues such as homelessness was also discussed as inter related. Bonson (2015) has further identified that the health and wellbeing of the sexuality and gender diversity population has 'largely been framed within the context of sexually transmissible infection (STI) and blood borne virus (BBV) (Bonson, 2015, p.1). Participants stated this as an issue of concern. This supported the concerns raised by Rosenstreich and Goldner (2010) who champion repudiating negative stereotypical associations between sexual disease and sexuality and gender diversity as a primary model for social identity, and emphasized the need to have a healthy sense of identity that combined Aboriginality, sexual identity and self-determination.

- **Limited Understanding From Some Family and Community**

The effect of discrimination and negative perceptions through a lack of understanding of sexuality and gender diversity can have extensive impacts on Aboriginal and Torres Strait Islander sexuality and gender diverse populations' social and emotional wellbeing, and this can affect all social relationships for the individual, family and community. Silence, shame, rejection and blame are some of the effects of the intersections of race and sexual identity. Furthermore, trauma can be compounded and other problems can take precedence or multiply shame for both individuals and families, particularly substance misuse. Larger communities can also act to isolate individuals when sexuality and gender diverse populations' issues are not well understood and there is risk of exclusion and even violence in both the Aboriginal and Torres Strait Islander and non-Indigenous community.

- **Sexuality and Gender Diverse Populations Trauma: Compounded and Layered Discrimination**

Discrimination for Aboriginal and Torres Strait Islander sexuality and gender diverse populations is layered upon existing cultural trauma arising from the a range of negative effects of colonization throughout history, including dislocation from lands, genocide and violence, programs of assimilation and in particular, the Stolen Generations - the repeated forcible removal of children. Current disadvantage and oppression include high incarceration

rates, high levels of poverty and racism. The discrimination and subsequent trauma for Aboriginal and Torres Strait Islander sexuality and gender diverse populations is the same as that of other Aboriginal and Torres Strait Islander people, but they also suffer specific discrimination as people identifying as sexuality and gender diverse people. Aboriginal and Torres Strait Islander sexuality and gender diverse populations identity has, for instance, also had a transgenerational impact on some families, producing blame and criticism of sexuality and gender diverse people because of their sexuality and gender identity. According to participants, Aboriginal and Torres Strait Islander sexuality and gender diverse populations are particularly at risk of homelessness, which is a factor in suicide risk. There is also an indication that some communities in urban, regional and remote contexts, are supportive of sexuality and gender diverse populations while others are not.

### ATSISPEP Background

Suicide among Aboriginal and Torres Strait Islander people is significantly higher than in the wider Australian population. Aboriginal and Torres Strait Islander suicide occurs at double the rate of other Australians, and there is evidence to suggest that the rate may be higher (Australian Institute of Health and Welfare, 2014, 2015). Suicide is one of the most common causes of death among Aboriginal and Torres Strait Islander peoples. Aboriginal and Torres Strait Islander people between the ages of 15 to 34 are at highest risk, with suicide the leading cause of death, accounting for 1 in 3 deaths. Suicide is a complex behaviour with many causes. For Aboriginal and Torres Strait Islander peoples there are specific cultural, historical, and political considerations that contribute to the high prevalence, and that require the rethinking of conventional models and assumptions.

In response to the urgent need to address the high rates of Aboriginal and Torres Strait Islander suicide across Australia, the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP), a comprehensive national project, was funded by the Australian Government through the Department of the Prime Minister and Cabinet to establish the evidence base about Aboriginal and Torres Strait Islander suicide and formally evaluate the effectiveness of existing suicide prevention services nationally.

A final report will be provided to the Minister for Indigenous Affairs by late 2015. Concurrently, a culturally appropriate Suicide Prevention Program Evaluation Framework will be developed and trialed. The School of Indigenous Studies at UWA is undertaking the Project, in collaboration with the Telethon Kids Institute and the national Healing Foundation. An aim of the ATSISPEP will be to establish a much-needed evidence base of what works in Aboriginal and Torres Strait Islander suicide prevention.

In summary, ATSISPEP will undertake:

- Undertake a review of the literature (national and international)
- Build on relevant significant reports
- Collate significant Aboriginal and Torres Strait Islander consultations and subsequent reports in recent times
- Undertake a statistical spatial analysis of suicide trends over ten years

- Produce a compilation of resources and suicide prevention programs
- Develop and trial a culturally appropriate evaluation framework

In preliminary findings, key themes of effective programs and services have been identified as those that offer a holistic understanding of health and wellbeing for individuals, families and communities. These successful programs and services also promote recovery and healing from trauma, stress and intergenerational loss; empower people by helping them regain a sense of control and mastery over their lives; and have local culturally competent staff who are skilled cultural advisors. There is community ownership of such programs and services, with significant community input into the design, delivery and decision making processes and an emphasis on pathways to recovery through self-determination and community governance, reconnection to community life, and restoration of community resilience and culture. Using a strengths-based approach, these programs and services seek to support communities by addressing broader social determinants and promoting the centrality of family and kinship through hope and positive future orientation.

There are many complexities and determinants associated with suicide and self-harm and the most successful responses have been those fostering the unique strengths and resilience of Aboriginal and Torres Strait Islander individuals, families and communities and by those, which have been embedded in cultural practice and delivered for durations. With young people the most successful strategies have been using peers, youth workers and less formal community relationships to provide ways in which to negotiate living contexts and to connect them with their cultural values, care systems and identity.

### ATSISPEP Roundtables

As part of the Project, a series of Roundtables are being conducted in a number of regional sites on a range of emerging themes. The Roundtables complement the current review of literature in the area, and intends to utilise a community consultation methodology to affirm the results of the literature and program reviews and to seek further information. This methodology ensures that the Aboriginal and Torres Strait Islander community is informed about the Project and have input, and that information gathered is contextualised from the community through representation at the Roundtables, and that information is relevant to rapidly changing social and political environments. Responsiveness is a key concern in the evaluation process hence the ATSISPEP series of Roundtables is a mechanism that incorporates ongoing reciprocal discussion between senior community members and the researchers engaged in the Project process.

The first community consultation was held in early 2015 in Mildura in regional Victoria, an area with reported high levels of suicide. A further regional consultation has been held in Darwin, Northern Territory and Broome in the Kimberley. Subsequent to these regional Roundtables, additional community consultations will be held in Cairns, Queensland, Adelaide, South Australia and in the Shoalhaven area of New South Wales. The three initial regions were chosen as the sites for the community consultations Roundtables because of the high reported incidence of suicide in these regions or, alternatively, for subsequent Roundtables because of the substantial progress reported in reducing previously high rates of suicide in these areas.

## Sexuality and Gender Diverse Populations Roundtable 18 March 2015 – Healing Foundation

As well as regional Roundtables, themed national Roundtables engaging Aboriginal and Torres Strait Islander youth, sexuality and gender diverse people identifying as lesbian, gay, bisexual, transgender, queer or intersex (LGBTQI) and those involved in the justice system have also taken place and will provide valuable ‘front-line’ perspectives of the central issues involved for each of these groups. The feedback from Roundtables to date have reinforced the initial findings of the literature review and preliminary data analysis and demonstrated the complexities involved in identifying vulnerable groups in the community.

The purpose of the Roundtables is to recognise what communities need to assist them in the prevention of suicide and to hear community perspectives and first-hand experiences of suicide prevention services and programs to help confirm and refine existing research findings of *what works and why*.

Recognising that there are even more vulnerable groups within Aboriginal and Torres Strait Islander groups, which is overall a vulnerable group, the Project undertook to target identified vulnerable groups which include Aboriginal and Torres Strait Islander youth; those identifying as sexuality and gender diverse; and those involved in the justice system, in particular, those re-entering communities following incarceration. Other workshops and Roundtables took place around topical issues. For instance, a meeting about determining the need for and development of a critical response service for suicide and trauma was held in Perth with Commonwealth and WA state governments, stakeholders, academics, community groups and relevant services. Other topical issues such as the role of clinical factors in suicide and measuring suicide and self-harm will also take place as part of the Project.

These consultations will enable the Project to:

- Gain further feedback and input on the Project work to date;
- Listen to the different experiences with suicide prevention programs and services across Australia to further identify what works and why;
- Provide an opportunity for Aboriginal and Torres Strait Islander communities to discuss what the issues are and what needs to be done from their perspectives;
- Identify programs that have previously been assessed as effective and seek community perspectives on access to these programs, whether they consider they may be relevant to their communities and, if so, what would be needed to support effective implementation; and
- Determine where programs are already in use, what changes could be made to further improve them.

### Section One: Roundtable Report Background

The aims of this Roundtable report were to identify the major issues of concern to professionals and workers in Aboriginal and Torres Strait Islander communities from a sexuality and gender diverse groups’ perspective. Their comments are directly organised around contributing factors to suicide and self-harm, the impact of suicide on individuals, families and communities, and the capacity for responding to racism and LGBTQI phobia and strengthening wellbeing in individuals, families and communities. This Roundtable worked in partnership with sexuality and gender diverse participants to ensure that they were informed about the objectives of the Project and to ensure their input from an Aboriginal and Torres Strait Islander sexuality and gender diverse populations’ perspective. The Roundtable process involved facilitators and participants identifying issues and in many instances grouping these. The value of this process ensures that sexuality and gender diverse Aboriginal and Torres Strait Islander people themselves are recognised as the experts in this area, and ensures the

voices of that group within the Aboriginal and Torres Strait community is heard. The process is valuable for a number of purposes:

1. To ensure that the voices of the Aboriginal and Torres Strait Islander sexuality and gender diverse community are valued and present;
2. To ensure ownership of the issues, the analysis and conclusions with respect to sexuality and gender diverse people;
3. To ensure that new insights involving sexuality and gender diverse populations are recognised;
4. To connect the voices of the sexuality and gender diverse community directly to evolving policy wherever possible and appropriate; and
5. To guide further development of ideas found in current reports and literature to supplement the sexuality and gender diverse populations' concerns that emerged in the Roundtable.

### Roundtable Context

The principles used for direction in identifying the concerns and context of the Roundtable commentary come primarily from the six action strategies listed in the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy* (Department of Health and Ageing, 2013) and the nine guiding principles listed in the introduction to the national *Social and Emotional Wellbeing Framework* (Social Health Reference Group, 2004). In addition there are a number of other research publications and major reports informing the approaches taken by ATSIPEP and the Roundtables that can be found in the overall report.

The principles from the *Social and Emotional Wellbeing Framework* (2004), (hereon called the *Framework*), are based on a platform of human rights and recognise the effects of colonisation, racism, stigma, environmental adversity, and cultural and individual trauma. They also acknowledge the diversity of Aboriginal and Torres Strait Islander identity and cultural experience and the centrality of family, kinship and community. The *Framework* recognises that Aboriginal and Torres Strait Islander culture has been deeply affected by loss and trauma, but that it is a resilient culture. It also recognises that Aboriginal and Torres Strait Islander Australians generally are resilient and creative people, who focus on a holistic experience of mental and physical health, working through cultural, spiritual and emotional wellbeing and seeking self-determination and cultural relevance in the provision of Health Services for themselves and their communities.

*The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy* (2013), (hereon called the *Strategy*) is a specific response to the suicide statistics. It has yet to be released by the Department of Health. In seeking to ensure that Aboriginal and Torres Strait Islander communities are supported locally and nationally to reduce the incidence of suicide and suicidal behaviour, and related self-harm, the *Strategy* aims to reduce risk factors across the lifespan, to build workforce participation of Aboriginal and Torres Strait Islander people in fields related to suicide prevention, and to effectively evaluate programs.

A brief list of goals for increasing early intervention and building strong communities nominated by the *Strategy* includes building strengths and capacities in Aboriginal and Torres Strait Islander communities,

and encouraging leadership and community responsibility for the implementation and improvement of services for suicide prevention. A strong emphasis is placed on the strength and resilience of individuals and families working through child and family services, schools and health services to protect against risk and adversity.

On this basis, the *Strategy* contends that it is necessary to act in four main areas. Firstly, it is essential to have culturally appropriate, targeted suicide prevention strategies that identify individuals, families and communities at higher risk through levels and expressions of disadvantage such as poverty, alcohol and drug abuse and histories of abuse or neglect. Secondly, it is also necessary to co-ordinate approaches to prevention of suicide including health, education, justice, child and family services, child protection and housing, and third, it is necessary to build the evidence base on suicide prevention activities and dissemination of that information to identify relevant research, address gaps in information and recommend strategies on the basis of records. Finally, there needs to be a safeguarding of standards of practice and high quality service in the area of suicide and suicide prevention in Aboriginal and Torres Strait Islander communities and an assurance that preventative activity will be embedded in primary health care.

Both the *Strategy* and the *Framework* are based on extensive consultation with representatives from Aboriginal and Torres Strait Islander communities. The essential shared values and the themes considered necessary for effective programs and services include:

- Acknowledgement of trauma as a significant element of ongoing mental health issues for some individuals, families and communities;
- The need for cultural relevance in the development and implementation of programs;
- Self-determination in the development and delivery of suicide prevention and related mental health programs;
- The need to centralise research and build a strong, coherent knowledge base on Aboriginal and Torres Strait Islander suicide prevention, intervention and postvention; and
- The necessity of understanding the holistic physical, mental, social and spiritual approach to Aboriginal and Torres Strait Islander suicide prevention within the communities.

While establishing foundational principles, the community consultation and research undertaken by the *Strategy* and ATSIPEP also highlight gaps in information that require further research and analysis to clarify information and develop questions around methodological approaches.

1. Gathering statistics presents very specific challenges due to problems with Indigenous identification, and variations in data sources, such as the National Coronial Information System, the Queensland Suicide Register, and other administrative systems. Shared protocols that ensure adequate and consistent reporting nationally are required.
2. The priorities and needs of Aboriginal and Torres Strait Islander communities should be central. Questions could be asked about what services and programs, if any, are in place and are they adequate? Do these services and programs work together to reflect the broad, inter related and holistic nature of the realities of communities?

The preceding brief summary provides an overview of significant emerging principles that are concerned with respecting a holistic model of culture and health for all Aboriginal and Torres Strait Islander peoples. The building of individual, family and community resilience, and improving safety factors throughout the lifecycle is facilitated by addressing violence, abuse, alcohol and drug problems, and



supporting the increased participation of Aboriginal and Torres Strait Islander community members and professionals in any initiative that concerns them, particularly in suicide prevention. These values were fundamental in a shared framework that underpinned the Roundtable dialogues and the Roundtables also enabled Aboriginal and Torres Strait Islander community members and professionals and non-Indigenous experts to come together and provide a focused discussion within the complexity of Aboriginal and Torres Strait Islander experience.

### Sexuality and Gender Diverse Populations Research

While establishing foundational principles, the community consultation and research undertaken by the ATSIPEP, also aimed to highlight the gaps in information that require further research and analysis to clarify information and develop questions around methodological approaches. However, in the case of sexuality and gender diverse Aboriginal and Torres Strait Islanders this gap was identified by Bonson (2015) in *Voices from the Black Rainbow: The inclusion of the Aboriginal and Torres Strait Islander LGBTIQI Sistergirl and Brotherboys People In Health, Wellbeing and Suicide Prevention Strategies* and through the 2010 *Health in Difference Conference* (Bonson, 2010). Bonson (2015) highlighted that sexuality and gender diverse Aboriginal and Torres Strait Islander people have been excluded from both Indigenous and LGBTIQI Suicide Prevention strategies and activities. Rosenstreich and Goldner (2010) in *Gay and Lesbian Issues and Psychology Review* identified the overlapping group of LGBTIQI Aboriginal and Torres Strait Islanders at the conference and discussed the complexity of their situation. Bonson (2010) hosted an Aboriginal and Torres Strait Islander conversation at the conference titled *The Colonisation of Desire*. The conference was the first opportunity to address a potential national position for Aboriginal and Torres Strait Islander LGBTIQI group. While the group was a minority at the conference, there were specific networking sessions where inclusion protocols were developed. However, the group's contact with the larger sexuality and gender diverse populations was relatively new. While the working group had difficulty in holding discrimination and marginalization from both an Indigenous and a sexuality and gender diverse populations as priorities, two important points were established. The first was in respect of self-determination. This is a key issue for Aboriginal and Torres Strait Islander peoples who had experienced colonization and the way that self-determination impacted the sexuality and gender diverse populations experience, particularly with respect to identity and health and human rights.

The defining of both sexuality and gender diverse populations and Aboriginality constellates around health issues can lead to dismissal or denial of human rights. There is also a pattern of the denial of self-determination for sexuality and gender diverse populations throughout the life cycle, ranging from decisions made about intersex children to the enforcing of gender specific dressing in older people.

The second important point proposed by Rosenstreich and Goldner (2010) concerned the absence of research and publications on the topic of Aboriginal and Torres Strait Islander sexuality and gender diverse populations, and the absence of Aboriginal and Torres Strait Islander sexuality and gender diverse populations authors in the conference journal:

*We suggest that it reflects some of the very barriers that have been outlined and indeed some of the core challenges of 'doing diversity'. While the conference did a good job of providing a space for the voices of members of these (overlapping) groups, this has not been reflected in this special issue (Rosenstreich & Goldner, 2010, p. 147)*

## Sexuality and Gender Diverse Populations Roundtable 18 March 2015 – Healing Foundation

Further it was acknowledged that the dissemination of knowledge presented at forums was important because it provides visibility and begins to develop the body of knowledge. Other forms of knowledge and information sharing were explored and what was appropriate for some presenters and audiences was considered. Video and audio recordings were considered to disseminate the knowledge presented at conferences (Rosenstreich & Goldner, 2010).

*In a similar vein, even where we have text, an academic journal such as Gay & Lesbian Issues in Psychology Review is simply not the appropriate medium for all. Just as reading aloud an academic article makes for a very poor oral presentation, oral presentations require reworking to effectively communicate knowledge in the form of a journal article. This doesn't necessarily need to adhere to traditional academic rules – Kooncha Brown's excellent article on sistergirls, for example, breaks with such norms by addressing readers directly and 'speaking' in a first person, conversational tone (Brown, 2004). However, it does need to translate to the linearity of text, and, for example, provide structured information and analysis (Rosenstreich & Goldner, 2010, p. 147).*

While exercising cultural awareness about the possibilities of conversational options for Aboriginal and Torres Strait Islander sexuality and gender diverse populations representation, the significance of academic research and publications in the area is of concern. Publications have the potential to suggest measurements and social parameters for study; to identify discrimination and stigma and examine historical and contemporary connections to other social institutions; to invite public recognition and discussion of the complexities of intersections of race and sexuality; to assist in scoping cultural and social determinants in Aboriginal and Torres Strait Islander suicide and self-harm; contribute to building policy responses; and assist in framing and reinforcing individual, family and community resilience and positive responses. Publication and research are necessary to open up the conversations on Aboriginal and Torres Strait Islander sexuality and gender diverse populations.

The urgent need for research led by Aboriginal and Torres Strait Islander sexuality and gender diverse populations was stated in the responses of the participants in the Sexuality and Gender Diverse Populations Roundtable.

*We need to establish our own research for Aboriginal [sexuality and gender diverse populations], with 'our health, our hands'. It's got be 'our research, our hands' (Sexuality and Gender Diverse Roundtable Participant).*

*We need strong voices in our researchers. We also need strongly voiced researchers... We need that type of researcher and we need to inspire a wave of Aboriginal researchers, a wave of Aboriginal and Torres Strait Islander [sexuality and gender diverse populations] researchers to follow that mold (Sexuality and Gender Diverse Roundtable Participant).*

*We have to tap into all the information that's out there and bring it together. We have to secure all data as collective and as easily accessible. We need more detail on Aboriginal [sexuality and gender diverse populations]. We have to have Aboriginal Gay people represented. An Aboriginal Gay person should be able to know where to go (Sexuality and Gender Diverse Roundtable Participant).*

*At the moment information is sparse, all over the place, not easily accessible, very little information for us specific. It's hard for us to navigate what's out there. Many of us have*

*nowhere to navigate to and go off the back of mainstream information, most of it of little relevance to us and our lot (Sexuality and Gender Diverse Roundtable Participant).*

*The challenge is to have Indigenous sexuality and gender diverse populations evidence. Where we source mainstream information to help us we need to source it direct from Indigenous [sexuality and gender diverse populations] information and evidence. We need to move away from non-Indigenous and non-sexuality and gender diverse populations authors, we need to sponsor the education of more of our people who can specialise in [sexuality and gender diverse populations] research, and even better who are Indigenous [sexuality and gender diverse populations]. We can't draw information about us from us right now because right now we don't have the people who Indigenous [sexuality and gender diverse populations] who are qualified to be researchers. We have to change this, that there are enough us who are ready to take authorship of ourselves (Sexuality and Gender Diverse Roundtable Participant).*

Bonson (2015) has also commented:

*The mental health / SEWB of the Aboriginal and Torres Strait Islander LGBTQI community needs to be assisted, realised, strategised with actions developed to guide best practice when working alongside and within this community (Bonson, 2015, p.10)*

The intersection of sexuality and gender diverse populations and Indigeneity as identities has been described by Bonson (2015). The failure to include Aboriginal and Torres Strait Islander sexuality and gender diverse populations is a glaring absence in health/mental health research. Aboriginal and Torres Strait Islander sexuality and gender diverse populations' concerns need to be included in future research. Further, there is a need to focus also on the social and emotional wellbeing of sexuality and gender diverse people and understand the important influence of community to the health of individuals. The Roundtable participant's discussions showed that there was a clear need for formal group and that there was a clear desire to assume leadership on this issue from participants.

*We need to grow into a key advisory group from here. This is a huge opportunity today, a first in effect, thanks to ATSIPEP. We have to take an Indigenous [sexuality and gender diverse populations] lead, and key decisions on strategies that work for us have to be made by us. If we can grow we can inspire Indigenous leaders from within our group, inspire researchers from within us. We need to have direct representation at the decision-making tables, we need to be co-leading or leading and not just from the distance doing some advising (Sexuality and Gender Diverse Roundtable Participant).*

*I am happy to be here. Twenty-two years ago when I came out in a small community of 500 people it was tough but in twenty-two years since we have come a long way. In twenty-two years from now how far more will we have gone? (Sexuality and Gender Diverse Roundtable Participant).*

This brief summary has provided an overview of significant emerging principles around a general holistic model of health and social and cultural wellbeing used by ATSIPEP for Aboriginal and Torres Strait Islander people, and also highlights the specific need of sexuality and gender diverse Aboriginal and

Torres Strait Islander people to be able lead, own and to contribute to relevant research. Program support and evaluation emphasizes the building of individual, family and community resilience includes improving safety factors throughout the lifecycle emphasizes addressing violence, abuse, substance misuse, and supporting increased participation of Aboriginal and Torres Strait Islander professionals in fields related to suicide prevention. These values are fundamental in the shared framework that underpins all Roundtable dialogue, but individual Roundtables also focus on potentially vulnerable members of the Aboriginal and Torres Strait Islander communities such as young people, sexuality and gender diverse populations and people that have come through the justice system. The following section focuses on Aboriginal and Torres Strait Islander sexuality and gender diverse populations voices at the Roundtable.

### Section Two: Roundtable Voices

The Healing Foundation co-hosted the Roundtable with a total of 10 sexuality and gender diverse representatives attending. The participants of the Roundtable all brought extensive experience to the forum. The gender representation was seven males and three females however, it should be noted 'gender variance and sexually diversity' of this group has different meanings (Bonson, 2015). The age of participants was between 25 and 65 years so there was broad age group representation. Participants were selected due to their personal experience and expertise in the Aboriginal and Torres Strait Islander Sexuality and Gender Diverse Roundtable convened by ATSIPEP. Participants came from a range of positions as community leaders, family service workers dealing with the Stolen Generation, mental health workers, trauma and healing workers and those doing research and scholarly activities. The Roundtable intended to draw on experiences from across Australia and, subsequently, reflected both a cross section of different communities and different sections of communities.

The methodology of the Roundtable was to discuss subjects in plenary, but also to break into smaller groups to produce lists of concerns. This report recombines the discussion and the prioritizing of the groups.

Participants were identified by the ATSIPEP team's knowledge of those appropriate individuals and stakeholders involved in Aboriginal and Torres Strait Islander sexuality and gender diverse populations. As participants were contacted, they would also suggest other relevant people to attend. Through the use of such networks, a range of appropriate people were contacted to participate. As part of the process, appropriate members of the National Advisory Committee were also invited to attend Roundtables. Representatives of the Healing Foundation attended the Roundtable. Two members of the ATSIPEP team and a group representative facilitated the Roundtable and all information was recorded. The program consisted of a presentation of the statistics of suicide, identified social determinants of suicide and self-harm, identifying problem areas and outlining the ATSIPEP approach.

Dameyon Bonson, a Broome-based Mangarayi and Maubiag man, who is also founder of the Aboriginal and Torres Strait Islander sexuality and gender diverse population group, Black Rainbow, and Kate Hams, from Cherbourg in Queensland, were part of the team in developing the Roundtable invitation list and ensuring a national representation of Aboriginal and Torres Strait Islander sexuality and gender diverse populations participants. Dameyon Bonson also co-facilitated the Roundtable.

Participants were asked a number of questions and from the discussion, and from these a number of themes and sub-themes were derived. The questions were:

- What are the contributing factors (including protective factors) for the high rates of suicides in Aboriginal and Torres Strait Islander communities?
- What works in relation to Aboriginal and Torres Strait Islander suicide prevention in the past and at present?
- What hasn't worked in relation to Aboriginal and Torres Strait Islander suicide prevention in the past and at present?
- What strategies to support communities to address Aboriginal and Torres Strait Islander suicide prevention would be appropriate?

The transcripts from the Roundtable discussion have been analysed by four researchers working on the ATSIPEP Project. The researchers independently looked at the data and then deliberated to reach agreement on the thematic codes. The codes and related quotations were organised and analysed thematically via Excel. The emerging major themes included:

- Identifying Sexuality and Gender Diverse Population Suicide
- Sexuality and Gender Diverse Cultural and Sexual Identity
- Lack of Support From Family and Community
- Sexuality and Gender Diverse Populations Trauma; Double Discrimination

These themes are discussed in detail below.

### Identifying Sexuality and Gender Diverse Populations Suicide

The questions stated above were put to all participants in the Roundtable consultations with ATSIPEP. However, the answers reflect the different nature of some concerns and the prioritizing of these from vulnerable groups, such as sexuality and gender diverse populations. For instance, racism and trauma are clearly factors contributing to suicide and self-harm for all Aboriginal and Torres Strait Islanders, but in respect to sexuality and gender diverse populations they are usually mentioned through the combined effects of racism and homophobia. Poverty did not constitute as significant an issue as with other Roundtables such as the Justice Roundtable, but loss of connections to family, community and lack of housing were significant. Identifying the full extent of Indigenous suicide is always discussed in the Roundtables as a primary issue, with the complex reporting systems and issues of Indigenous identification being navigated by ATSIPEP, but sexuality and gender diverse populations suicide presents another layer of concern because of its invisibility in conventional statistics. There was extensive discussion on this point:

*We need to have a proper record of self-harms and suicides and a proper record of Aboriginal and Torres Strait Islander [sexuality and gender diverse people] (Sexuality and Gender Diverse Roundtable Participant).*

*There is an underreporting of suicide but there is a near total no reporting of gay suicide let alone Indigenous gay suicide (Sexuality and Gender Diverse Roundtable Participant).*

*We are lost in the statistics; we are not identified (Sexuality and Gender Diverse Roundtable Participant).*

*We have to find ways to identify self-harm rates and suicide rates of Indigenous [sexuality and gender diverse populations] (Sexuality and Gender Diverse Roundtable Participant).*

*We have to get the police, the hospitals to work with us and the Coroner not to miss us (Sexuality and Gender Diverse Roundtable Participant).*

*The data is not accurate; Aboriginal identified suicide gets missed, Aboriginal Gay and Lesbian suicide is rarely identified but is probably the highest risk group (Sexuality and Gender Diverse Roundtable Participant).*

*We, as Aboriginal diverse [sexuality and gender diverse people], have to work as a group, grow this group, and take a lead on the research. We have to identify the extensiveness of Indigenous [sexuality and gender diverse populations] and all the risk issues that go with us (Sexuality and Gender Diverse Roundtable Participant).*

*We have to stop relying on mainstream data and services. We need our own Indigenous [sexuality and gender diverse populations] data and services (Sexuality and Gender Diverse Roundtable Participant).*

*In having our own data and services we will feel less threatened. You know our information and services are our safe space (Sexuality and Gender Diverse Roundtable Participant).*

*When it comes to identification, we can tick a box to be Indigenous but there no boxes for Indigenous sexuality and gender diverse people. We do not have these boxes to tick. We need this at every layer, even with police reporting, coronial data and reporting, everywhere (Sexuality and Gender Diverse Roundtable Participant).*

### **Interconnected Cultural, Sexual and Gender Identity**

Also of primary importance were the topics of sexuality and identity, and the impacts it could have on connections to family and to community, and how it can exacerbate other social issues such as homelessness. Participants supported the concerns of Rosenstreich and Goldner (Rosenstreich & Goldner, 2010) by repudiating the connection between sexual disease and sexuality and gender diverse populations as a primary model for social identity, and emphasizing the need to have a healthy sense of identity that combined cultural and sexual identity:

*When I was a young Gay in the 1980s, we were blamed for the AIDS crisis and we were hated because we were treated as an epidemic that would bring AIDS to everyone (Sexuality and Gender Diverse Populations Roundtable Participant).*

*We need to have our identities front and centre. My Aboriginality and my sexuality are front and centre. So I am an Aboriginal gay man (Sexuality and Gender Diverse Populations Roundtable Participant).*

*We experience homelessness because of our sexuality, therefore because of identity (Sexuality and Gender Diverse Populations Roundtable Participant).*

*We must not be defined through our sexual health; it's the only time we seem to be referred to, but through our identity (Sexuality and Gender Diverse Populations Roundtable Participant).*

*Many suppress their true identity and sexuality just to belong to our families and to our communities. The longer we do this the worse the damage, and many switch to fit in, doing it all the time, but what about those who can't switch and just suppress themselves, suffer in silence? (Sexuality and Gender Diverse Populations Roundtable Participant).*

*We are more than just our sexual health and sexual activity. We have an identity. Why are we only talked about through our sexual activity or health instead of through our identity? We need to normalise who we actually are. We need to take the steps to do this (Sexuality and Gender Diverse Populations Roundtable Participant).*

*Because of historical factors, because of potential shame factors with sexuality we've been looked at from the vantage of sexual health, which was always opportunistic, but this is changing and our identity is coming to the fore (Sexuality and Gender Diverse Populations Roundtable Participant).*



### **Lack of Understanding Within Family and Community**

The difficulties of being in a community or family that does not accept sexuality and gender diverse identity was heightened for Aboriginal and Torres Strait Islander people because they perceived that they cannot self-select into alternative communities in the same way that non-Indigenous sexuality and gender diverse populations can.

*As Aboriginal sexuality and gender diverse people we cannot do as our non-Aboriginal counterparts can and that is 'choose their family'. They often say as non-Aboriginal people that can make up new families with families if their families suck. They are into this global community approach but that's not so easy for us. For many of us it's not necessarily an option. For us, family means different things to us as it does to them and we can't just divorce ourselves from our families (Sexuality and Gender Diverse Populations Roundtable Participant).*

*The effects of a negative perception and reception of sexuality can have extensive impacts on their social well being, as if can affect relationships in many ways – individual and family silence and shame are significant effects of the doubling of race and sexuality in identity; traumatic events can be compounded; other problems in can take precedence or multiply shame for both individuals and families, particularly drugs; communities can also act to isolate individuals is they do not understand sexuality and gender diversity issues properly.*

*I am from southwest [state] and I am [language group] however I grew up on [language group] lands. I came out as a Gay man at 19 years old. In telling my father and my family*

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*there were many pressures and hurdles that came with that (Sexuality and Gender Diverse Roundtable Participant).*

*I am from central [state]. I have been Gay all my life, coming out some thirty years ago. I lost my partner twenty years ago to a heart attack. I went through a hard time when my dad did not come to the funeral (Sexuality and Gender Diverse Roundtable Participant).*

*We have to deal with so many silences and other issues that there is no time for us. In my family 'Ice' and methamphetamines were a problem, leading to suicide and death. Then the family wouldn't talk, the whole shame thing. All this type of stuff being more common among our people are contributing factors (Sexuality and Gender Diverse Roundtable Participant).*

*Shame about so much is a huge problem, gets in the way of cohesion, acceptance. There's always this stigma and silence. Not talking about it is not admitting to anything. But the silence means that say it's about drugs - well then - the drugs win (Sexuality and Gender Diverse Roundtable Participant).*

*Social exclusion is a major contributing factor (Sexuality and Gender Diverse Roundtable Participant).*

*You can be isolated in both the Aboriginal community and in the mainstream gay community (Sexuality and Gender Diverse Roundtable Participant).*

*Some of us have to leave our families and communities. Some of us go to the cities but if we don't want to and this is a contributing factor. How do we fit somewhere we don't want to be? (Sexuality and Gender Diverse Roundtable Participant)*

### **Sexuality And Gender Diverse Populations Trauma: Compounded and Layered Discrimination**

Some of the consequences of Aboriginal and Torres Strait Islander sexuality and gender diverse people identifying in respect to individuals, families or community can be severe and can involve additional trauma. The trauma of Aboriginal and Torres Strait Islander sexuality and gender diverse populations groups, while seeming specific, can be more complex. Discrimination for Aboriginal and Torres Strait Islander sexuality and gender diverse populations is layered on existing cultural trauma arising from the a range of negative effects of colonization throughout history, including dislocation from lands, genocide and violence, programs of assimilation and in particular, and the Stolen Generations - the repeated forcible removal of children. Current disadvantage and oppression include high incarceration rates, high levels of poverty and racism. The discrimination and subsequent trauma for Aboriginal and Torres Strait Islander sexuality and gender diverse populations is the same as that of other Aboriginal and Torres Strait Islander people, but they also suffer specific discrimination and oppression as people identifying as sexuality and gender diverse. For instance, participant concerns with Government responsibility focused mainly on funding cuts rather than policy, but when policy was mentioned, it was in regard to an indirect but important effect on identity:

*By the Australian Government's legislation and definition of what defines being Aboriginal is that you are accepted by your own community, that's one of the three criteria. Well if*



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*your community inherently does not accept you or turns its back on you because you're Gay or Lesbian then that affects your identity as an Aboriginal person (Sexuality and Gender Diverse Roundtable Participant).*

Participants saw that Aboriginal and Torres Strait Islander sexuality and gender diverse populations also had a trans-generational impact on some families, producing a different kind of trauma with historic effects and bringing blame and criticism on sexuality and gender diverse people because of their sexuality and gender diversity:

*There is a lot of trans-generational trauma to compound and make complex our lives (Sexuality and Gender Diverse Roundtable Participant).*

*I'm the daughter of a woman was sent to missions and reserves but I'm also the daughter of an Aboriginal man who came out as Gay. Because he was Gay I was kept from – because he was Gay, so that too is intergenerational trauma. Blame is a huge contributing factor. **I was the cause of other people's distress it was said. When** my son went to prison, it was all blamed on my sexuality. This was horrific for me and for my son. It was more trauma for myself and my son (Sexuality and Gender Diverse Roundtable Participant).*

*People are cruelly judgmental. We have to justify this and that. We have to justify our parenting, our interactions with others. It is society; like single parents having to justify themselves at one time, and whenever there's a troubled child it's the parenting that's blamed. If someone is [sexuality and gender diverse] we get blamed, the parents get blamed, there's blame somewhere in this (Sexuality and Gender Diverse Roundtable Participant).*

*I am a [language group]. My husband lost his daughter recently. But I had to be here... I have spent ten years working in Stolen Generations issues... I've been out for the last thirty years. My younger son came out recently but with a little trauma for family (Sexuality and Gender Diverse Populations Participant).*

Participants were particularly concerned about the issue of homelessness, which is a factor in suicide risk. Homelessness in other Roundtables such as the Justice Roundtable was associated with poverty and lack of appropriate housing. Homelessness as an issue overlapped with sexuality and gender diverse discussion outcomes, due to cultural group membership and also for sexuality and gender diverse group membership.

*Many things affect us. We are more prone to homelessness than other risk groups (Sexuality and Gender Diverse Roundtable Participant).*

*I run squat groups for young sexuality and gender diverse populations and also work with the Aboriginal Health Council. We need to get the younger ones engaged in our support groups (Sexuality and Gender Diverse Roundtable Participant).*

***We experience homelessness because of our sexuality, therefore because of identity. It's a major factor for homelessness with us, maybe more so than other factors. Homelessness risk factors are different for us where our sexuality coupled with our cultural identity are***

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*risk factors. Homelessness may not be about finances for us (Sexuality and Gender Diverse Roundtable Participant).*

Participants felt that some Aboriginal and Torres Strait Islander sexuality and gender diverse individuals experienced strong negative responses from their communities. **Some remote communities seem supportive while others do not, and this rejection could have an impact on suicide and self-harm.** For instance, in the literature, 'sistergirls' needed to relocate to the cities, an experience which can result in isolation from culture and family and lead to vulnerability to racism. Roundtable participants shared similar concerns:

*We need to prepare our community to be more inclusive of us like through sistergirl language, where we do not have this - we have no safe spaces, no comfortable or **acceptable inclusion** (Sexuality and Gender Diverse Roundtable Participant).*

*Let us look at what strengths exist and what works. Let us ask what makes [town] and the [small town] safe spaces for sistergirls but what makes [larger town] unsafe for sistergirls, who have then had to go to the [small towns mentioned] to be safe (Sexuality and Gender Diverse Roundtable Participant).*

***Where we also find ourselves in terms of where we live in this country plays out hugely.** It is tougher for many of us in remote communities, in the regions than it maybe in the cities. I know that in Northern American studies it has been found that where you live matters. Alaskan Native sexuality and gender diverse populations have higher suicide risks than in other parts of North America (Sexuality And Gender Diverse Roundtable Participant).*

### Conclusion

The framing discussion on the Aboriginal and Torres Strait Islander Sexuality and Gender Diverse Roundtable has drawn on previous historical and cultural knowledge of Aboriginal and Torres Strait Islander social determinants associated with high rates of Indigenous suicide and self-harm. Information and the research context for this report came from the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy* (Department of Health and Ageing, 2013) and the nine guiding principles listed in the introduction to the national *Social and Emotional Wellbeing Framework* (Social Health Reference Group, 2004). Within this research context, Aboriginal and Torres Strait Islander sexuality and gender diverse populations were considered as a group with specific suicide and self-harm risk factors; however, the paucity of research and information relevant to this group was the first issue flagged in the report and provides a consistent barrier to formulating the issues and needs of the individuals that comprise this group. Aboriginal and Torres Strait Islander sexuality and gender diverse populations are essentially an invisible and marginalised minority within a larger marginalised minority in Australian culture.

While the presence of Aboriginal and Torres Strait Islander sexuality and gender diverse populations concerns at the 2010 *Health in Difference Conference* was a significant breakthrough, they formed only one stream of the conference and still needed strong community representation and connection, also there was a need for a process of self-determination as a group intersecting across both race and sexual identity. The ATSIPEP Sexuality and Gender Diverse Roundtable event realized this space for Aboriginal and Torres Strait Islander sexuality and gender diverse groups and they were able to begin exploring significant issues like suicide, cultural and sexual identity, family and community support and specific

sexuality and gender diverse populations trauma. The opportunity to do this was embraced and participants were keen to establish research in the area and develop Aboriginal led and owned programs that would support and resource Aboriginal and Torres Strait Islander sexuality and gender diverse people and educate the wider communities.

*We need to involve people who aren't here today, to build networks and include their input into this project too (Sexuality and Gender Diverse Roundtable Participant).*

*If we are maybe 25,000 Aboriginal and Torres Strait Islander sexuality and gender diverse populations in this country and that in certain terms is a small cohort for say an Aboriginal QLIFE to be set up then do we wait 100 years for that to happen or should we strengthen what there already in QLIFE and include us. What we need are our own national Aboriginal and Torres Strait Islander LGBTI strategies (Sexuality and Gender Diverse Populations Roundtable Participant).*

*ATSISPEP is a trailblazer for us. We had a safe space today to talk about our issues and what we long for. We need to look at ourselves academically but through an Aboriginal Queer lens. By our coming together, we have begun a national conversation. By coming together, we have strengthened our networks. By coming together in this space, we've shown that it can be done and that what we must do must happen soon. No one knows us like us, and the experiential and lived experience can grow in its education to each other by us continuing to come together. Together we know more (Sexuality and Gender Diverse Populations Roundtable Participant).*

### References

- Australian Institute of Health and Welfare. (2009). *The health of Australia's prisoners*. Canberra: Australian Institute of Health and Welfare.
- Australian Institute of Health and Welfare. (2014). *Suicide and hospitalised self-harm in Australia trends and analysis*. Canberra: Australian Institute of Health and Welfare.
- Australian Institute of Health and Welfare. (2015). *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples*. Canberra: Australian Institute of Health and Welfare.
- Bonson, D. (2010). *The Colonisation of Desire*, Presented at Health in Difference Conference, Sydney.
- Bonson, D. (unpublished). *Voices from the Black Rainbow: The inclusion of the Aboriginal and Torres Strait Islander LGBTQI Sistergirl and Brotherboys people in health, wellbeing and suicide prevention strategies*.
- Brown, K. (2004). 'Sistergirls' – Stories from Indigenous Australian transgender people. *Aboriginal and Islander Health Worker Journal*, 28, 25-27.
- Department of Health and Ageing. (2013). *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy* Canberra: Department of Health and Ageing.

Rosenstreich, G. and Goldner, S. (2010). Inclusion and exclusion: Aboriginal, Torres Strait Islander, trans and intersex voices at the Health in Difference Conference 2010, *Gay & Lesbian Issues and Psychology Review*, 6(3), 139-149.

Social Health Reference Group. (2004). *Social and Emotional Wellbeing Framework*. Canberra: Social Health Reference Group.