

Walkern Katatdjín Phase 2 National Survey Community Report

**Findings from a national survey of
Aboriginal and Torres Strait Islander
LGBTQA+ young people's mental health
and social and emotional wellbeing**

LIDDELOW-HUNT, S., UINK, B., DAGLAS, K., HILL, J.H.L.,
HAYWARD, L., STRETTON, N., PERRY, Y., HILL, B., & LIN, A.





CONTENTS

Front Matter	4
Acknowledgement of Country	4
Suggested reference	4
About the artist	4
Contact	4
Abbreviations	4
Project team.....	5
Ethics and funding.....	7
Acknowledgements	7
Executive Summary.....	7
Background	9
Methodology	10
Participant Demographics.....	15
Social and Emotional Wellbeing	21
Summary	21
Connection to Family and Kinship.....	21
Connection to Community	24
Connection to Culture	28
Connection to Spirit, Spirituality and Ancestors.....	29
Connection to Country	29
Connection to Body	30
Connection to Mind and Emotions	32
Visibility, Pride and Identity	32
Mental Health.....	38
Discrimination	42
Health Service Use	45
Summary	45
Aboriginal Community Controlled Health Services (ACCHOS).....	48
LGBTQ+ Services	50
General Health Services	52
Seeking support and information online.....	54
Gender Diversity	56
Recommendations.....	61
References.....	64
Links	67
Additional Resources	68

Acknowledgement of Country

We acknowledge that this research has taken place on Country across Australia and pay our respects to Elders past and present. Our research team is based in Boorloo (Perth) on the lands of the Whadjuk Noongar people, who have been custodians of this boodjar since time immemorial. We thank the Elders and community leaders who have been part of this project for their determination to improve the lives of their LGBTQA+ young people.

Suggested reference

Liddel-Hunt, S., Uink, B., Douglas, K., Hill, J.H.L., Hayward, L., Stretton, N., Perry, Y., Hill, B., & Lin, A. (2023) *Walkern Katatdjín (Rainbow Knowledge) Phase 2 National Survey Community Report*, Perth, Western Australia.

About the artist



Skye Milton (@skyangelwings) they/them

Skye is a queer artist. They are a strong believer in equality and does their best to show this in their art. They are Yamatji and Koorie and wish to learn more about their culture from their mum and the people in their life. They do commissions and are currently studying at university.

Contact

The Walkern Katatdjín team can be contacted at:

E | Rainbow.Knowledge@telethonkids.org.au

T | (08) 6319 1062

Walkern Katatdjín



Rainbow Knowledge

Abbreviations and terms

- **ACCHO:** Aboriginal Community Controlled Health Organisation
- **Cis:** Cisgender i.e., someone whose gender identity matches the sex they were assigned at birth.
- **LGBTQA+:** Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Asexual and/or other diverse sexualities and genders. Other commonly used versions of this acronym are LGBT, LGBTQ, LGBTIQ, LGBTQI; where 'I' stands for intersex¹.
- **NHMRC:** National Health and Medical Research Council
- **SEWB:** Social and Emotional Wellbeing
- **Trans:** Transgender i.e., someone whose gender identity is different to the sex they were assigned at birth.

¹ We have not included consideration of the experiences of intersex people in this study. Intersex people have unique experiences and needs that should be meaningfully examined. This decision was made in consultation with the Walkern Katatdjín Youth Advisory Group.

Project team



Shakara Liddelow-Hunt (she/they)

Shakara Liddelow-Hunt is a queer Wajarri Yamatji who grew up on Noongar country. They are a Research Assistant in the Youth Mental Health Team at the Telethon Kids Institute and PhD student at the University of Western Australia, focused on the mental health and social and emotional wellbeing of Aboriginal and Torres Strait Islander LGBTQA+ young people.



Bep Uink (she/her)

Associate Professor Bep Uink (Master of Applied Psychology (Clinical), PhD) is a Noongar woman from Perth, WA. Bep is the Dean of Indigenous Knowledges at Murdoch University. Her research focuses on understanding how socially determined disadvantage impacts the social emotional wellbeing of young people, both Indigenous and non-Indigenous, and how social systems such as higher education can support young peoples' wellbeing. Her work spans investigations into adolescent emotion regulation, the barriers and enablers of Indigenous student success in higher education, gendered barriers to higher education, and Aboriginal and Torres Strait Islander LGBTQA+ youth mental health.



Kate Daglas (she/they)

Kate is a queer Gunditjmara person who predominantly grew up on Wathaurong Country in Geelong. They are passionate about working within youth spaces, particularly those associated with mob and/or LGBTQA+ identities. Kate hopes to finish their Bachelor of Arts, majoring in Psychology and Sociology at Deakin University and further, move into the policy space to explore and research the process of policy making, specifically concerning young people and mob.



James H.L. Hill (he/him)

James Hill is a queer Ngarrindjeri man who was born and raised on Noongar Country. He is a PhD and Master of Clinical Psychology student at the University of Western Australia and the Telethon Kids Institute. James' work focuses on the mental health of trans young people, both Indigenous and non-Indigenous, and the importance of including trans young peoples' lived experience in research.



Lily Hayward (she/he/they)

Lily Hayward is a genderfluid, queer Noongar Yorga with ancestral connections all over Noongar Boodjar. They are a Research Assistant in the Youth Mental Health Team at the Telethon Kids Institute. He is studying a Bachelor of Arts, majoring in Linguistics, at the University of Western Australia. She hopes to integrate their studies of language with the mental health and social and emotional wellbeing of Aboriginal and Torres Strait Islander people.

**Natasha Stretton (she/her)**

Natasha Stretton is a queer cis woman, born and raised on Noongar country. She is a Research Assistant in the Youth Mental Health Team at the Telethon Kids Institute. Natasha completed her Bachelor of Science in Population Health and, Human Geography and Planning at the University of Western Australia. She is actively working to integrate her passion for people and lived experience into research to improve health outcomes for LGBTQIA+ young people.

**Yael Perry (she/her)**

Dr Yael Perry completed her Masters and PhD in Clinical Psychology at the University of New South Wales, and her post-doctoral fellowship at the University of Pennsylvania. In 2017, Yael moved to Boorloo (Perth) from Gadigal Country (Sydney). She is a Senior Research Fellow and Co-Head of the Youth Mental Health team at Telethon Kids Institute. Her research focuses on the prevention of mental health difficulties in young people, with particular emphasis on marginalised youth. She also has specialised expertise in the use of digital technologies to improve engagement, access and uptake of mental health interventions.

**Braden Hill (he/him)**

Professor Braden Hill is a gay Nyungar (Wardandi) man from the southwest of Western Australia and the Deputy Vice Chancellor (Students, Equity and Indigenous) at Edith Cowan University. He was previously Pro-Vice-Chancellor (Equity and Indigenous) and Head of Kurongkurl Katitjin. He has significant experience in Aboriginal education, as well as leading a range of equity initiatives including Sage Athena SWAN, Respect Now Always, Reconciliation Action Plan and Disabilities and Access Inclusion Plan within the tertiary sector. His current portfolio responsibilities include leading ECU's student experience and support, its commitment to Australian Aboriginal and Torres Strait Islander advancement, Equity and Diversity initiatives and working across the University to provide an environment that welcomes, and facilitates the success of, students and staff from a range of diverse backgrounds.

**Ashleigh Lin (she/her)**

Professor Ashleigh Lin was born in South Africa and moved to Noongar Country when she was 11. She completed Master of Clinical Neuropsychology and PhD degrees at The University of Melbourne. Ashleigh is currently a NHMRC Investigator Fellow and Program Head of Mental Health and Youth at the Telethon Kids Institute. Ashleigh's research is focused on early detection and intervention for mental health difficulties for in adolescents and young adults. She is particularly interested in the mental health of marginalised groups of young people, including Aboriginal and LGBTQIA+ young people. She is passionate about ensuring a youth voice in research and service provision. Ashleigh is a queer cis woman.

Ethics and funding

This project is funded by a grant from the National Health and Medical Research Council (NHMRC), #1157377.

This phase of the project has been approved by the Western Australian Aboriginal Health Ethics Committee (#1000), the Aboriginal Health Research Ethics Committee (#04-21-924), the Department of Health and Menzies School of Health Research Top End HREC (#2021-3997), the Australian Institute of Aboriginal and Torres Strait Islander Studies (#EO231-20210114), the Aboriginal Health and Medical Research Council (#1787/21), the Central Australian Health Research Ethics Committee (#2021-3997), and the ACON Research Ethics Review Committee (#202118).

Acknowledgements

We would like to thank the Youth Advisory Group and Governance Committee for their input and guidance throughout the life of the project. We're thrilled to be able to acknowledge the Youth Advisory Group as authors, given the immense amount of work they've put into this report. Our thanks to the Governance Committee, who have dedicated their time to meeting with us, provided us with both their professional expertise and lived experience, held us accountable, and championed the project. We're proud and humbled by your commitment to looking after our young mob and the changes you've already made in your communities. In particular, thanks to Dion Storey, Peter Waples-Crowe and Tahlia Blow for your input into this report.

We would like to thank our partners Yorgum Healing Services, Wungening Aboriginal Corporation, First Peoples Rainbow Mob WA, SHQ, and Elizabeth Morgan House for coming on this journey with us. We're incredibly grateful for the way you've engaged with this work and your willingness to work together for better outcomes for our Aboriginal and Torres Strait Islander LGBTQA+ young people.



We'd also like to thank our supporting organisations Aboriginal Medical Services Alliance of the Northern Territory (AMSANT), Nunkuwarrin Yunti of South Australia, Thorne Harbour Health and ACON for their valuable endorsement and giving their time to this project.

Partner Organisations



Supporting Organisations



And finally, our thanks to all the participants took part in this study. Without you, this report would not be possible. While this survey dealt with some serious subjects, it was a genuine joy to read the open-ended responses to the survey and see your individuality, humour, and strength come through. Stay deadly.

Content warning

This report contains information about mental ill health, suicide, and bad experiences young people have had in their life. It's important to seek help if you're feeling distressed. For immediate assistance, please **call 000 or go to your closest Emergency Department**. To talk to someone now over the phone or chat online, please contact:



Lifeline
13 11 14
www.lifeline.org.au



QLife
1800 184 527
[www.qlife.org.au](http://www qlife.org.au)



Kids Helpline
1800 55 1800
kidshelpline.com.au



13YARN
13 92 76
13yarn.org.au

Executive Summary

Between February and June 2022, we conducted a national survey with Aboriginal and Torres Strait Islander LGBTQA+ young people aged 14-25 years old.

In total, 619 young people across Australia completed the survey.

This survey aimed to understand their mental health, social and emotional wellbeing (SEWB), and experiences accessing care. The survey was designed by Aboriginal, LGBTQA+, and Aboriginal LGBTQA+ people and is built around Aboriginal and Torres Strait Islander ideas of what makes our communities healthy, happy and well. This research supports the idea that the intersection between these identities is complex and unique. The findings shared in these studies also demonstrate the need to develop a specific evidence base about Aboriginal and Torres Strait Islander LGBTQA+ young people's mental health and SEWB.

Key findings:

- Levels of SEWB among participants were mixed. While participants had high levels of connection to their communities, they felt less connected to their family and kinship networks, their culture, their Country, their body and to their mind and emotions. Levels of connection to Spirit, Spirituality and Ancestors and connection to Aboriginal and Torres Strait Islander LGBTQA+ communities were particularly low.
- Levels of psychological distress were very high for the majority (76.7%) of participants.
- Many participants had thought about or attempted suicide. 45.4% of participants had attempted suicide in their lifetime, and 19% had attempted suicide in the last year. The findings support community advocates' calls for urgent action to address suicide risk factors among Aboriginal and Torres Strait Islander LGBTQA+ young people.
- Participants were proud of being Aboriginal and Torres Strait Islander and LGBTQA+ and saw a role for both identities within Aboriginal culture and LGBTQA+ communities. They said that the best aspects of being an Aboriginal and Torres Strait Islander LGBTQA+ young person are the community and its resilience, their unique perspective, the hope they have for the future, the ability to educate others, finding themselves, and how LGBTQA+ identity can be decolonising.

- Most participants had used general health services, about half had used ACCHOs and approximately 1 in 5 had used LGBTQA+ health services. However, participants reported fairly equal preference for general, Aboriginal and LGBTQA+ services. 13.7% of participants had no preference for service type and 3.3% didn't attend services.
- While about half of participants felt safe using services of all kinds, they also reported that services had a low level of knowledge about caring for Aboriginal and Torres Strait Islander LGBTQA+ young people, and a considerable number of participants had heard rude or ignorant comments about their identities.
- 46.2% of participants identified as trans (i.e., a different gender to the one on their original birth certificate). Many participants did not express their gender in binary ways and 35.1% of all participants identified as non-binary.
- Mental health and SEWB were worse among trans and gender diverse participants. Trans and gender diverse participants were almost twice as likely to report attempting suicide in their lifetime compared to cis participants; had lower levels of connection to Culture, Mind and Emotions, Body, and Family; and were more likely to be discriminated against in services.

These results support Aboriginal and Torres Strait Islander LGBTQA+ community members' calls for urgent action to address risk factors for suicide, poor mental health, and poor SEWB among Aboriginal and Torres Strait Islander LGBTQA+ young people.

Background



What's going on for Aboriginal and Torres Strait Islander LGBTQA+ young people?

In Australia, colonialism has oppressed Aboriginal and Torres Strait Islander people and reshaped lives to match Western sexuality and gender norms. This includes through policies that controlled families and relationships, forced the take up Christian religion, and then deliberately erased knowledge about sexuality and gender diversity before colonisation. This also includes laws and policies that affected non-Indigenous Australians, for example the criminalisation of homosexuality or restricting access to gender affirming care. There is also a history of resistance and many Aboriginal and Torres Strait Islander LGBTQA+ people and communities that continue to survive and thrive in the face of these challenges [3-6].

Organisations such as [Black Rainbow](#), [BlaQ Aboriginal Corporation](#), [First Peoples Rainbow Mob WA](#), [Koorie Pride Victoria](#) and [Sistergirls & Brotherboys](#) represent current efforts by Aboriginal and Torres Strait Islander LGBTQA+ individuals and communities to come together to support each other and create positive change. Activists in these communities have, for many years, pointed out that this action requires a nuanced understanding of this population's mental health and wellbeing [7].

Aboriginal and Torres Strait Islander peoples experience poor health tied to the discrimination, trauma and disempowerment that results from colonialism [4, 8]. LGBTQA+ people experience poor mental health as a result of the discrimination and marginalisation they experience [9, 10]. However, these communities also possess unique strengths that protect mental health and wellbeing, for example pride, cultural participation, community, and family support [8, 9, 11, 12]. Additionally, youth is a difficult time for mental health because of the changes to how people view the behaviour and responsibilities of young people, as well as the physical changes that occur at the onset of puberty and throughout

adolescence and young adulthood [13, 14]. All of these factors are made worse when services that are meant to help young people do not know how to support them. Aboriginal and Torres Strait Islander LGBTQA+ young people, who sit at the intersection of multiple marginalised identities, may be at further increased risk for poor mental health, and/or their experiences may be qualitatively different to those who are only Aboriginal and Torres Strait Islander or only LGBTQA+.



Why was this survey needed?

There was no existing national data about the mental health and social and emotional wellbeing of Aboriginal and Torres Strait Islander LGBTQA+ young people. Locally-specific qualitative research with young people highlights the importance of LGBTQA+ spaces, LGBTQA+ friends, and support from family, while pointing to the negative impacts of racism from non-Indigenous LGBTQA+ people and homophobia from extended family [4, 15, 16]. Similarly, research with LGBTQA+ Aboriginal adults in Western Australia confirms the negative effects of racism in the LGBTQA+ community, and homophobia and transphobia in the Aboriginal and Torres Strait Islander community. It also found that Aboriginal LGBTQA+ adults experienced moderate levels of wellbeing. [5].

Methodology

How was the survey developed?

We were interested in understanding the mental health, SEWB and service experiences of Aboriginal and Torres Strait Islander LGBTQA+ young people (14-25 years). There was no national data reporting on levels of mental health and SEWB for these young people. This is despite longstanding calls for more research from Aboriginal and Torres Strait Islander LGBTQA+ community advocates and researchers, highlighting the risk of suicide in this population and the inadequacy of existing services [7, 17-21]. This lack of data meant a significant gap in our ability to support young Aboriginal and Torres Strait Islander LGBTQA+ members of our community.

This survey reached out to Aboriginal and Torres Strait Islander LGBTQA+ young people across Australia to understand their experiences. The survey was designed by Aboriginal and Torres Strait Islander LGBTQA+ peoples and is built around Aboriginal and Torres Strait Islander ideas of what makes our communities healthy, happy and well.

Walkern Katatdjín

Walkern Katatdjín roughly translates to ‘Rainbow Knowledge’ in Noongar language.

The Walkern Katatdjín research project has 3 phases.

- **Phase 1:** Interviews and yarning groups with Aboriginal LGBTQA+ young people in Perth (completed)
- **Phase 2:** National survey of Aboriginal and Torres Strait Islander LGBTQA+ young people (completed)
- **Phase 3:** Co-design of a roadmap for improved support for Aboriginal and Torres Strait Islander LGBTQA+ young people (planned)

This report presents the findings from the Phase 2 National Survey.



More information about the project design, aims and research questions is available on our website www.rainbowknowledge.org

Who could take part?

Participants were 619 Aboriginal and Torres Strait Islander LGBTQA+ young people aged 14-25 years old from across Australia.

Participants were required to give informed consent to participate in this project. We did not ask for consent from participants' parent(s)/guardian(s), as this may have caused harm to participants whose family don't support their LGBTQA+ identity and risk excluding participants who are not 'out' to their families.

The survey was available online via Qualtrics [22]. Participants also had the option of completing a hard-copy survey, completing the survey over the phone, or contacting the research team to organise another way to complete the survey.

Participants were recruited via paid advertising on Facebook and Instagram; sharing recruitment posts in Facebook groups for Aboriginal and Torres Strait Islander people, LGBTQA+ people, and Aboriginal and Torres Strait Islander LGBTQA+ people; recruiting through researchers' personal and professional networks; calling or emailing services to ask them to share the survey with their staff and consumers and mailing hard-copy posters to all Aboriginal Community Controlled Health Organisations in Australia. The survey was open between February and June 2022.

The survey consisted of 129 questions about SEWB, psychological distress, suicide thoughts and behaviour, identity, pride, acceptance of LGBTQA+ identity, media representation, discrimination, and service use experiences. A copy of the survey and more details about the way it was designed can be found on Open Science Framework (OSF).

The survey took approximately 30-40 mins to complete, however participants could start the survey and return to it later. If participants left the survey before completing it entirely their responses were automatically submitted after one week. After removing outliers (responses that took longer than a day; $n = 4$), the average completion time was 24.76 minutes.

The researchers removed responses from the dataset that indicated that the respondent was not an Aboriginal and/or Torres Strait Islander LGBTQA+ young person answering the questions accurately and in good faith. This included:

- responses with unusually short completion times
- unusually consistent responses (e.g., responding the same for every question)
- 'troll' responses (i.e., people taking the survey in order to make hateful or joke comments in open-ended questions)
- responses with <5% completed data (i.e., 95% missing data)

The researchers also removed data from participants who did not progress past the demographic questions (14 questions), as these responses could not be meaningfully used in the data analysis.

Survey questions

These questions were informed by Phase 1 of the Walkern KatatdjIn project (qualitative yarning with Aboriginal LGBTQA+ young people in Perth) and developed in consultation with our Governance Committee, Youth Advisory Group, and partner organisations.

The survey questions included yes/no questions, multiple choice questions, sliding scales (i.e., Likert scales), and open-ended questions.

12:29

What month were you born?

What is your gender?

Is your gender different to the gender presumed for you at birth (i.e. the one on your original birth certificate)?

☐ Yes

☐ No

☐ Unsure

☐ Prefer not to say

12:29

Please show how much you agree or disagree by sliding the marker along the scale. You can stop at any of the points. No answer will be recorded unless you move the marker.

Strongly disagree 1 2 3 4 Strongly agree

Aboriginal and Torres Strait Islander LGBTQA+ people are often represented fairly in the media.

I think it is important for Aboriginal and Torres Strait Islander LGBTQA+ people to be represented fairly in the media.

Seeing Aboriginal and Torres Strait Islander LGBTQA+ people represented fairly in the media makes me feel seen.

Part 6: This is about your thoughts and feelings.

How often did you feel these in the past four weeks?

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
In the last four weeks, about how often did you feel nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last four weeks, about how often did you feel without hope?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last four weeks, about how often did you feel restless or jumpy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last four weeks, about how often did you feel everything was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last four weeks, about how often did you feel so sad that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Questions about SEWB were developed by the team based on Gee et al.'s model [23]. The model consists of seven domains: Connection to Mind and Emotions, Connection to Body, Connection to Family and Kinship, Connection to Community, Connection to Culture, Connection to Spirit, Spirituality and Ancestors, and Connection to Country. The questions assessed the seven domains of SEWB across 21 items. Due to low internal reliability for items assessing Connection to Community, Connection to Family and Connecting to Culture, we've used the individual items instead of the total score for these domains. Further details are available on our pre-registration plan, which is available on Open Science Framework [OSF](#).

Data analysis

The data analysis was completed by the research team. This included:

- Descriptive statistical analysis (frequencies, averages, etc.) reporting levels of mental health, SEWB, and service use.
- Regression analysis to determine the associations between demographic factors (age, gender diversity, regionality) and mental health, SEWB and service use.
- Thematic analysis to describe participant responses to open-ended questions. This was an inductive analysis coded using NVivo software [24] by two members of the research team, both of whom are Aboriginal LGBTQA+ people. The coders resolved differences in coding through subjective agreement. The resulting themes were then reviewed by the project's Youth Advisory Group.

Further statistical analysis will be published in forthcoming papers. Only statistically significant results have been included in this report (i.e., $p < 0.05$).

Limitations

There was an under-representation of participants from remote and very remote areas (7.1% of participants, compared to 14.5% of all Aboriginal and Torres Strait Islander people in Australia [25]), and from the Northern Territory, Queensland and Tasmania (2.7%, 25.7% and 2.4% of participants compared to 7.5%, 29.2% and 3.7% of all Aboriginal and Torres Strait Islander people in Australia respectively [25]). The survey was primarily available online, meaning that it was more difficult to access for young people in remote areas and those with poor internet access. Additionally, the survey was written in English and required a relatively high level of English literacy, making it more difficult to access for young people with limited literacy and those who speak English as a second, third or fourth language. Only three participants completed either a hard copy or phone survey, and no participants requested a translated version of the survey. All of these factors intersect with Aboriginal and Torres Strait Islander and LGBTQA+ identity and may result in additional impacts on wellbeing and barriers to accessing care. As such, the voices of some of the most vulnerable members of our communities may not be fully represented in this survey.

This survey was not able to capture all of the experiences that Aboriginal and Torres Strait Islander LGBTQA+ young people face in their lifetime, and there are many important aspects of wellbeing and service access that are not discussed here. We wholeheartedly encourage further research with Aboriginal and Torres Strait Islander LGBTQA+ young people to build a nuanced evidence base that reflects the complexity of their experiences and the diversity of this community.

Indigenous Data Sovereignty

Indigenous Data Sovereignty is “the right of Indigenous peoples to exercise ownership over Indigenous Data. Ownership of data can be expressed through the creation, collection, access, analysis, interpretation, management, dissemination and reuse of Indigenous Data” [26].

The project has been carried out in accordance with the [Walkern Katatdjín Data Governance Statement](#). The research team has worked closely with the project’s Governance Committee and Youth Advisory Group to ensure Indigenous Data Sovereignty is maintained.

This Community Report has been co-authored by the project’s Youth Advisory Group. The report has been reviewed by the Walkern Katatdjín Governance Committee, partner organisations and supporting organisations.

For further information, including requests to use data or for further data analysis, please contact the research team. We are happy to run further analyses that are not included in the report (e.g., data for each state/territory, associations between wellbeing and service use, etc.), provided that your request is deemed appropriate by our data governance mechanism.



Participant Demographics

Who did the survey?

Participants had diverse sexualities and gender identities and came from many communities across Australia, reflecting the diversity of Aboriginal and Torres Strait Islander LGBTQIA+ young people. Approximately half of the participants were trans and gender diverse. There was a slight over-representation of Torres Strait Islander young people. The spread of participants across states/territories and urban, regional and remote communities approximately matches the spread of Aboriginal and Torres Strait Islander people across Australia. There was an under-representation of participants from remote and very remote areas and the Northern Territory, Queensland and Tasmania. Two out of five participants had a long-term health problem or disability, showing one of the additional intersections that Aboriginal and Torres Strait Islander LGBTQIA+ young people may occupy.

AGE

Participants were

619

Aboriginal and Torres Strait Islander LGBTQIA+ young people
between the ages of **14 and 25 years old**

The average age was **17.5 years**

70.8%

(n = 437)

were under

18 years of age

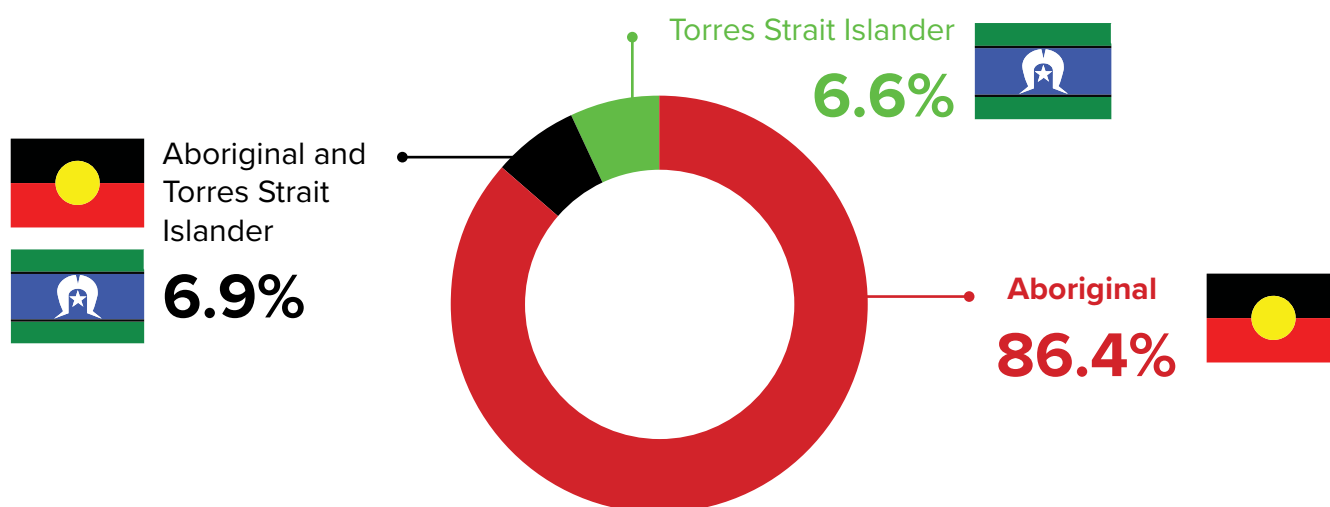
29.2%

(n = 180)

were aged

18-25

INDIGENEITY



This is a slightly higher proportion of Torres Strait Islander and both Aboriginal and Torres Strait Islander participants than reported in the 2021 census [25] (4.2% and 4.4% respectively).

Participants had a wide range of gender identities, as shown in the wordcloud below. We've simplified these gender identities into four categories.



questioning their sexuality or had another sexuality
3.2%

Asexual
7.3%

Queer
7.8%

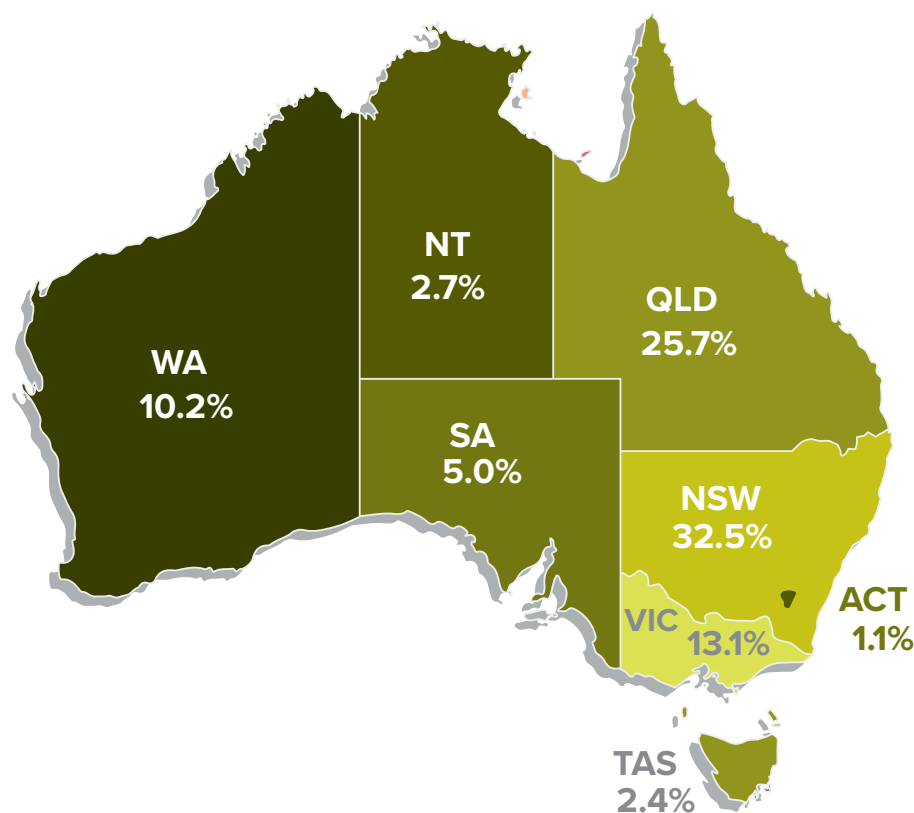
**Gay/
Lesbian**
21.1%

**bisexual/
pansexual/
omnisexual**
56.6%

Word cloud terms: pancurious, homoromantic, undefined, asexual, homoflexible, polyromantic, graysexual, identify, aegosexual, neptunic, achilleian, fluid, abrosexual, questioning, male, girls, wlv, unsure, gayish, unlabeled, toric, sapphic, bisexual, bisexual, straight, pansexual, aromantic, omnisexual, gay, demi, bisexuality, pansexual, panromantic, woman, asexual, aroace, trans, idk, sistagirl, anyone, nonbinary, demioromantic, men, omnisexual, female, mspec, bicurious, ace, notsure, bisexual, ntsure, men, omnisexual, female, mspec, bicurious, ace, notsure, bisexual, ntsure, men, omnisexual.

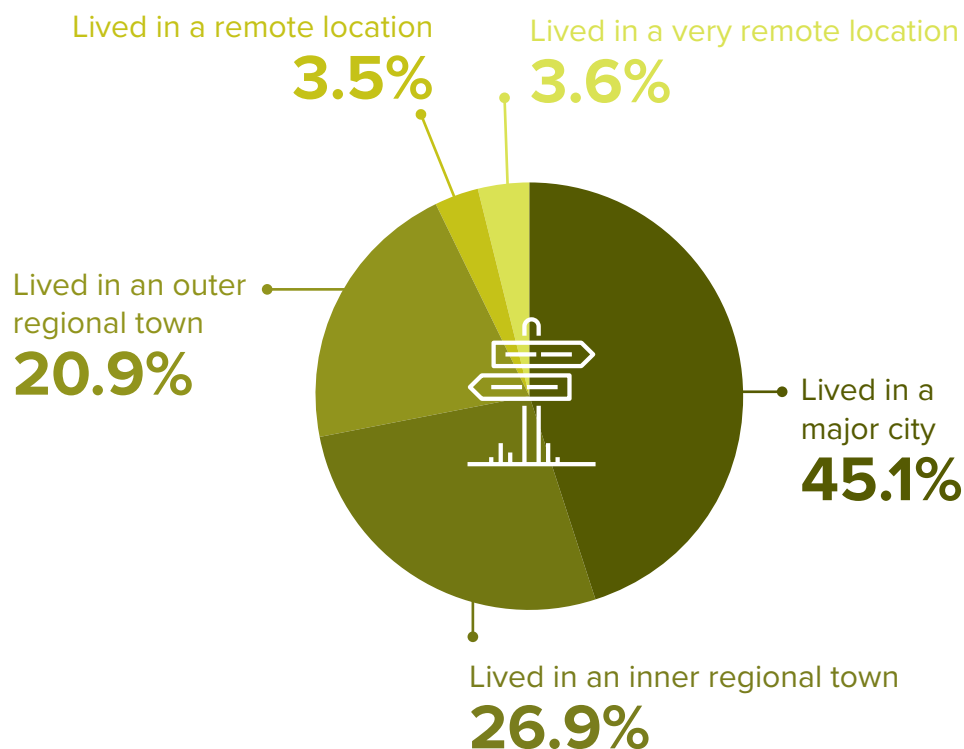
STATES/TERRITORIES

There was an under-representation of participants from the Northern Territory, Queensland and Tasmania, and over-representation from Victoria, according to statistics from the 2021 census [25]. States and territories were worked out based on participants' postcodes.

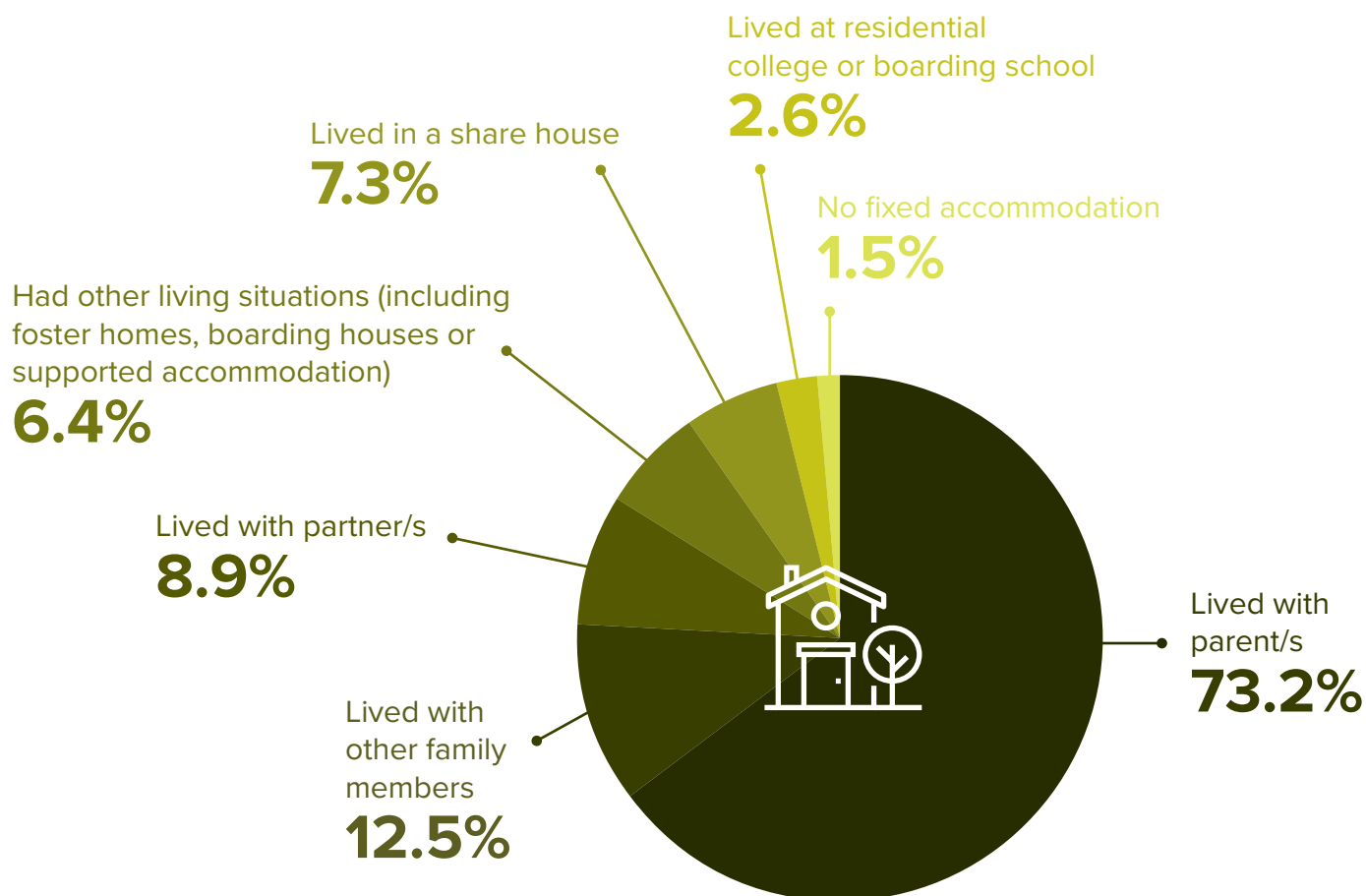


REGIONALITY

We worked out regionality using postcodes. There was a lower proportion of participants from remote and very remote areas than reported in the 2021 census [25].



LIVING SITUATION



OCCUPATION

Were at school, TAFE, college or university,



Were working full time



Were working part time



Were working casually



Were caring for children or other family members

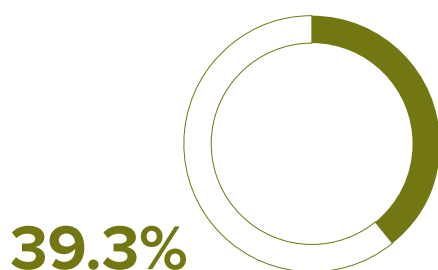


Were unemployed



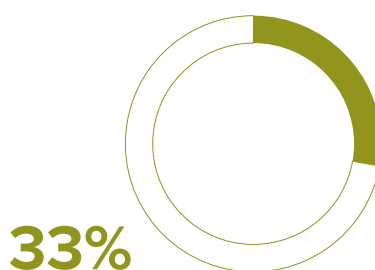
100%

SOCIOECONOMIC STATUS (SES), DISABILITY AND CAREGIVER RESPONSIBILITIES



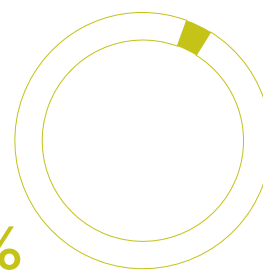
39.3%

of participants had a long-term health problem or disability



33%

of participants were living in a low socioeconomic status area



3.4%

of participants were a parent or caregiver to children

SES was worked out based on participant postcode (Socio-Economic Indexes for Areas (SEIFA)² deciles 1-3). Fewer participants were from a low socioeconomic area than other Aboriginal and Torres Strait Islander people in the 2016 census [27].



² "SEIFA codes" can be used to estimate the socioeconomic status of people based on the postcode where they live. This is not always accurate.



Social and Emotional Wellbeing

Summary

Social and Emotional Wellbeing (SEWB) is a way of understanding health that is grounded in an Aboriginal way of being and has been widely adopted by Aboriginal and Torres Strait Islander health services and researchers. Gee et al.’s model [23] lists seven ‘domains’ that are important to wellbeing. An individual is said to be well if they have strong connection in one or all of the domains.

The survey questions were informed by this model and the qualitative work done in Phase 1 of this project [28], in which Aboriginal LGBTQA+ young people discussed how connection with peers, family, Country, community and representation strengthened their mental health and wellbeing.



©Gee, Dudgeon, Schultz, Hart and Kelly, 2013.
Artist: Tristan Schultz, RelativeCreative.

Participants’ scores within each domain were variable, but overall average scores suggested:

Connection to Community (LGBTQA+ and Aboriginal)	Moderate to high
Connection to Family and Kinship	Moderate to high
Connection to Body	Moderate
Connection to Country	Moderate
Connection to Mind and Emotions	Moderate to low
Connection to Culture	Moderate to low
Connection to Community (Aboriginal LGBTQA+)	Low
Connection to Spirit and Ancestors	Low

Figure 1: breakdown of participants’ levels of wellbeing across the 7 domains from the SEWB model.

Most participants said that seeing themselves represented in the media was important (97.2%) and made them feel seen (89.8%), but it did not often happen.

Participants were proud to be Aboriginal and Torres Strait Islander and LGBTQA+, and most agreed that it was an important part of who they were. They said that the best aspects of being an Aboriginal and Torres Strait Islander LGBTQA+ young person are the community and its resilience, their unique perspective, the hope they have for the future, the ability to educate others, finding themselves, and how LGBTQA+ identity can be decolonising.

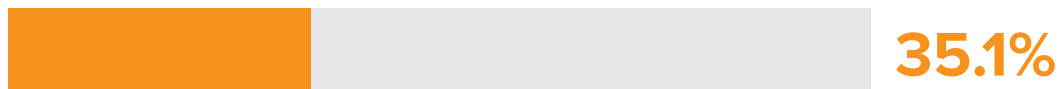
Connection to Family and Kinship

Connection to Family and Kinship was measured by how important family is to participants, how well they get on, and how much participants felt connected to their family and kinships links.

My relationships with my family are important



My family gets along well together



I have a strong sense of family/kinship links

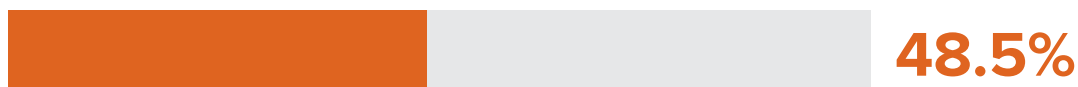


Figure 2: % of participants who 'Agreed' or 'Strongly Agreed' to Family Functioning and Family/Kinship Connection questions. N = 604-611.

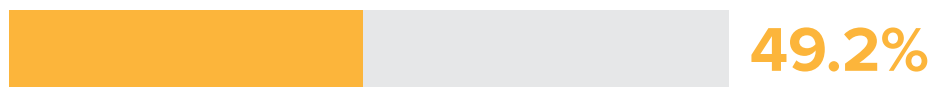
Most participants agreed that their relationships with their family were important.

- About a third of participants (35.1%) agreed or strongly agreed that their family got along well together
- About half felt a strong sense of family or kinships connections (48.5%)

A small number of participants disagreed that their family relationship were important (11%), strongly disagreed (2.9%) or responded 'neutral' (9.7%). Nearly half (45.3%) either 'disagreed' or 'strongly disagreed' that their family got along well together, and 19.7% felt neutral. Just under a third (32.7%) of participants did not have a strong sense of their family/kinship links, and 18.9% responded 'neutral'.

FAMILY ACCEPTANCE

Parent(s)/Caregiver(s)



Sibling(s)



Extended family (e.g. cousins, aunties, nephews)

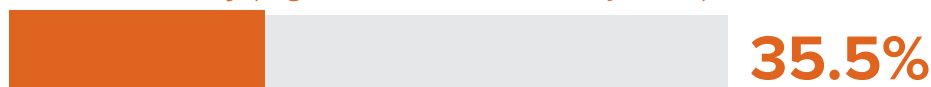


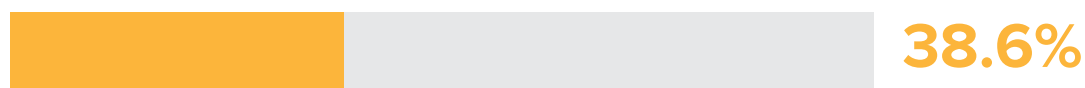
Figure 3: % of participants who 'agreed' or 'strongly agreed' that their LGBTQA+ identity is accepted by parents/caregivers, siblings, and extended family. N = 557-596.

- Siblings were considered that most accepting family members. Nearly two-thirds (62.8%) of participants agreed or strongly agreed that their sibling(s) were accepting of their LGBTQA+ identity.
- Just under half of participants felt accepted by their parents/caregivers.
- Participants were least likely to report feeling accepted by members of their extended family (35.5%).

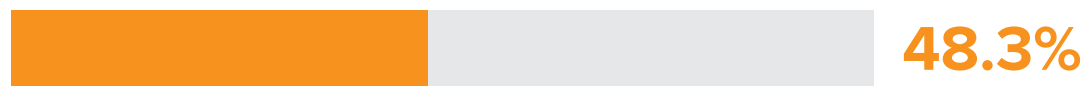
Around a quarter of participants responded 'neutral' to feeling as if their parents/caregivers (26.5%) and siblings (24.7%) accepted their LGBTQA+ identity, and neutral responses were highest for extended family (41.7%). This could mean that many young people were unsure whether their family accepted their LGBTQA+ identity, had mixed experiences with different family members, or received a low/moderate level of acceptance.

FAMILY SUPPORT

Parent(s)/Caregiver(s)



Sibling(s)



Extended family (e.g. cousins, aunties, nephews)

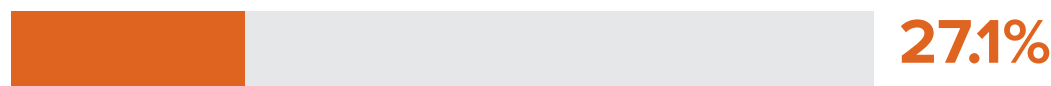


Figure 4: % of participants who 'agreed' or 'strongly agreed' with the statement "The following people give me all the support I need as an LGBTQA+ person". N = 539-575

- Similar to acceptance, participants received the most support from siblings. Just under half of participants agreed or strongly agreed that their siblings provided them the support they needed as an LGBTQA+ person.
- 38.6% of participants said they received support from their parents/caregivers.
- Only 27.1% said they received support from members of their extended family.

Again, many participants responded 'neutral' to the question about extended family support, which may be due to young people not seeking out support from their extended family because they're afraid of not being accepted or having different experiences with different family members.

FAMILY AOD USE

Family alcohol and other drug use (AOD) is a known risk factor for poor mental health among young people. 78% of participants said their family used alcohol or drugs (n = 365). Of the participants whose family used alcohol or drugs, approximately 2 out of 5 (38.2%) said it made their life worse. This suggests that family alcohol and drug use has a significant influence on the wellbeing of some (29.7% of all participants), but not most, Aboriginal and Torres Strait Islander LGBTQA+ young people.

Aboriginal and Torres Strait Islander LGBTQA+ young people may be part of many communities, which can be important sources of support and contribute to good social and emotional wellbeing. We asked participants which communities they were a part of, and whether they felt accepted and supported by their communities.

COMMUNITY ACCEPTANCE



Figure 5: Percentage of participants who agree or strongly agreed that them being LGBTQA+ was accepted by their community (n = 573) and that their community gave them all the support the needed as an LGBTQA+ person (n = 548).

- 14.7% (n = 84) did not feel accepted by their community, and 38.9% (n = 223) responded 'neutral'.
- 23.9% (n = 131) of participants did not feel their community gave them all the support they need, and 36.9% (n = 202) responded 'neutral'.

These findings suggest somewhat high levels of acceptance and support among young peoples' communities.

COMMUNITY BELONGING

Participants felt that they belonged most to an LGBTQA+ community (80.3%), followed by a youth community (54.4%) and then an Aboriginal and Torres Strait Islander community (52%). Just over a third (37.6%) of participants felt like they belonged to an Aboriginal and Torres Strait Islander LGBTQA+ community.

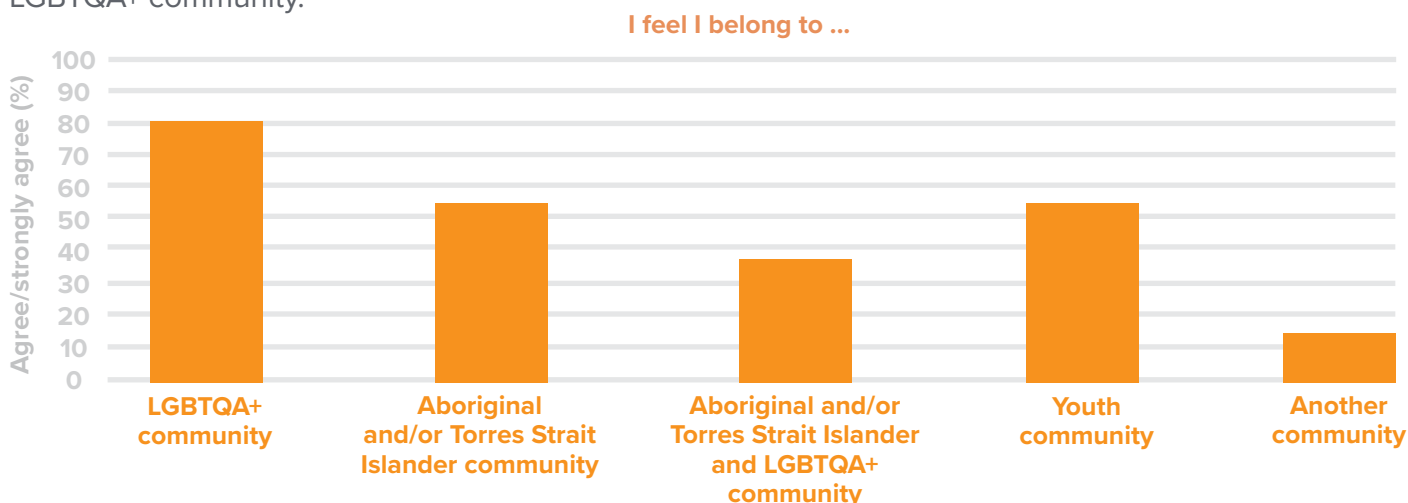


Figure 6: Percentage (%) of participants who agreed or strongly agreed that they belonged to an LGBTQA+, Aboriginal and Torres Strait Islander, Aboriginal and Torres Strait Islander LGBTQA+, youth or other community (n = 499-548)

Participants under the age of 18 were more likely to feel like they belonged to the LGBTQA+ community.

23.6% of participants said that they felt like they also belonged to another community. Participants had many other communities, identities, interests and talents outside of their Aboriginal and Torres Strait Islander LGBTQA+ identities, including:



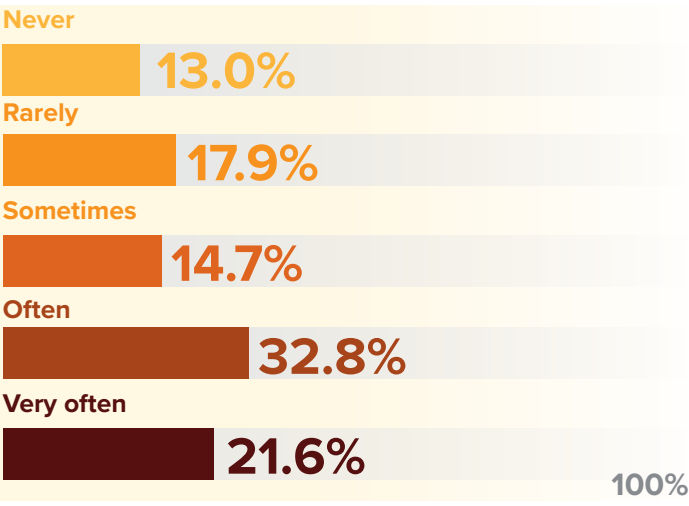
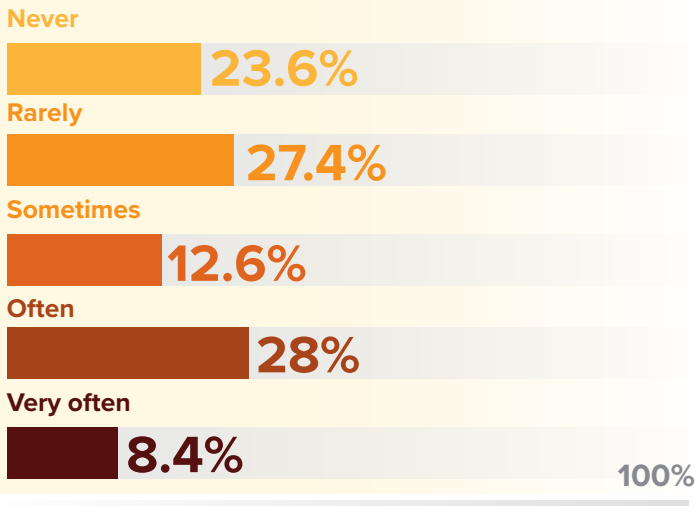
Figure 7: Other communities that participants belonged to (n = 137).

TAKING PART IN COMMUNITY EVENTS

Being involved in community events is an important part of connecting to community. Participants took part in community events:

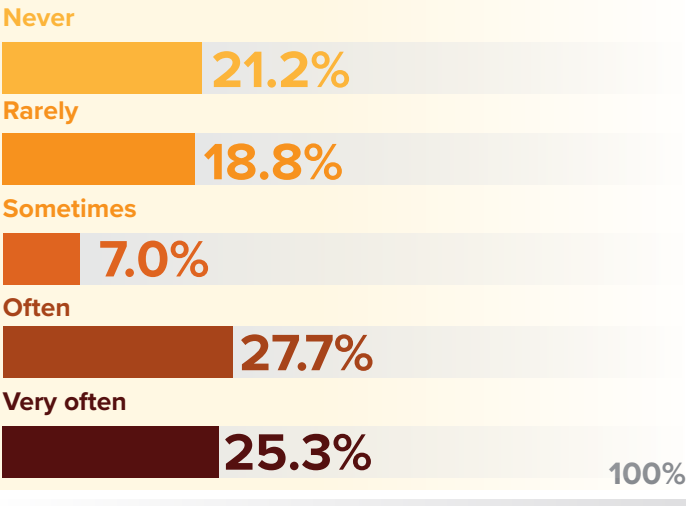
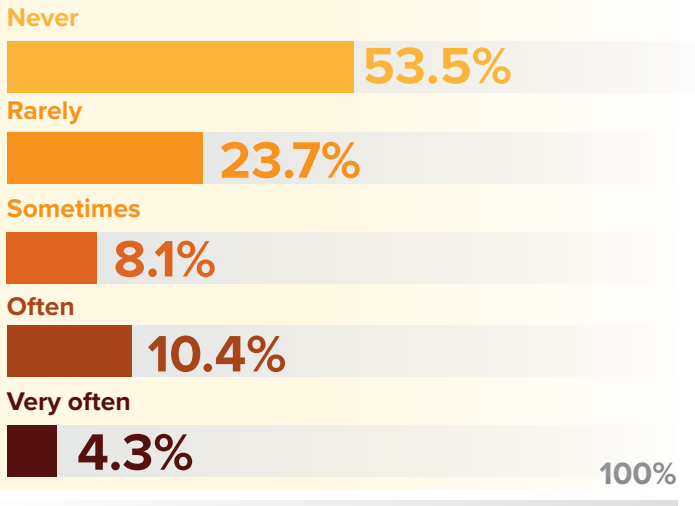
How often do you take part in events or activities in an LGBTQA+ community (e.g., Pride Parade, joining an online LGBTQA+ group).

How often do you take part in events or activities in the Aboriginal and/or Torres Strait Islander community (e.g., celebrating NAIDOC Week, attending community meetings).



How often do you take part in events or activities in the Aboriginal and/or Torres Strait Islander LGBTQA+ community.

How often do you take part in events or activities with other young people (other than hanging out with friends) (e.g., sports, youth group).



- Over half of participants often or very often took part in events in the Aboriginal and Torres Strait Islander community (e.g., celebrating NAIDOC Week)
- A third often or very often took part in events or activities in an LGBTQA+ community (e.g., Pride Parade).
- Only a very small number of participants often or very often took part in events in an Aboriginal and Torres Strait Islander LGBTQA+ community. This could be because there aren't many Aboriginal and Torres Strait Islander LGBTQA+ community events, or that young people can't find them.
- Half of participants (50.1%) often or very often took part in events across multiple communities. 21.5% didn't participate in any community events.
- 23.4% often or very often participated in events in both the Aboriginal and Torres Strait Islander and LGBTQA+ communities.
- 43.1% only participated often or very often in either Aboriginal and Torres Strait Islander or LGBTQA+ community events.

ABORIGINAL AND TORRES STRAIT ISLANDER CULTURE IN THE LGBTQA+ COMMUNITY

- 76.7% (n = 312) of participants agreed or strongly agreed that there is a place for Aboriginal and Torres Strait Islander culture in the LGBTQA+ community.
- 10.6% (n = 43) of participants disagreed or strongly disagreed
- 12.8% (n = 52) of participants responded 'neutral'

LGBTQA+ PEOPLE IN ABORIGINAL AND TORRES STRAIT ISLANDER CULTURE

- 72.3% (n = 290) of participants agreed or strongly agreed that there is a place for LGBTQA+ people in Aboriginal and Torres Strait Islander culture
- 12.4% (n = 50) of participants disagreed or strongly disagreed
- 15.2% (n = 61) of participants responded 'neutral'

ELDER ACCEPTANCE AND SUPPORT

When asked about how accepted and supported participants felt by Elders, most participants said 'neutral'. This could mean that participants were unsure about whether their Elders accepted LGBTQA+ people or that they were encountering different responses from different Elders.

I get all the support I need as an LGBTQA+ person from Elder(s) in my community:

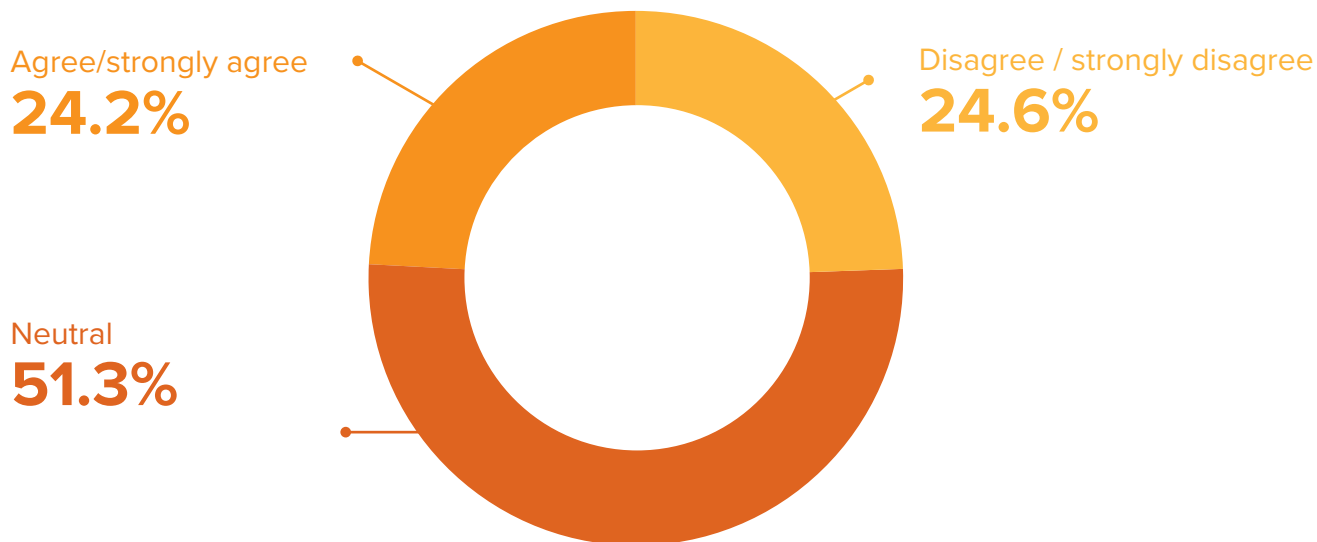


Figure 8: Extent to which participants feel support by Elders (n = 460).

I feel that me being LGBTQA+ is accepted by Elder(s) in my community:

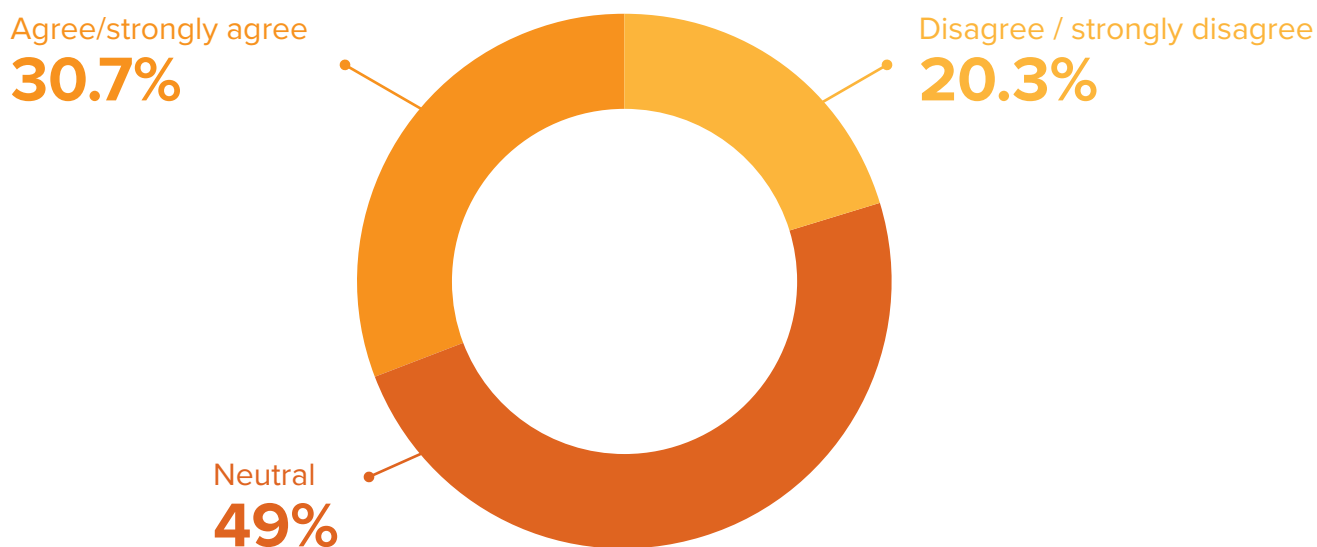


Figure 9: Extent to which participants feel their LGBTQA+ identity is accepted by Elders (n = 482).

Connection to Culture

Young people can connect to Culture by learning about Culture and by taking part in cultural practices.

- 57.6% of participants often or very often spent time learning about Aboriginal and Torres Strait Islander culture.
- Participants under the age of 18 spent less time learning about Aboriginal and Torres Strait Islander culture than those who were aged 18 years or over.
- Only 29.2% often or very often participated in cultural practices (e.g., traditional or modern dance, food preparation, smoking ceremonies).

LGBTQA+ PEOPLE IN ABORIGINAL AND TORRES STRAIT ISLANDER CULTURE BEFORE COLONISATION

Much of the pre-colonial history of Aboriginal and Torres Strait Islander LGBTQA+ people has been erased or suppressed, so we asked young people if they knew any stories about LGBTQA+ people and communities prior to colonisation.

39.7% of participants said that they knew nothing about Aboriginal and Torres Strait Islander LGBTQA+ people before colonisation, and only 8% of participants knew a lot.

WAYS OF STAYING CONNECTED TO CULTURE

Participants stayed connected to culture by (n = 166):

Connecting to mob:

Community
Family
Friends and peers
Online community

Cultural activities:

Art
Ceremony
Community events
Connecting to country
Dance
Food
Music
Weaving

Learning:

Culture
History
Language

These connections were facilitated by:

Community
Elders or knowledge holders
Family

Friends or other young people
Programs and services
School or university

Sports teams
Social media
Work

Connection to Spirit, Spirituality and Ancestors

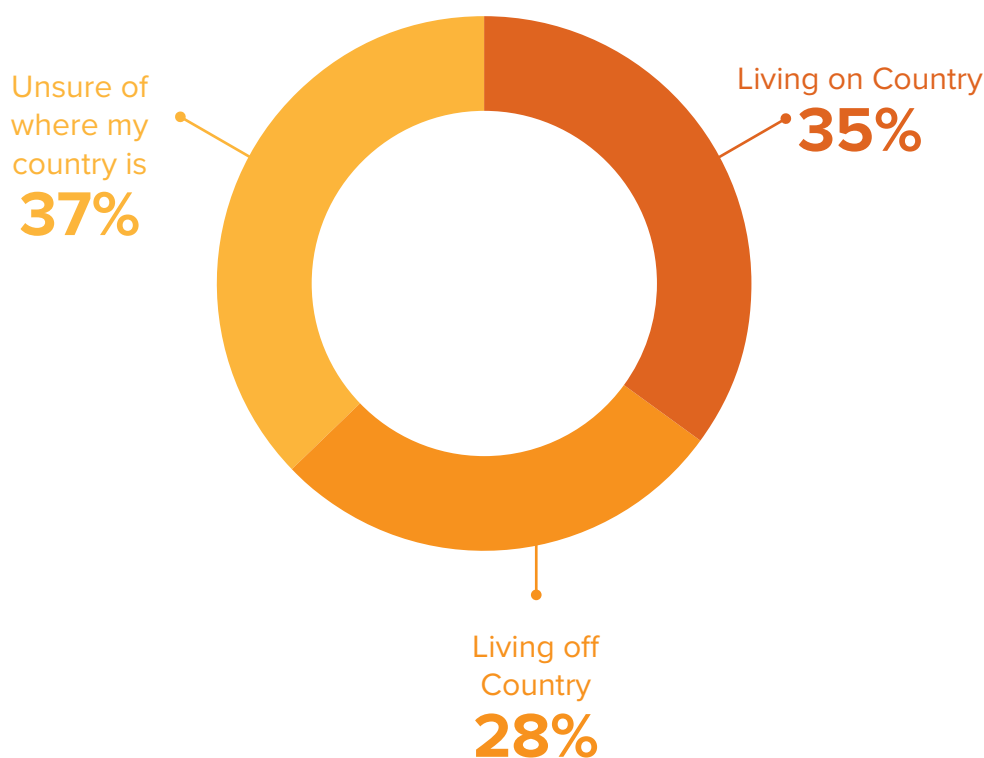
When asked how connected participants felt to their spirituality and ancestors on scale of 0 to 10, participants scored an average of 4.22, meaning a moderate connection to spirit, spirituality and ancestors. (N = 464).

Participants under the age of 18 had lower Connection to Spirit, Spirituality and Ancestors compared to participants aged 18 years and over.

Connection to Country

LIVING ON COUNTRY

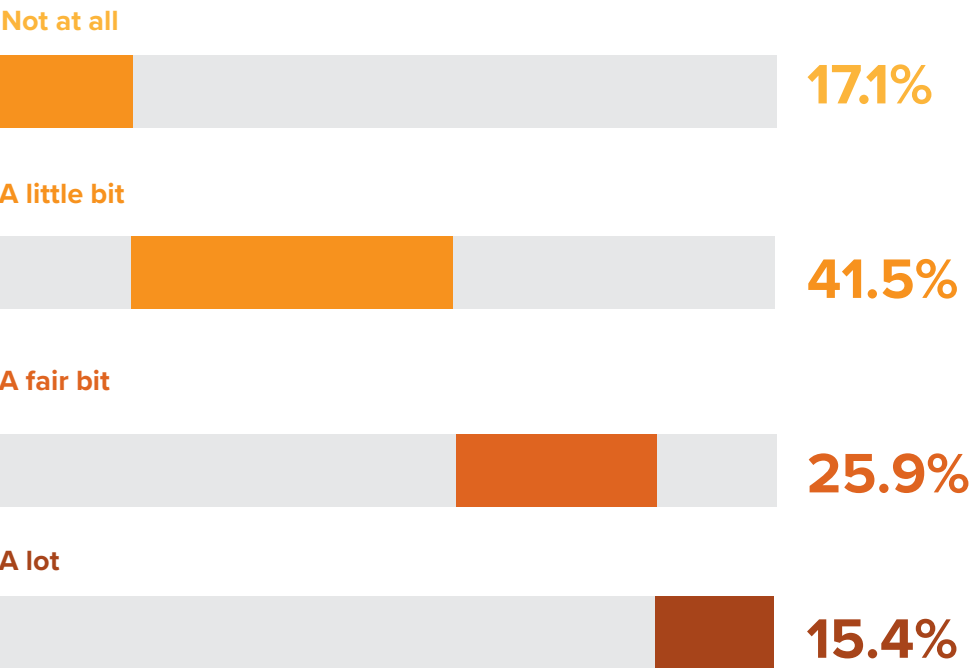
There were roughly equal numbers of young people living on Country and off Country. Almost a third of participants did not know where their Country is.



Many participants had been born off Country or were living off Country because of historical displacement, for example parents/grandparents who were part of the Stolen Generations or forcibly removed. Many others had moved off Country because of current needs to access education, work, healthcare or better infrastructure (e.g., running water, appropriate housing). A very small number of participants had moved because they felt unsafe on Country. Other participants said that they were unsure why they were living off Country.

BELONGING TO COUNTRY

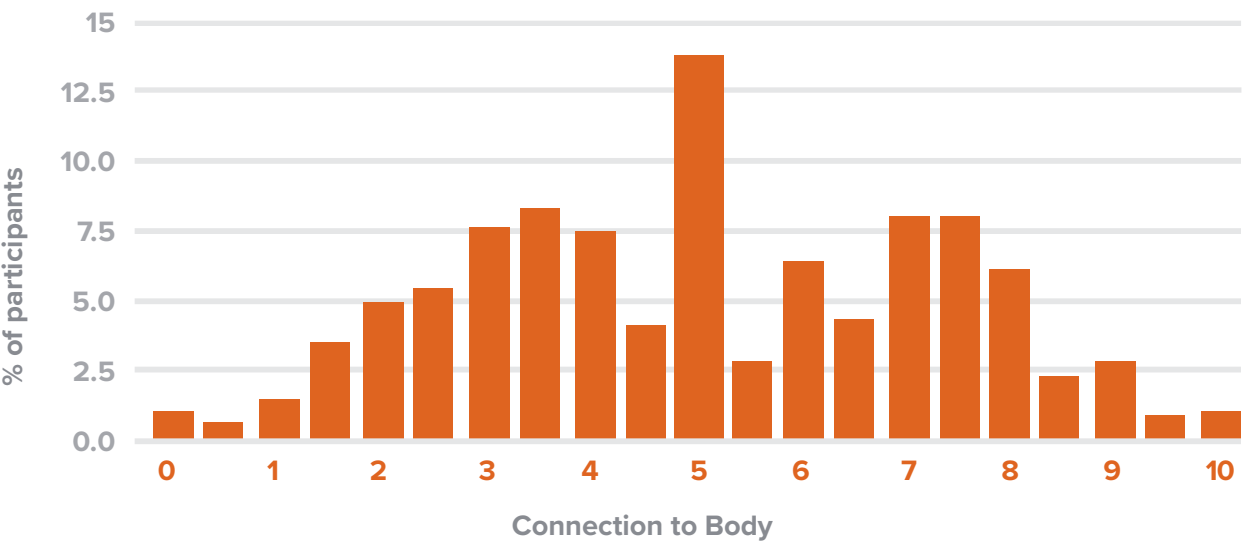
- The greatest number (41.5%) of participants felt like they belonged to their people’s land and waters ‘a little bit’
- Participants who were unsure where their Country was had significantly lower feelings of belonging to their people’s land and waters compared to participants who knew whether they were living on or off Country.



Extent to which participants felt like they belong to their peoples' land/waters (N = 590).

Connection to Body

PHYSICAL HEALTH



Self-rated physical health, where 0 = Extremely Bad and 10 = Extremely Good (N=465).

ALCOHOL AND DRUG USE

Connection to Body was also measured by asking participants if they used alcohol or drugs. Alcohol and drug use was very low among participants.

Most participants never or rarely used alcohol or drugs.

- 49.4% (n = 230) never used alcohol or drugs
- 30.3% (n = 141) used monthly or less
- 8.8% (n = 41) used 2 to 4 times a month
- 6.4% (n = 30) used 2 to 3 time a week
- 5.2% (n = 24) used 4 or more times a week.

When broken down by age, alcohol and drug use was highest among participants aged 18+ and never using alcohol or drugs was most common among participants under the age of 18 years.

Of the participants who used alcohol or drugs:

- Most said their life was not made worse by using alcohol or drugs (61.4%) (n = 145)
- 18.6% (n = 44) said their life was made a bit worse by their use of alcohol or drugs
- 5.9% (n = 14) said their life was made a lot worse by their alcohol or drug use

Participants under the age of 18 were less likely to say that their life had been made worse by their use of alcohol or drugs.

For most participants, alcohol or drug use is infrequent and caused no issues. Only a small number of all participants (12.4% of all 466 participants who responded to the alcohol and drug section of the survey) felt that alcohol or drugs had a negative impact on their life.

Connection to Mind and Emotions

The Growth and Empowerment Measure (GEM) [29] was designed for Aboriginal communities to capture the sense of control individuals and communities have over their lives and environments. Inner peace is a section of the measure that refers to confidence, happiness, safety and security in oneself. We used the inner peace scale to measure Connection to Mind and Emotions.

Scores range from 0 (not at all true for me) to 10 (completely true for me). The average scores were:

I feel confident within myself - 4.15

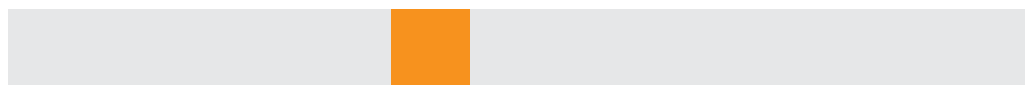
Not at all
true for me



Completely
true for me

I feel very happy with myself and my life - 4.02

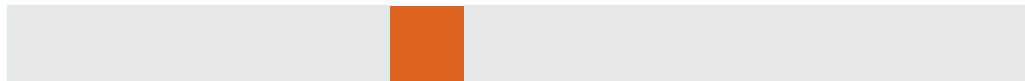
Not at all
true for me



Completely
true for me

I feel safe and secure and as if I can face whatever is ahead - 3.95

Not at all
true for me



Completely
true for me

I can speak out and explain my views and people listen - 4.56

Not at all
true for me



Completely
true for me

This suggests overall relatively low levels of inner peace among participants. Participants under the age of 18 had lower levels of inner peace compared to participants aged 18 years and over.

Visibility, Pride and Identity

SEWB is widely used by Aboriginal and Torres Strait Islander academics, policy makers and community members, but SEWB models weren't developed to specifically consider the wellbeing of LGBTQA+ mob. Other factors that are important to Aboriginal and Torres Strait Islander LGBTQA+ young people's wellbeing include:



Positive and authentic representation of Aboriginal and Torres Strait Islander LGBTQA+ people in their communities and popular media illustrate to young people that Indigenous and LGBTQA+ identities can (and do) co-exist. Being proud of their Aboriginal and Torres Strait Islander and LGBTQA+ identities can increase young people's sense of connection to self and improve wellbeing [30].

BEING 'OUT' AS LGBTQA+

There are many reasons young people may or may not choose to be 'out' to the people around them. Feeling like they can be open about who they are can help young people feel well, but it can also make them a target of discrimination, bullying, or abuse. Participants were 'out' to:

Everyone (29.2%)



No one (4%)



My mother (or step-mother, foster mother or adoptive mother) (33.3%)



My father (or step-father, foster father, or adoptive father) (21%)



My caregiver(s) (6%)



Member(s) of extended family (e.g., cousin, aunt) (23.3%)



My LGBTQA+ friend(s) (60.6%)



My non-LGBTQA+ friend(s) (48.9%)



The Aboriginal and/or Torres Strait Islander community (6.5%)



Aboriginal LGBTQA+ people only (6.1%)



Non-Indigenous LGBTQA+ people (17%)



Health worker(s) (15.7%)



People at work (8.9%)



My teacher(s) (17.3%)



An online community (35.5%)



100%

Participants were most likely to be 'out' to their LGBTQA+ friends. Participants were also out to:

- Siblings
- Grandparents
- Their partners
- School peers
- Friend's parents
- Sport teammates
- Neighbours

VISIBILITY

Seeing representation of Aboriginal and Torres Strait Islander LGBTQA+ people in the media (e.g., in movies, TV, books and social media) can help young people and their families to understand that it's possible to be Aboriginal and Torres Strait Islander *and* LGBTQA+, understand that there are other people going through the same things as them, and see that they can live a happy and successful life.

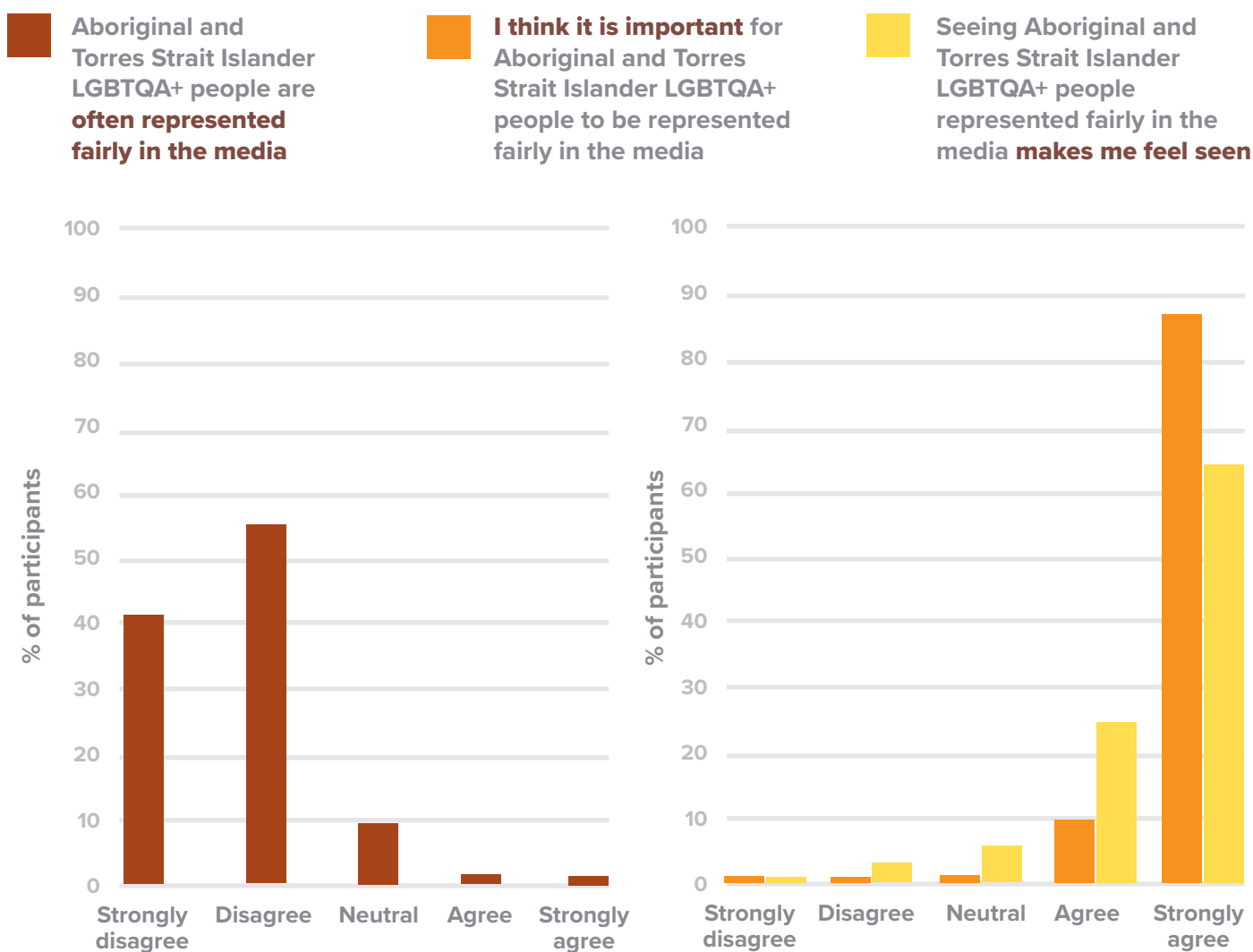


Figure 10: Fair media representation (n = 608-614)

Participants do not often see Aboriginal and Torres Strait Islander LGBTQA+ young people fairly represented in the media, but they agreed that this type of representation is important and makes them feel seen.

IDENTITY

Forming a sense of identity is an important part of being a teenager and a young adult. The concept of 'Identity Centrality' represents how much part of someone's identity is important to their whole sense of self. Participants responded to 4 questions about how much being Aboriginal *and* Torres Strait Islander and LGBTQA+ was important to their sense of self.

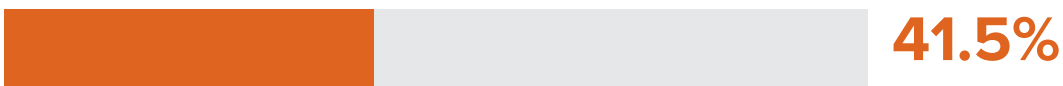
Being Aboriginal and Torres Strait Islander and LGBTQA+ is an important part of I am



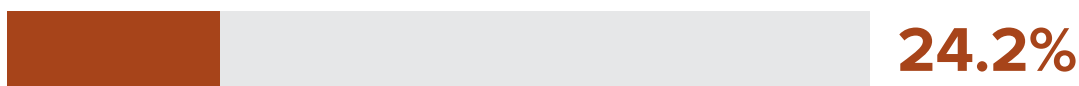
For other people to know me properly, it is important for people to know that I am Aboriginal and Torres Strait Islander and LGBTQA+



Being Aboriginal and Torres Strait Islander and LGBTQA+ was something I do not think about much



I have strong feelings about being Aboriginal and Torres Strait Islander and LGBTQA+



PRIDE IN IDENTITY

A sense of pride in one's identity is important for wellbeing. Participants were asked about their pride in being LGBTQA+, being Aboriginal and Torres Strait Islander, and how these identities fit together.

I am proud to be LGBTQA+



I am proud to be Aboriginal and/or Torres Strait Islander



My Aboriginal and/or Torres Strait Islander and LGBTQA+ identities fit well together



While most of participants were proud of their Aboriginal and Torres Strait Islander and LGBTQA+ identities, just over half of participants agreed that their Aboriginal and Torres Strait Islander and LGBTQA+ identities fit well together. This could be because of a lack of representation of Aboriginal and Torres Strait Islander LGBTQA+ people, lack of space to celebrate their dual identities, ambiguity about how much their Aboriginal and Torres Strait Islander communities and Elders accept LGBTQA+ identities, or perceived conflict between their identities.

THE BEST THINGS ABOUT BEING AN ABORIGINAL AND TORRES STRAIT ISLANDER LGBTQA+ YOUNG PERSON

We asked participants to tell us the best thing about being Aboriginal and Torres Strait Islander and LGBTQA+ (n = 113).

They responded:



"I'm being me. My indigenous queer self unapologetically."

"I feel like my sexuality is a way for me to dismantle the patriarchal and colonial influences in my life and the lives of all indigenous people. My disconnect from the status quo and the way western culture views sex and love make me feel like my existence is powerful, that I am strong by just existing..."

"that i will have more of an understanding of many issues Aboriginal/ Torres Strait Islander and LGBTQA+ people go through everyday and that because i have so much knowledge surrounding this, it'll help me make a voice for my self to speak up and educate others about this."

"The community and people you find kinship with are the most important and positive part to me. Without my community I would suffer. I wish there was more ways for indigenous queer youth to come together but when you do find one another, it's a bond that feels so special and comforting."

"Becoming the next role models"

"I'm deadly!!!!!!!!!!!!!!"

"I think that because there is such a small amount of people that I know of that fit into this mould, meeting people who are like me is an amazing feeling. I like being who I am and I think it helps me understand and empathise with others in the community more"

"I just feel really proud and staunch within myself and of mob around me. Although both are classified as minority groups and all that negative-sounding jargon people use, I still feel powerful and staunch to carry these experiences with me that inform and shape my worldview."

"Being an indigenous lgbtqa+ young person has made me realise how rich my culture and beliefs are"

"I feel like I'm very special in a way, to be apart of two very different, but also welcoming communities that are welcoming of each other."

"My identity shapes me as a person, and gives me an incredibly unique world view."



Some participants said that there was nothing good about being Aboriginal and Torres Strait Islander and LGBTQA+ or discussed negative experiences such as being discriminated against, being bullied, being excluded, being scared of what would happen if other people found out they were LGBTQA+ or struggling to find role models.



Mental Health



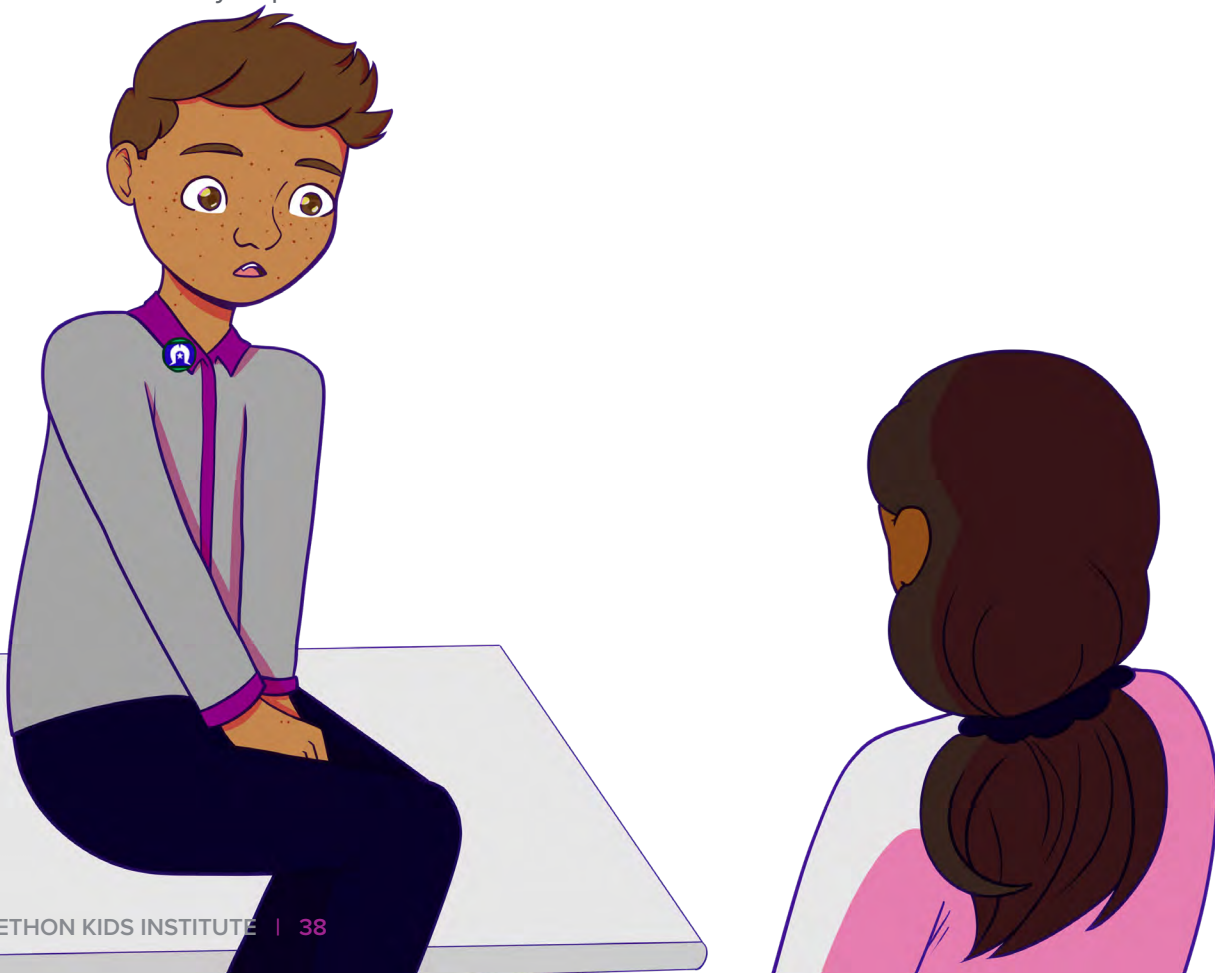
***Content warning:** this section contains information about mental ill health and suicide. It's important to seek help if you're feeling distressed. For immediate assistance, please call 000 or go to your closest Emergency Department. To talk to someone now over the phone or chat online, please contact [Lifeline](#), [QLife](#), [Kids Helpline](#) or [13YARN](#).

Discrimination and marginalisation have a negative impact on mental health and wellbeing [10, 33]. For Aboriginal and Torres Strait Islander LGBTQA+ young people, who experience multiple different types of marginalisation, this can increase their risk for poor mental health [4].

There was a high level of psychological distress among participants, with 91.9% of participants scoring in the high/very high range. Similarly, the number of participants who had attempted suicide was alarming. 45.4% of participants had attempted suicide in their lifetime and 19% had attempted suicide in the last 12 months.

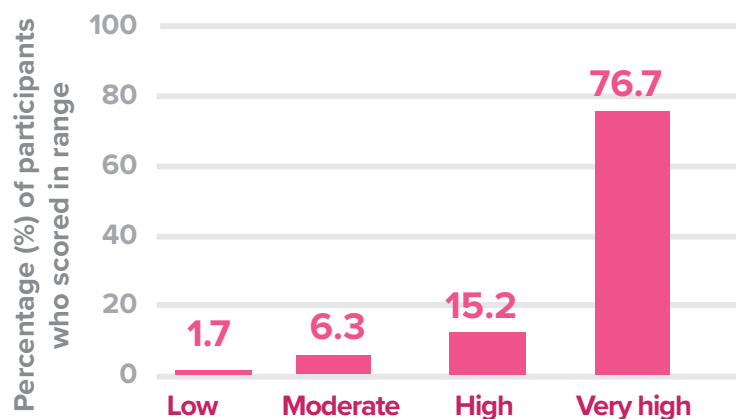
Most common mental health disorders were depression (51.7%), generalised anxiety (48.6%), social anxiety (41.0%) and eating disorders (26.3%), all of which are common among teenagers and young adults, although these rates are higher than we would expect in the general population.

These results support Aboriginal and Torres Strait Islander LGBTQA+ community members' calls for urgent action to address suicide risk factors among Aboriginal and Torres Strait Islander LGBTQA+ young people. It's important to remember that poor mental health is not an inherent part of being an Aboriginal and Torres Strait Islander LGBTQA+ young person, and these statistics can (and should) be changed by increasing the support available to young people and reducing the amount of discrimination they experience.



PSYCHOLOGICAL DISTRESS

Psychological distress refers to sadness, worry and hopelessness. The Kessler 5 scale, which has been adapted for use with Aboriginal and Torres Strait Islander people [34], is used in both research and clinical settings (e.g., when visiting a GP or psychologist) to understand how people have been feeling in the past four weeks. If someone scores in the high or very high range, they're struggling and probably need support.



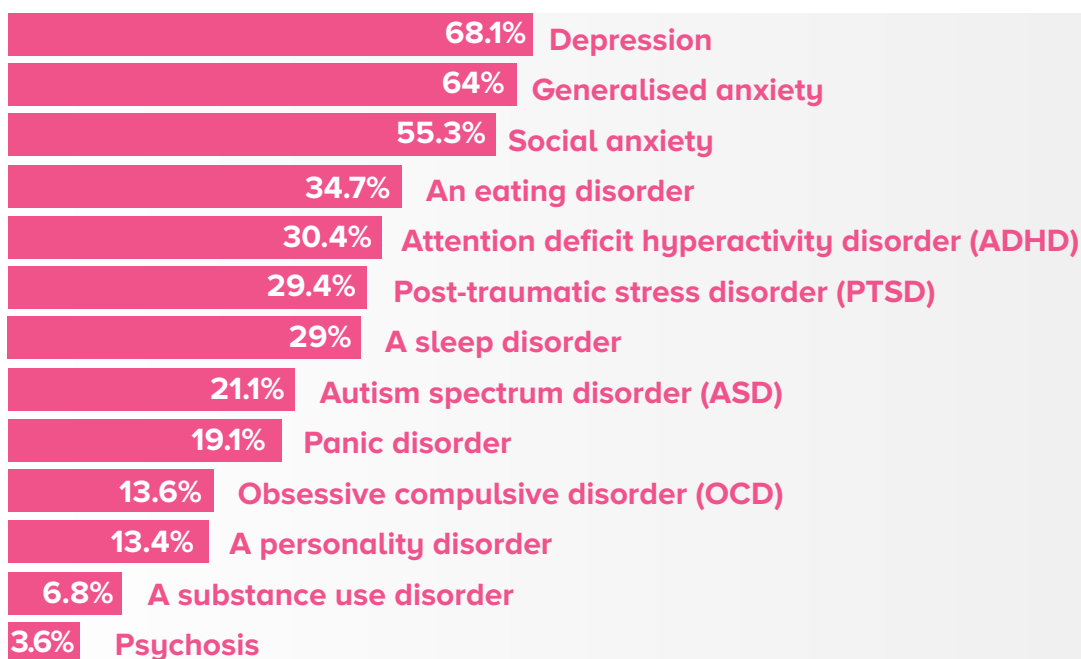
Almost four out of five participants scored in the very high range on psychological distress. This is the opposite of what we would expect to see among young people in the general population (i.e., all young people in Australia, not just those who are Aboriginal and Torres Strait Islander and LGBTQA), where most people would report low psychological distress and few would report high psychological distress [35, 36]. This finding suggests that many Aboriginal and Torres Strait Islander LGBTQA+ youth are struggling and need help.

Figure 11: Psychological distress in the past 4 weeks (N=460)

Participants under the age of 18 reported significantly higher levels of psychological distress than participants aged 18 years and over.

MENTAL HEALTH DIAGNOSES

Participants were asked whether they had ever experienced (or been diagnosed by a health worker) with any of the following (N=470):



100%

10.7% (n = 66) of participants had been diagnosed with another disorder, including bipolar disorder, gender dysphoria, neurological disorders and dyslexia. Others said they thought they might have a mental illness but had not received a diagnosis.

SUICIDAL THOUGHTS AND BEHAVIOURS

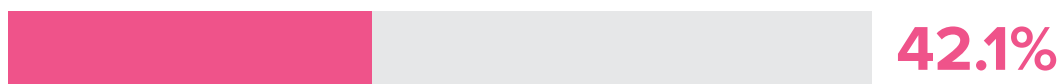
45.4% (n = 212) of participants had attempted suicide in their lifetime.

In the last 12 months:

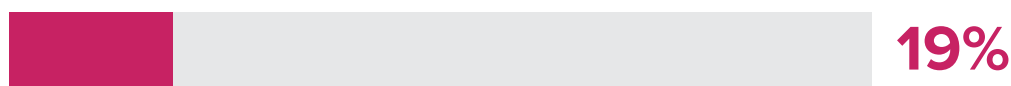
Has seriously considered attempting suicide (10.4% preferred not to say)



Has planned for how they would attempt suicide (3.2% preferred not to say)



Has attempted suicide



Participants under the age of 18 were more likely to have seriously considered attempting suicide in the past 12 months and more likely to have attempted suicide in the last 12 months compared to participants aged 18 years and over.

These results are alarmingly high and support Aboriginal and Torres Strait Islander LGBTQA+ community members' calls for urgent action to address suicide risk factors among Aboriginal and Torres Strait Islander LGBTQA+ young people.

It's important to seek help if you're feeling distressed. For immediate assistance, please call 000. To talk to someone now over the phone or chat online, please contact [Lifeline](#), [QLife](#), [Kids Helpline](#) or [13YARN](#).

You can also see our [website](#) for some suggestions about other places to go for help.



Discrimination

In order to improve Aboriginal and Torres Strait Islander LGBTQA+ young people's SEWB and mental health, it is important to understand what discrimination young people are experiencing and how it affects them. We considered:

- Homophobia and transphobia within the Aboriginal and Torres Strait Islander community
- Racism within the LGBTQA+ community
- Racism from romantic or sexual partners

This could include overt bigotry (e.g., making racist remarks) or subtle things that could make a young person feel unwelcome or unvalued (e.g., feeling like their LGBTQA+ identity was ignored).

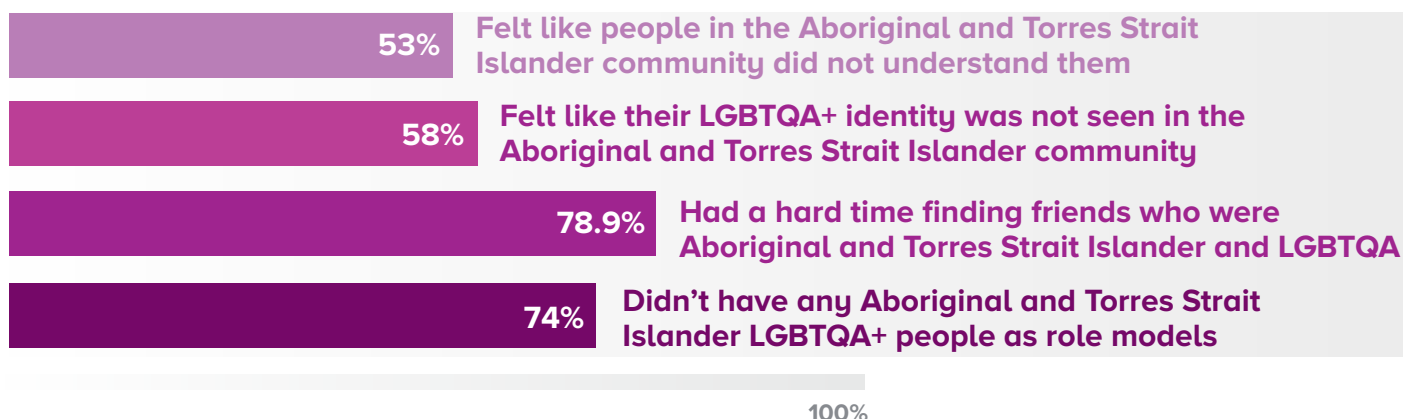
Both discrimination within the Aboriginal and Torres Strait Islander community and within the LGBTQA+ community were experienced by the majority of participants. Encouragingly, few participants had experienced racism in relationships.

However, participants rated racism in relationships as having the biggest impact on them, followed by racism in the LGBTQA+ community. There were also individual differences between participants and how much they were impacted by discrimination. In addition to pushing for an end to discrimination within our communities and encouraging allies to stand up against offensive behaviour, it can help to teach Aboriginal and Torres Strait Islander LGBTQA+ young people strategies to cope with discrimination.

We measured discrimination using an adapted version of the LGBT People of Colour Microaggressions Scale [37].

DISCRIMINATION (HOMOPHOBIA AND TRANSPHOBIA) FROM ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

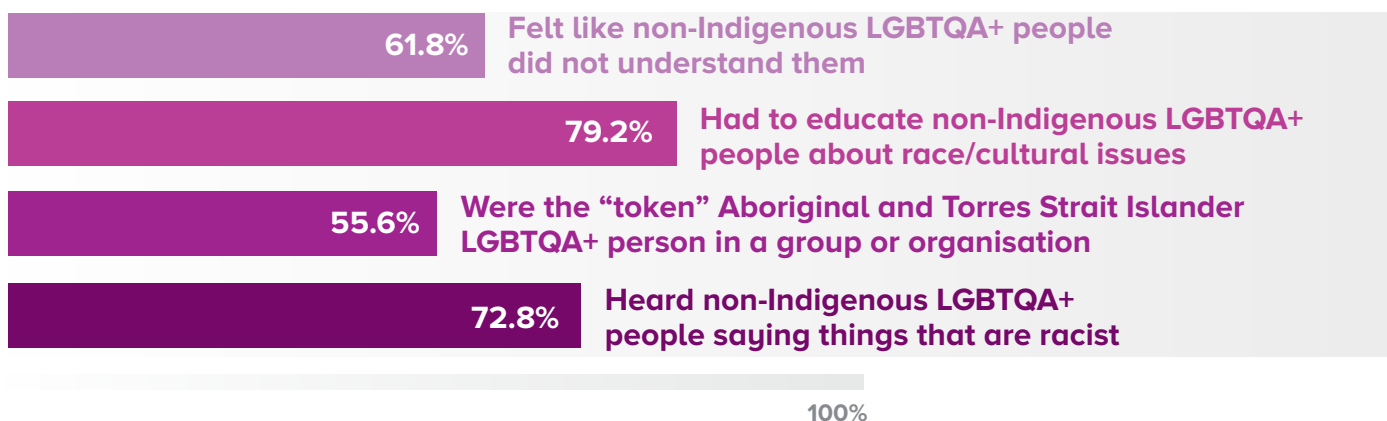
In the last 12 months:



Most participants had experienced at least one form of discrimination from Aboriginal and Torres Strait Islander community members because of their sexuality or gender within the last 12 months.

RACISM FROM LGBTQA+ PEOPLE

In the last 12 months:



Almost 80% of participants had felt like they had to educate non-Indigenous LGBTQA+ people about race or cultural issues. Alarming, almost three-quarters of participants had heard non-Indigenous LGBTQA+ people saying something racist within the last 12 months.

RACISM WITHIN RELATIONSHIPS

Young people may also experience discrimination from sexual or romantic partners or potential partners (e.g., on dating apps). In the last 12 months:



THE IMPACT OF DISCRIMINATION

Participants also reported how much each type of discrimination had bothered them (0 = Not at all; 4 = Extremely). Relationship racism had the greatest impact on participants (mean = 3.27, it bothered them a lot), followed by racism in the LGBTQA+ community (mean = 2.96, it bothered them a bit) and then homophobia and transphobia in the Aboriginal and Torres Strait Islander community (mean = 2.73, it bothered them a bit).

There was also a lot of differences between individual participants. For some participants, some types of discrimination didn't bother them at all, and others were “extremely” bothered.

These findings suggest that while discrimination experiences are common among Aboriginal and Torres Strait Islander LGBTQA+ young people, they are not always negatively impacted by them. This could point to possible strategies that young people have learned to cope with discrimination, inherently different impacts of different types of discrimination, or young people not perceiving some behaviours as discriminatory.

Health Service Use

Summary

It is important that in addition to understanding the state of Aboriginal and Torres Strait Islander LGBTQA+ young people's mental health and wellbeing, we understand how best to support them. Previous research with Aboriginal LGBTQA+ young people indicates that they have mixed experiences in ACCHOs and LGBTQA+ health services and were critical of the idea that they could be neatly placed within either service model [15, 38]. Overall, the existing research shows that inadequate or inappropriate service provision for Aboriginal and Torres Strait Islander LGBTQA+ young people results in distrust, stress, reluctance to seek help, and feelings of invisibility [4].

When designing this survey, we considered three types of services:

- Aboriginal Community Controlled Health Organisations (ACCHOs, also known as AMSs and ACCHSs)
- LGBTQA+ Health Services
- General Health Services (e.g., GPs and hospitals)

Nearly all (91.7%) participants used general health services. About half (49.5%) used ACCHOs and only 21.8% used LGBTQA+ health services



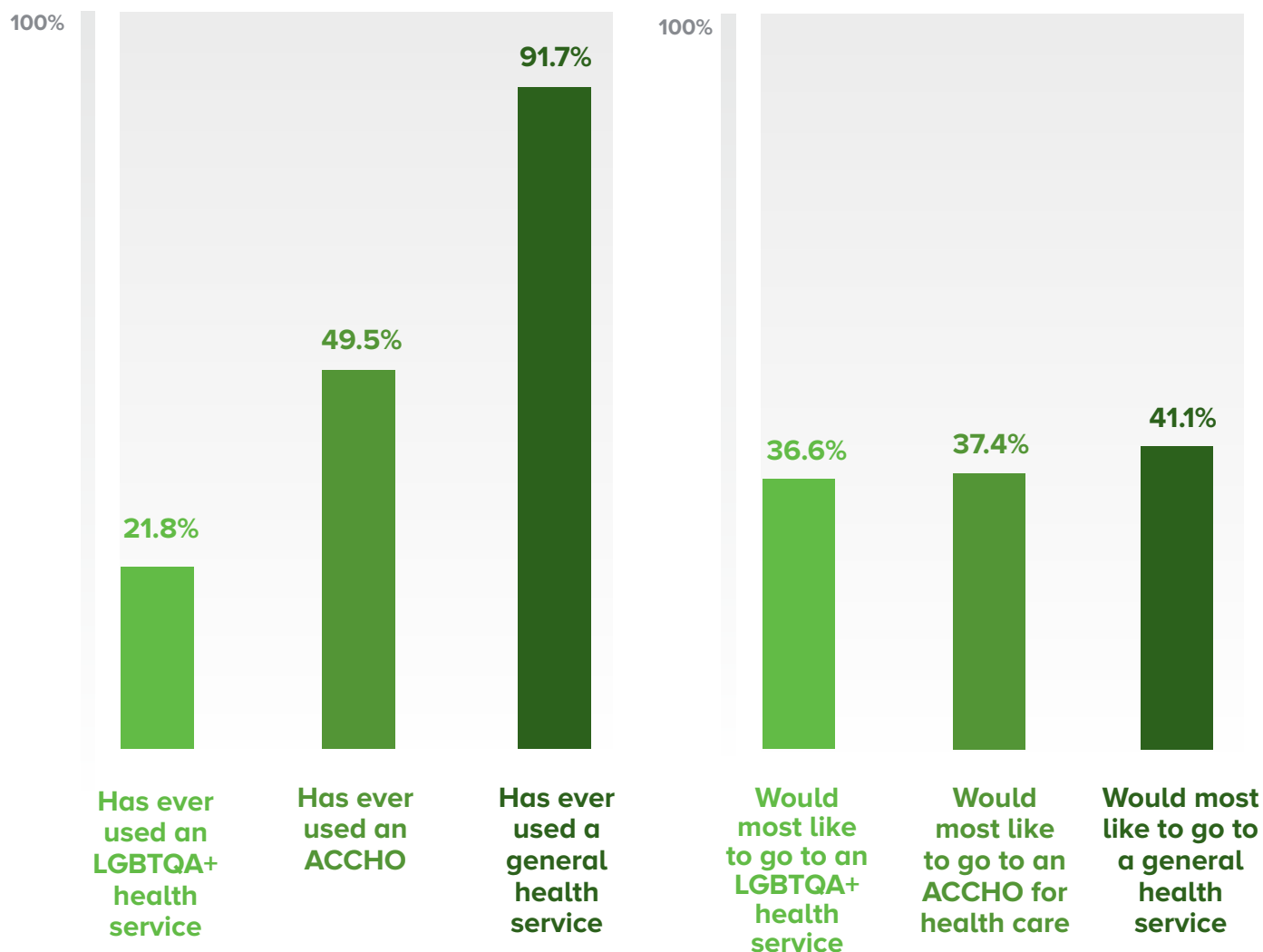


Figure 12: Use of LGBTQA+, Aboriginal and General Health Services (n = 447-464)

However, when participants were asked where they wanted to go for healthcare, there was a similar number of responses for each service type. There was a slight preference for general health services (41.1%) (n = 174), followed by ACCHOs (37.4%) (n = 158) and LGBTQA+ health services (36.6%) (n = 155). 13.7% (n = 58) of participants said they didn't have a preference. 11.3% (n = 48) of participants didn't know where they'd prefer to go to healthcare, and 3.3% (n = 14) didn't go to health services (N = 423).

Approximately half of participants felt safe and respected at all types of services, and many participants discussed positive experiences receiving care. However, services had a generally low level of knowledge about how to provide care for Aboriginal and Torres Strait Islander LGBTQA+ people and there is a clear need for more staff training. At all service types, a significant number of participants heard rude or ignorant comments about their Aboriginal and Torres Strait Islander LGBTQA+ identities. ACCHOs and general health services both lacked visible signs that Aboriginal and Torres Strait Islander LGBTQA+ young people would be welcome, whereas at LGBTQA+ health services participants often saw signs that Aboriginal and Torres Strait Islander people were welcome but did not receive culturally competent care.



WHAT HEALTH SERVICES CAN DO BETTER

When asked how health services can do better for Aboriginal or Torres Strait Islander LGBTQA+ young people (n = 81), participants said:

Care about
Aboriginal and
Torres Strait Islander
LGBTQA+ young
people

Ask for
their
pronouns

Staff need
to educate
themselves and
receive training

Hire Aboriginal
and Torres
Strait and/or
LGBTQA+ staff

Provide
resources
for LGBTQA+
mob by *mob*

Don't assume
that clients are
cisgender and
heterosexual

Show signs that
Aboriginal and Torres
Strait Islander LGBTQA+
people are welcome and
will be included

Treat Aboriginal and
Torres Strait Islander
LGBTQA+ young people
equally and with
respect

Aboriginal Community Controlled Health Organisations (ACCHOs)

ACCHOs are designed for Aboriginal and Torres Strait Islander people and governed by an Aboriginal and Torres Strait Islander Board of Management. ACCHOs take a holistic, comprehensive and culturally appropriate approach to healthcare and most offer a range of different services [39]. ACCHOs first appeared in the 1970s in response to racism in the mainstream healthcare system and the unmet need for culturally safe care. ACCHOs provide community control over health care, which is an important part of self-determination and ensuring better health outcomes [39, 40].

29.5% (n = 58) of participants said that, in general, ACCHOs know a reasonable amount or a lot about working with LGBTQA+ people.

When accessing an ACCHO, participants reported:

ACCHOs

- 4.7% had not been seen because they were LGBTQA+
- 7.4% of participants felt they received worse service because of their LGBTQA+ identity
- 9.8% of participants reported the service made them feel like they matter less because they are LGBTQA+.
- 23.0% heard rude, hurtful or ignorant comments about their identity
- 36.0% said staff used the right language for LGBTQA+ people

N = 211-215

Participants also rated how much they agreed or disagreed with the following statements about their experiences when going to ACCHOs:



Participants under the age of 18 were less likely to use Aboriginal Community Controlled Health Organisations compared to participants 18 years or older.

We asked participants to tell us more about their experiences in ACCHOs: (n = 47)

Good	Needs Improvement	Bad
LGBTQA+ inclusive <ul style="list-style-type: none"> ➤ LGBTQA+ staff ➤ LGBTQA+ health promotion ➤ Non-judgemental ➤ Felt respected and seen 	Need to try harder to be inclusive	Assumed cisheterosexuality <ul style="list-style-type: none"> ➤ Ignorant/hurtful assumptions ➤ Didn't acknowledge LGBTQA+ identity ➤ Didn't ask/use correct pronouns
Other participants were unsure whether the ACCHOs they attended were LGBTQA+ inclusive because they weren't 'out' at the time, or reported generally good care ("my local AMS is awesome!!!") or generally poor care (e.g., lack of compassion from clinicians, receiving misdiagnoses, etc.).		Lack of LGBTQA+ women's health (LGBTQA+ health promotion focused on gay men)
		Worried about discrimination <ul style="list-style-type: none"> ➤ Worried about being outed to family ➤ Worried something bad will happen

For those participants who do not go to ACCHOs, we asked them why not. (n = 142)

"I don't have a massive connection to community"

Some participants said they didn't attend ACCHOs because of disconnection, either from their communities and culture or their Aboriginal and Torres Strait Islander identity

"scared of being reprimanded or told I'm 'not indigenous enough'"

"Didn't know they existed"

Others said they were scared to but didn't explain why, and only one participant said they were worried about being discriminated against for being LGBTQA+. Many discussed not being able to access services because of where they were living ("there isn't one in my area"), long waitlists, or not knowing what ACCHOs are and where they're located

"I'm a minor and I've never been taken to one"

For some participants, the decision about where they received healthcare was made by their parents/caregivers

"I come from a mixed family so it is easier to go to one doctor"

Others said they found it easier to use other types of services.

"I haven't needed to"

Finally, many participants said that they didn't need to use ACCHOs.

Overall, about half of participants felt safe and comfortable using ACCHOs as an LGBTQA+ person, however, ACCHOs didn't have enough knowledge about providing care to LGBTQA+ people. Similarly, while many participants reported positive experiences in ACCHOs, there remains a need to improve staff knowledge about LGBTQA+ people. The main barriers to attending ACCHOs were accessibility and not feeling 'Indigenous enough'.

LGBTQA+ Health Services

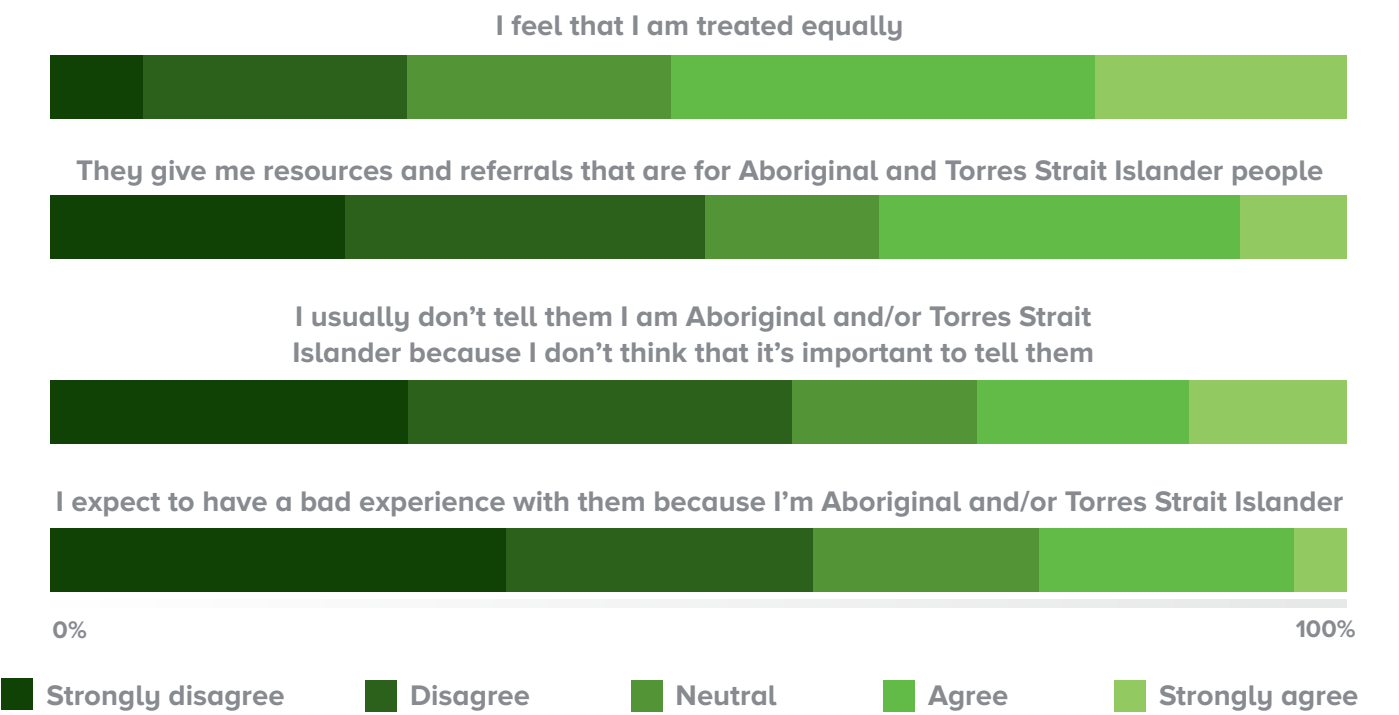
LGBTQA+ health services are services specifically for LGBTQA+ communities. Many of these services started out as AIDS Councils during the 1980s, but now provide a range of services for LGBTQA+ people’s health and wellbeing [41-43].

38% (n = 35) of participants said that, in general, LGBTQA+ health services know a reasonable amount or a lot about working with Aboriginal and Torres Strait Islander people.

LGBTQA+ Health Services

- 10.3%** had not been seen because they were Aboriginal and/or Torres Strait Islander
- 77.3%** said staff listened to their opinion about involving family or friends in their care
- 80.4%** saw visible signs that Aboriginal and/or Torres Strait Islander people are welcome
- 16.5%** said they were given worse service because they were Aboriginal and/or Torres Strait Islander
- 15.5%** said they were made to feel like they matter less because they were Aboriginal and/or Torres Strait Islander
- 43.3%** heard rude, hurtful or ignorant comments about their Aboriginal and/or Torres Strait Islander identity

Participants also rated how much they agreed or disagreed with the following statements about their experiences when going to LGBTQA+ Health Services:



Participants under the age of 18 were less likely to use LGBTQA+ Health Services compared to participants 18 years or older.

Participants under the age of 18 were more likely to agree that services listened to their opinions about involving family and friends in their care compared to participants 18 years or older.

We asked participants to tell us more about their experiences in LGBTQA+ Health Services:

Please note that a relatively small number of participants (n = 22) responded to this question.

Good	Needs Improvement	Bad
Satisfactory service and treated with respect	Lack of support/service available in regional/remote areas	Lack of cultural competency <ul style="list-style-type: none">➤ Disregarded Aboriginal and Torres Strait Islander identity➤ Need Aboriginal and Torres Strait Islander staff➤ Experienced racism
		Concerns about privacy

For those participants who did not attend LGBTQA+ Health Services, we asked them why not: (n = 99)



“I have never felt like I was "sick enough". I guess it's silly but I feel like if I ask for help, it will make someone who's worse than me have to wait longer...”

“I’ve never had the resources to contact a service, and never really needed to.”

“I didnt know they existed”

“Never thought about it”

“I do not believe I belong because I have not officially come out.”

“I am still a minor, therefore I need my mother to drive me places, and I am not yet out to my Mother nor anyone who can drive.”

“I haven’t really had the courage to do so”

“In my community we have an aboriginal health service which is LGBTQA+ friendly but wasn’t strictly a LGBTQA+ service”

“Haven’t had any use for one.”



Approximately half of participants felt safe and comfortable using LGBTQA+ health services as an Aboriginal or Torres Strait Islander person, however, many participants reported experiences of racism in LGBTQA+ services. Participants also stated that their cultural identity was disregarded by staff and that services needed to hire more Aboriginal and Torres Strait Islander staff. Despite often seeing signs that Aboriginal and Torres Strait Islander people were welcome, experiences did not always match this. The main barriers to attending LGBTQA+ health services were not knowing about them and inaccessibility.

General Health Services:

General health services are places like GPs, hospitals, and psychologists that are designed for the 'general population' (i.e., everyone in Australia) to access. Sometimes, assumptions about what care for 'everyone' should look like can mean that general services don't meet the needs of minority communities. General services are very common and easy to find.

23% (n = 85) of participants said that, in general, general health services know a reasonable amount or a lot about working with Aboriginal and Torres Strait Islander LGBTQA+ people.

General Health Services

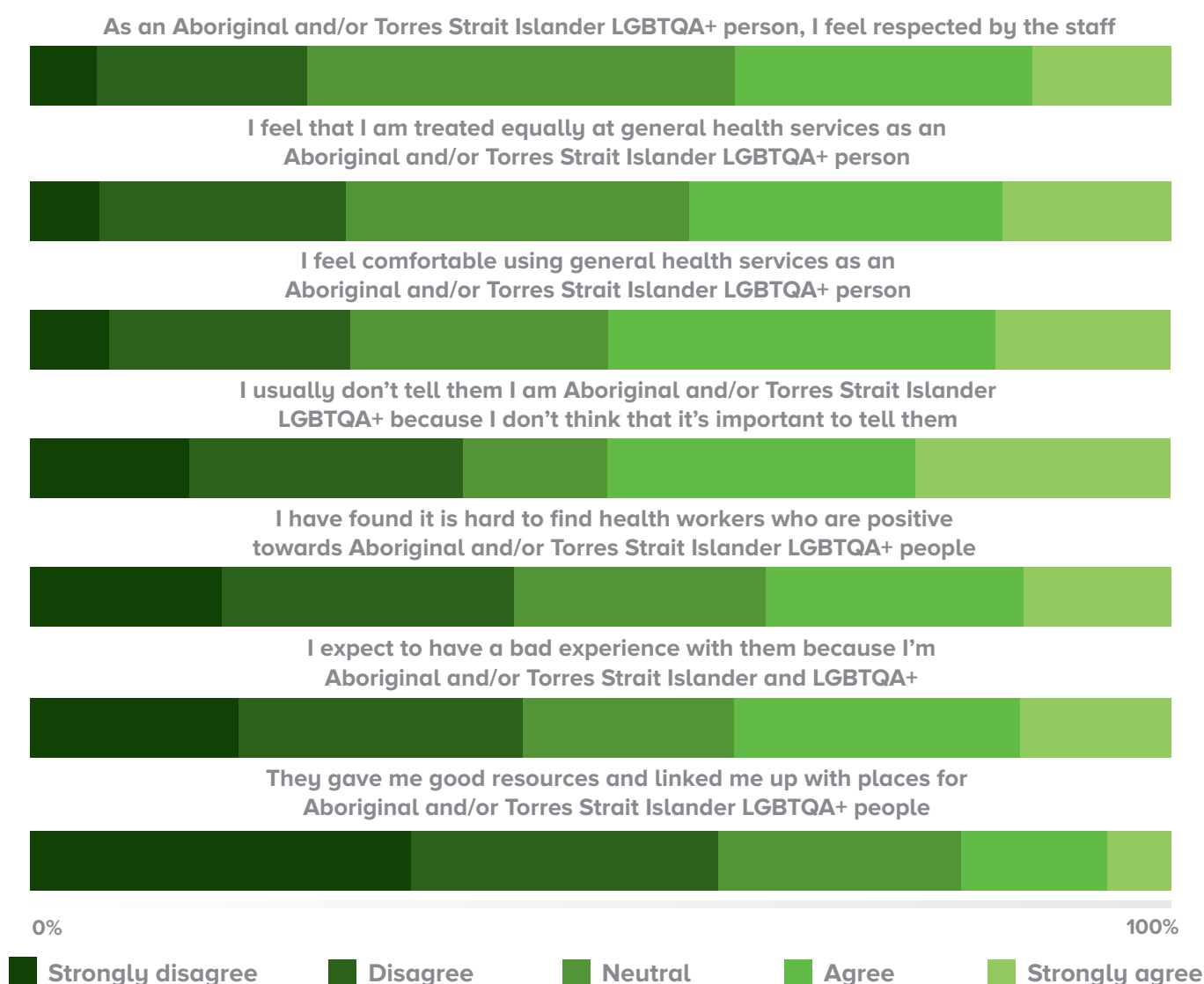
23.2% said staff made them feel like they mattered less because of their Aboriginal and/or Torres Strait Islander and LGBTQA+ identities

31.3% reported hearing rude, hurtful or ignorant comments

56.3% said staff use the right language for Aboriginal and/or Torres Strait Islander LGBTQA+ people

57.5% saw visible signs of welcome and inclusion

Participants also rated how much they agreed or disagreed with the following statements about their experiences when going to general health services:



Participants aged 18 years and older were *more likely* than participants under 18 years to report:

- that they had been made to feel like they mattered less in general health services.
- that they don't tell services that they are Aboriginal and Torres Strait Islander and LGBTQA+ because they don't think that it is important to tell them.
- that it was difficult to find health workers who are positive towards Aboriginal and Torres Strait Islander LGBTQA+ people.
- that services gave them good resources or linked them up with places for Aboriginal and Torres Strait Islander LGBTQA+ people.

Participants aged 18 years and older were *less likely* than participants under 18 years to report:

- that they felt comfortable using services as an Aboriginal and Torres Strait Islander LGBTQA+ person.
- that services know about their needs as an Aboriginal and Torres Strait Islander LGBTQA+ person.

We asked participants to tell us more about their experiences in General Health Services (n = 63)

Good	Needs Improvement	Bad
Satisfactory service and treated with respect	Need visible sign acceptance	Assumed cisheterosexuality
	Needs improvement (more representation, include intersections, non-specific improvement)	Ignorant about Aboriginal and Torres Strait Islander health
	Not inclusive of both Aboriginal and Torres Strait Islander and LGBTQA+	Ignorant about LGBTQA+ health
		Rude, condescending or discriminatory
		Scared or uncomfortable
Some participants also noted that they received generally good or bad healthcare.		➤ Not 'out' because afraid of discrimination or ignored when trying to come out

For those participants who did not attend General Health Services, we asked them why not. (n = 20)

Very few participants didn't attend general health services. For those who didn't, they said this was because they didn't think they needed to, they had trouble accessing general health services, or for other individual reasons.

Overall, general health services were the most attended of all services. Nearly half of participants felt comfortable using general health services and felt that they were respected by staff and treated equally. Some participants reported very positive relationships with clinicians, however, general health services were reported by some to be rude or condescending. There is a clear need for improved staff knowledge and visibility around Aboriginal and Torres Strait Islander and LGBTQA+ identities at general health services.

Seeking support and information online

Half (52.0%) of participants reported having ever accessed online information or support about being Aboriginal and/or Torres Strait Islander and LGBTQA+ (e.g., social media, apps, information from websites).

Participants went online to access:



Resources



Service websites



Online community
(tiktok, instagram,
youtube, facebook)



Telehealth or
online care

They used this support to:



Feel strong and seen



Find friends and
community



Access information,
education and
research



Receive kindness
and support

However, they encountered problems, such as:



Unreliable information



Content that is “white-washed”, superficial, or dense

(N = 98)



Gender Diversity

Findings from trans and gender diverse young mob

***Content warning:** this section contains information about mental ill health and suicide. It's important to seek help if you're feeling distressed. For immediate assistance, please call 000 or go to your closest Emergency Department. To talk to someone now over the phone or chat online, please contact Lifeline, Qlife, Kids Helpline or 13YARN.

Trans and gender diverse young people frequently experience greater levels of discrimination and more barriers to accessing support than cisgender sexuality diverse young people. This results in trans young people experiencing overall poorer wellbeing and mental health. This was true for our survey participants.

Nearly half (46.2%) of participants were trans or gender diverse. Of those, the majority (66.3%) were a non-binary gender (e.g., enby, genderfluid, demigirl, agender), 22.8% were men and 7.8% were women.

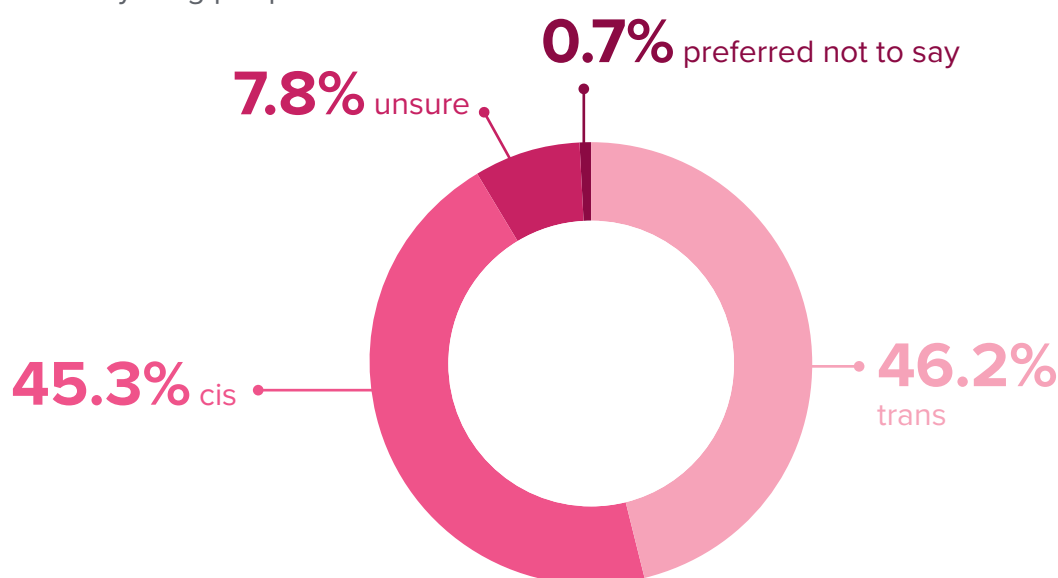
Trans participants scored lower in Connection to Culture, Connection to Mind and Emotions, Connection to Body, and Connection to Family and Kinship than cis participants. However, trans participants felt more strongly connected to their Aboriginal and Torres Strait Islander LGBTQA+ identity (i.e., they scored higher on 'identity centrality') than cis participants.

Trans participants experienced more discrimination within the Aboriginal and Torres Strait Islander community, but it had the same impact on them as cis participants.

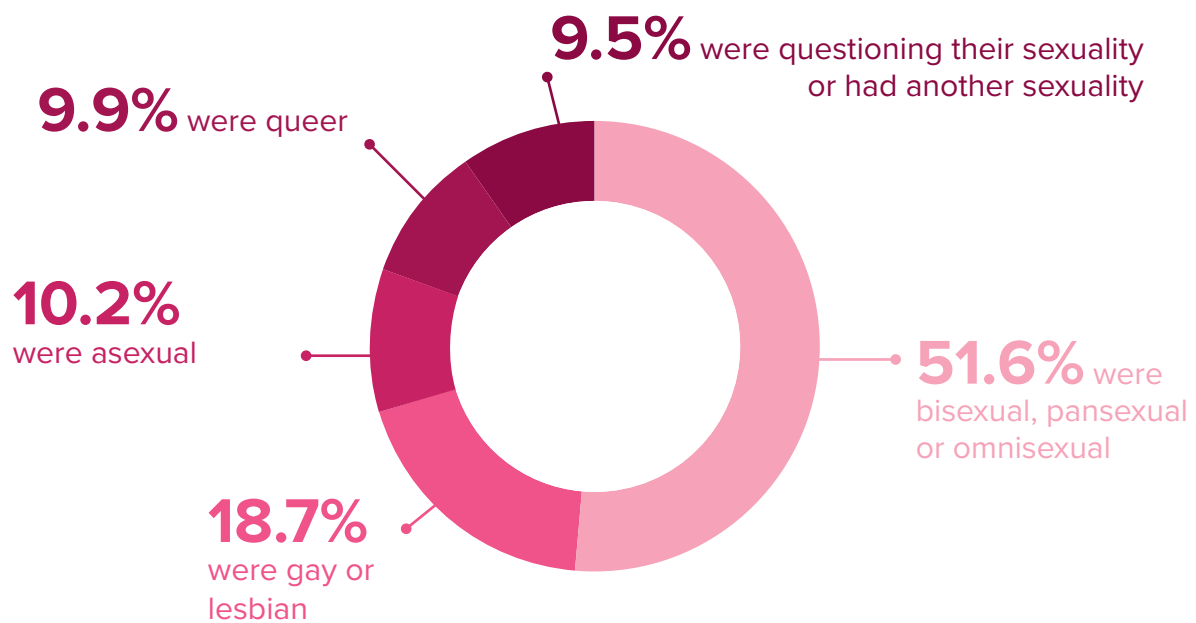
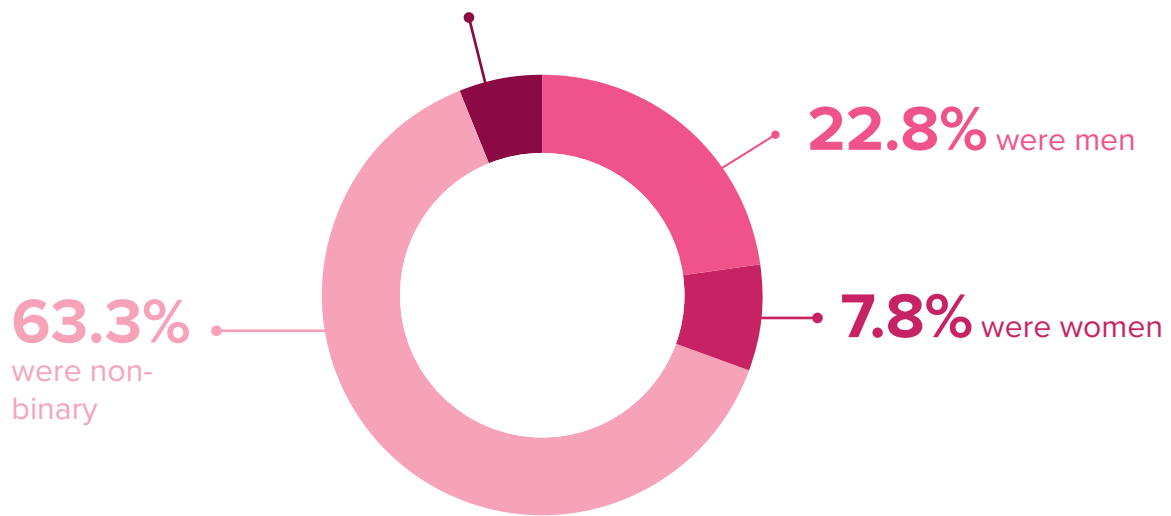
Trans participants were nearly twice as likely to report a suicide attempt in their lifetime and 1.76 times more likely to have experienced suicidal ideation in the last 12 months than cis participants. They also reported higher levels of psychological distress.

When seeking care from ACCHOs and general health services, trans participants were more likely to say they had heard rude or ignorant comments, had been made to feel like they matter less, or that staff did not use the right language for LGBTQA+ people.

All of these factors can add up to make trans and gender diverse young people some of the most vulnerable members of our communities, and support should be put in place specifically for them. Additionally, more research and support must be available specifically for non-binary Aboriginal and Torres Strait Islander young people.



6.0% were questioning their gender or had another gender identity



Trans participants were more likely to be living in a major cities and less likely to be living in a remote areas than cis participants. There were no significant differences in the number of Aboriginal, Torres Strait Islander, and both Aboriginal and Torres Strait Islander participants depending on whether they were trans or cis. There were no significant differences in the age of trans and cis participants.

Social and Emotional Wellbeing

Compared to cis participants, trans participants:

- › Spent less time learning about Culture (part of Connection to Culture).
- › Spent less time participating in cultural practices (part of Connection to Culture).
- › Reported lower Connection to Mind and Emotions.
- › Reported lower Connection to Body.
- › Were less likely to agree or strongly agree that their family relationships were important to them (part of Connection to Family and Kinship).
- › Were less likely to agree or strongly agree that their family gets on well together (part of Connection to Family and Kinship).
- › Were less likely to agree or strongly agree that they have a strong sense of family and kinship links (part of Connection to Family and Kinship).
- › Were more likely to be unsure of where their Country is (part of Connection to Country).
- › Were more likely to feel like they belonged to the LGBTQA+ community (part of Connection to Community).

There were no significant differences between trans and cis participants for Connection to Spirit, Spirituality and Ancestors and Connection to Community.

Trans participants reported higher Identity Centrality than cis participants.

Mental health and suicidal thoughts and behaviours

Compared to cis participants, trans participants:

- › Reported higher psychological distress.
- › The average psychological distress score was 18.1 out of 25 for trans participants and 16.7 out of 25 for cis participants.
- › Were nearly twice (1.89 times) as likely to report a suicide attempt in their lifetime.
- › Were 1.76 times as likely to report suicide ideation in the last 12 months.

Trans participants were not more likely to report making a plan for suicide or attempting suicide in the last 12 months compared to cis participants.

Experiences of discrimination

Trans participants were more likely to report experiencing homophobic and transphobic discrimination within the Aboriginal and Torres Strait Islander community. However, the impact of this discrimination was the same for trans and cis participants.

Trans and cis participants experienced similar levels of relationship racism and racism from LGBTQA+ people. However, trans participants reported that racism from LGBTQA+ people had a greater impact on them.

Experiences at health services

At ACCHOs, trans participants:

- Were approximately 3 times more likely to be made to feel like they mattered less because they were LGBTQA+.
- Were approximately twice as likely to hear rude, hurtful or ignorant comments about their LGBTQA+ identity.
- Were less likely agree that they don't tell services they are LGBTQA+ because they don't think it's important to tell them.

When attending LGBTQA+ health services, trans participants:

- Were more likely to agree that they don't tell services they are Aboriginal and Torres Strait Islander because they don't think it's important to them.

When attending general health services, trans participants:

- Were nearly twice as likely to be made to feel like they mattered less because they were Aboriginal and Torres Strait Islander and LGBTQA+.
- Were less likely to report that staff used the right language for Aboriginal and Torres Strait Islander LGBTQA+ people.
- Were more likely to expect that they would have a bad experience because they are Aboriginal and Torres Strait Islander and LGBTQA+.
- Were less likely to feel comfortable using General Health Services as an Aboriginal and Torres Strait Islander LGBTQA+ person.
- Were less likely to say services knew about their needs as an Aboriginal and Torres Strait Islander LGBTQA+ person.
- Were less likely to feel respected by staff as an Aboriginal and Torres strait Islander LGBTQA+ person.



Recommendations

Young people:

- Find ways to connect with other Aboriginal and Torres Strait Islander LGBTQA+ young people.
- Connect to both the Aboriginal and Torres Strait Islander and LGBTQA+ communities to strengthen these identities individually and together.
- Find Aboriginal and Torres Strait Islander LGBTQA+ artists, musicians, actors, activists and influencers for inspiration (see our 'who to follow' list at the back of this report for some suggestions).
- See our resources about looking after your wellbeing.

Families and community:

- Actively tell Aboriginal and Torres Strait Islander LGBTQA+ young people that they are loved and celebrated.
- Support LGBTQA+ family members by asking about ways you can help to make life easier for them in family and in community.
- Be curious and open-minded. If you don't understand something about your loved one's identity, ask, investigate and learn so that you can support them from an informed perspective.
- Develop inclusive cultural education programs and initiatives that cater to gender and sexuality diverse young people.
- Create spaces for non-binary young people in the community and safe spaces to have conversations about the role of non-binary identities in our culture.
- Be prepared to advocate for your young people and call out other community members for discriminatory behaviour.
- See our Pride Yarns With Mob videos on how to support young mob.
- Ensure LGBTQA+ representation at community events.

Health services:

- Connect with local Elders and community members who support LGBTQA+ people.
- Train new and existing board members and staff to be better informed about Aboriginal and Torres Strait Islander and LGBTQA+ identities, and provide relevant resources for Aboriginal and Torres Strait Islander LGBTQA+ young people.
- Ensure that there are visible signs and symbols of inclusion that provide a sense of safety for Aboriginal and Torres Strait Islander LGBTQA+ clients in physical and online sites. These must be supported by good practice.
- Ensure that staff understand what discriminatory behaviour looks like and that it is unacceptable in your service.
- Ensure that your service offers non-binary and queer inclusive health promotion and services.
- Invest in organisational policies that explicitly support LGBTQA+ inclusion.
- Upskill in providing gender-affirming care and connect with other trans-inclusive programs and services.
- Seek young people's perspectives and understand why young people may feel uncomfortable or unwelcome accessing your services.
- Ensure the longevity of LGBTQA+ inclusive practice.
- Always include Aboriginal and Torres Strait Islander LGBTQA+ perspectives when designing new health and social services.

Policy makers:

- Specific health funding should be set aside for community-driven initiatives to address poor SEWB and high distress and suicide behaviour among Aboriginal and Torres Strait Islander LGBTQA+ young people.
- All national government surveys of Aboriginal and Torres Strait Islander people should include an LGBTQA+ specifier so that ongoing data is generated.
- Consider Aboriginal and Torres Strait Islander LGBTQA+ young people in all policy and national strategies related to Aboriginal and Torres Strait Islander and LGBTQA+ people.
- Give consideration to the many possible forums for inclusion, such educational settings.
- Ensure that consultation with diverse young people includes Aboriginal and Torres Strait Islander LGBTQA+ young people, to ensure policies are relevant to their needs.
- Action should address the factors that contribute to poor mental health. These include racism, disempowerment and other social determinants of health.

Future research:

- Conduct longitudinal studies to establish causal links between risk factors and distress and suicide behaviour, as well as factors that promote SEWB.
- Co-design and evaluate tailored interventions to support the mental health and SEWB of Aboriginal and Torres Strait Islander LGBTQA+ young people.
- Ensure appropriate funding and time for Aboriginal and Torres Strait Islander LGBTQA+ staff, ethics approvals, Indigenous Data Sovereignty and Aboriginal and Torres Strait Islander governance.
- Form and resource a national Aboriginal and Torres Strait Islander LGBTQA+ research advisory group.



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Links

Walkern Katatdjijin website

- <https://www.rainbowknowledge.org/>

From here you can view our Data Governance Statement, resources, Pride Yarns With Mob videos, and other places to go for help.

- **Lifeline**

13 11 14

www.lifeline.org.au

- **QLife**

1800 184 527

www qlife.org.au

- **Kids Helpline**

1800 55 1800

kidshelpline.com.au

- **13YARN**

13 92 76

13yarn.org.au

- **Black Rainbow**

<https://blackrainbow.org.au/>

- **BlaQ Aboriginal Corporation**

<https://www.blaq.org.au/>

- **First Peoples Rainbow Mob WA**

<https://www.fprmwa.com.au/>

- **Koorie Pride Victoria**

<https://www.kooriepridevic.org.au/>

- **Sistergirls & Brotherboys**

<https://www.facebook.com/groups/sistergirls.brotherboys/>

- **Walkern Katatdjijin pre-registration on Open Science Framework:**

<https://osf.io/xkt5u>

OR go to <https://osf.io> > OSF registries and search 'Walkern Katatdjijin'

Additional Resources





Self-Care Guide for Coping with Media and News



Switch Off

Take a break- information overload, transphobic and racist messaging from the social and traditional media can make us feel paralysed, hopeless, confused, energised or all of these emotions at one.

Allow yourself some space to **feel how you are feeling**

Unfollow/unfriend those who negatively affect you

Set limits and make a plan when spending time with conservative family members

Connect with Yourself

- Watch some Aboriginal & Torres Strait Islander LGBTQA+ content
- Connect to Country, get some sun, buy some plants
- Exercise
- Take a long shower or bath
- Listen to your favourite playlist or **our playlist on Spotify**
- Dance for the length of an upbeat song
- Journal
- Meditate or do some yoga
- Say no to things and set boundaries

Get Involved

Sometimes social media, news and politics makes us feel powerless. **Remember, you are not alone.**

- **Follow** LGBTQA+ Aboriginal and/or Torres Strait Islander mob on social media
 - **Reach out** to Aboriginal and/or Torres Strait Islander LGBTQA+ Organisations
 - Participate in community events like Pride or NAIDOC

When using social media, give yourself 5-10 minutes before responding- we can be more effective communicators when we are not angry or upset

Coping with Politics

Voting:

The electoral roll uses the name on the ID you provide when enrolling the vote. You can change your name on the electoral roll **here**.

There is a chance you will be dead-named or misgendered when voting. You can:

- Take a friend with you to vote
- Try to stay present and re-affirm your gender
- Know your **rights**

Remember that no politician or government law has the power to change who you are



Caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare.

-Audre Lorde, Black Feminist Lesbian Activist and Icon

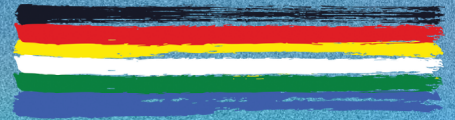
Walkern Katatjdjin
Rainbow Knowledge

Support:
Black Rainbow
QLife
Headspace
13YARN
Trans Vitality Toolkit
Walkern Katatjdjin

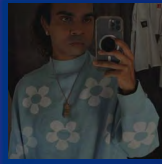
SUPPORT LGBTQA+ MOB ONLINE



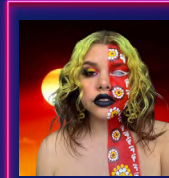
Walkern Katatjdjin
Rainbow Knowledge



CONTENT CREATORS



Arthur Burns



Meissa Mason



Kira Djalie



Nich Richie



Key



ARTISTS



Bobbi
Lockyer



Jake Simon
inyadotart



Charlotte
Allingham
Coffin Birth



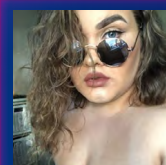
Dylan
Mooney



Daniel
McDonald
Deadlyhandtalk



DRAG ROYALTY



Benny Fits
Amber Joy
Cane



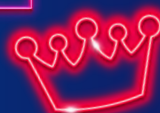
Jojo Zaho



Felicia Foxx



Stone
Motherless
Cold



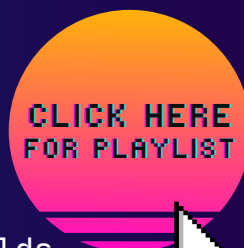
MUSICIANS/PERFORMERS



Jolie Davis



Louis Libran



2LUBLY



Electric Fields



Kee'ahn



Val Flynn



Kaylah Truth



Mr. Widdy
David Clarke



Mo'Ju



LGBTQA+ Mob are incredibly talented and multifaceted. We don't necessarily conform to one job or skill. Follow to find out more

PODCAST



Comingoutblak



Brooke
Blurton



Narelda
Jacobs



Tobiasz
Rodney



Nayuka
Gorrie



Ruby
Wharton



Aretha
Brown



Art by @skyangelwings

Walkern Katatdjin

Rainbow Knowledge

rainbowknowledge.org

Rainbow.Knowledge@telethonkids.org.au