

Walkern Katatdjin



Rainbow Knowledge

# Walkern Katatdjin

COMMUNITY REPORT



Embrace

TELETHON  
KIDS  
INSTITUTE



We acknowledge that this research has taken place on Whadjuk Noongar Boodja. We pay our respects to the Elders past, present and emerging. We ask our ancestors to keep us safe as we go about this work.

**Suggested reference:**

Liddel-Hunt, S., Uink, B., Hill, B., Perry, Y., Munns, S., Talbott, T., Lin, A. (2021) *Walkern Katatdjin (Rainbow Knowledge) Phase 1 Community Report*, Perth, Western Australia

**About the artist:**

The artwork for this project was done by the talented Shakyrrah Beck, who is currently studying year 12 while doing art commissions on the side as both a way to stay calm and support her family. Shakyrrah is 19 years old and has 2 children under the age of 2. She is a Narungga woman but was welcomed in by the Kaurna people from when she was young and has grown up with them.

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**Abbreviations used in this report:**

(You may also refer to the 'glossary' for a list of terms used in this report)

<b>ACCHO</b>	Aboriginal Community Controlled Health Organisation
<b>AMS</b>	Aboriginal Medical Service. Also known as an ACCHO
<b>ER</b>	Emergency Room. Also known as the Emergency Department (ED)
<b>HREC</b>	Human Research Ethics Committee
<b>LGBTQA+</b>	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 intersex
<b>NHMRC</b>	National Health and Medical Research Council
<b>SEWB</b>	Social and Emotional Wellbeing
<b>STI</b>	Sexually Transmitted Infection. Also known as a Sexually Transmitted Disease (STD)
<b>WAAHEC</b>	Western Australian Aboriginal Health Ethics Committee
<b>YAG</b>	Youth Advisory Group

\*Please note that queer is a historically derogatory term that has been reclaimed, but may be offensive to some and should be used with caution. Unless someone specifically identified their sexuality/gender as queer, it is not appropriate to use in professional settings.

# Executive Summary

Aboriginal and Torres Strait Islander young people are at a greater risk of poor social and emotional wellbeing (SEWB) than their non-Indigenous peers, as well as increased risk for suicide, anxiety, and depression (e.g. Azzopardi et al., 2019). Similar risk exists among LGBTQA+ young people (e.g. Robinson et al., 2014; Strauss et al., 2017). Few studies have documented the experiences of Aboriginal and Torres Strait Islander LGBTQA+ people (with Bonson, 2016 and Dudgeon et al., 2015 as notable exceptions), and to date, none have documented the experiences of young people within this group, despite continued and sustained advocacy from Aboriginal and Torres Strait Islander LGBTQA+ community members and researchers (e.g., Davidson, 2016; Hill, 2021; Keen, 2019; Yarns Heal, n.d.; Cross, 2019; Bonson, 2016; First Peoples Rainbow Mob WA, n.d.). This report aims to present empirical evidence, gathered in the first phase of the Walkern Katatdjin study (www.rainbowknowledge.org), on issues significant to Aboriginal LGBTQA+ young people in Perth and articulate some of their service needs and experiences. This report is therefore not intended to represent the wellbeing of all Aboriginal and Torres Strait Islander LGBTQA+ young people in Australia, but to provide insight into the perspectives and experiences of some young people living in the Perth metropolitan region. Participants came from different communities across Western Australia and interstate, representing the diversity of Aboriginal young people living in Perth. Notably, none of the Walkern Katatdjin research participants were Torres Strait Islander, thus we limit our discussion to Aboriginal LGBTQA+ young people.

We conducted qualitative one-on-one interviews and/or yarning groups with 14 Aboriginal LGBTQA+ young people in Perth. This data was analysed using a thematic analysis to understand the major topics that are important to these young people.

“I really just wanted to actually discuss all of this, because I've known for a very long time that I was both Indigenous and LGBT but it's been a very big fight to sort of reconcile both of those identities together and to feel strong in both of them...”

Participants highlighted **identity** as a key part of their wellbeing, and how relationships with family, friends and community could impact on how strong they felt in their identity. Many felt that it was difficult to be Aboriginal and LGBTQA+ at the same time and be recognised as both by others. When family were viewed as supportive, participants felt valued and cared for; family support also helped them stay connected to Culture. Even when **family** intended to be supportive, they often unintentionally said or did hurtful things. Participants' relationships with homophobic and/or transphobic family members could cause significant distress and were often strained or ended. Many felt that the Aboriginal **community** was generally not accepting of LGBTQA+ people, and the LGBTQA+ community did not support Aboriginal people. They said that the establishment of Aboriginal LGBTQA+ communities is important for their wellbeing. Participants felt that there was minimal visibility of Aboriginal LGBTQA+ people and that having better **visibility** would improve their wellbeing and increase societal acceptance through education and normalisation.

Being Aboriginal and LGBTQA+ was often a source of pride to participants but could also be related to feelings of **fear, stigma and shame** (and often participants experienced these conflicting feelings at the same time). Having to live with these feelings had a negative impact on participants' wellbeing. To stay safe, participants had to **navigate** the circumstances they were in, and they described experiences of when and how they 'came out', how they identified allies (and alternatively, those that were homophobic, transphobic and/or racist), and their strategies to reduce harm.

Participants felt that **services** for their mental health were inadequate, with some experiencing dismissive or under-trained health practitioners and/or under-resourced services. Young people identified a need to create Aboriginal LGBTQA+ resources and services, the importance of Aboriginal and/or LGBTQA+ health practitioners, and increased inclusivity and cultural competency for general health practitioners. Other factors that were discussed were reducing barriers to accessing health care services, increasing awareness of available services, discomfort using some Aboriginal health services, biases in available support within some LGBTQA+ services, interservice collaboration and usefulness of visual symbols of allyship (e.g., pride flags, Aboriginal flags) displayed by services.

We hope that the findings of this report increase awareness of the experiences, perspectives and needs of young LGBTQA+ Aboriginal people and lead to better understanding and support. We also hope that this report will promote discussion and development of resources for Aboriginal and Torres Strait Islander LGBTQA+ young people.



## Project Team



**Bep Uink (she/her)**

Bep Uink (Master of Applied Psychology (Clinical), PhD) is a Noongar woman from Perth, WA. She works at Kulbardi Aboriginal Centre, Murdoch University as a researcher. 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.



**Braden Hill (he/him)**

Professor Braden Hill is a gay Nyungar (Wardandi) man from the south-west of Western Australia and the Pro-Vice-Chancellor (Equity and Indigenous) and Head of Kurongkurl Katitjin, Edith Cowan University's (ECU) Centre for Indigenous Australian Education and Research.

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 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.

Professor Hill's research interests include Indigenous education, identity politics, queer identities in education and transformative learning. He is also chief investigator on a project exploring the lived experiences of Indigenous LGBTQI people to better inform community health organisations in their working with queer-identifying Aboriginal and Torres Strait Islander people.



**Shakara Liddel-Hunt (she/her)**

Shakara Liddel-Hunt is a bisexual Wajarri Yamatji woman who grew up on Noongar Country. She completed a Bachelor of Philosophy (Honours) in 2018, majoring in Anthropology and Sociology. Shakara joined the Youth Mental Health Team at the Telethon Kids Institute in 2019 to work on this project.



### Travis Talbott (he/him)

Travis Talbott is a gay Kamilaroi man who grew up on Boon Wurrung and Woiwurrung Country (Melbourne), before moving to Noongar Country (Perth) 10 years ago. He is currently studying for his Bachelor of Science at Murdoch University, majoring in Psychology and minoring in Sports Psychology. Travis recently joined the Youth Mental Health Team for 2020 after being awarded a scholarship by the Australian Health Promotion Association (AHPA) WA Branch, funded by Healthway.



### Sarah Munns (she/her)

Sarah Munns is a Murri woman who grew up on Minang Noongar Country. Sarah completed a six-week Summer 2020/21 internship through the Aurora Education Foundation working with the Youth Mental Health team on the Walkern KatatdjIn project. She is currently studying a Master of Infectious Diseases and has previously completed a Bachelor of Science (BSc) majoring in Genetics & Molecular Biology, and Animal Health (2017); and a BSc (Honours) in Molecular Biology (2018).



### Ashleigh Lin (she/her)

Associate Professor Ashleigh Lin completed Master of Clinical Neuropsychology and PhD degrees at The University of Melbourne. She is currently a NHMRC Career Development Research 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. She is a queer woman.



### 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 Perth from Sydney. She is currently a Senior Research Fellow in 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.

## 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 (#910).

## Acknowledgements



We have completed this phase of the project in partnership with Yorgum Healing Services, Wungening Aboriginal Corporation, and Sexual Health Headquarters. We would like to thank our partners for their support, input and enthusiasm – we look forward to continuing to work with you on the next phase of the project.



We would also like to extend our thanks to First Peoples Rainbow Mob WA for their continual support. We're thrilled to have come on this journey with you.

Our thanks also to Aunty Vanessa Smith and Aunty Doris Hill for their support and guidance in conducting this work on Noongar Boodja.

This project is governed by a Youth Advisory Group made up of 11 Aboriginal and Torres Strait Islander LGBTQIA+ young people aged 14-25 from across Australia who provide input around the research questions we ask, our research methods, reports and publications, participant recruitment, and data governance. The Youth Advisory Group have reviewed and approved this report.

We are additionally guided by a Governance Committee of 7 Aboriginal LGBTQIA+ people, with a wealth of experience in community health services and youth engagement.

We want to thank our Youth Advisory Group and Governance Committee for their invaluable guidance and the time they have spent meeting, reviewing outputs, and connecting us to the broader community. We're honoured to work with mob with such a wealth of lived experience, professional expertise, and passion for improving the lives of other Aboriginal and Torres Strait Islander LGBTQA+ people.

We want to acknowledge the Aboriginal and Torres Strait Islander LGBTQA+ Elders and activists who have come before us and made this work possible.

Finally, we'd like to thank the young mob who participated in this project and gave their time to share their stories with us. Without you, there would be no project, and our team is still in awe of your insight and drive to help your communities.

We know this report does not capture the full depth and diversity of your experiences and opinions, but we nonetheless hope that what we have said here rings true and can be another step toward recognition of this amazing community.

#### A note on the language used in this report:

Throughout this report we have used the words 'Aboriginal and Torres Strait Islander', 'Aboriginal' and 'LGBTQA+'. However, many participants used other words such as 'Indigenous', 'LGBT' and 'queer' to describe themselves. We have not changed these words where they appear in quotations.



## Why did we need this research?

Youth is a time of both opportunity and risk (Dahl, 2004). Adolescents and young adults experience many changes, including biological brain changes, new relationships, trying to understand their identity and needing to fit in (Sommerville, 2013). For some young people, this period is a time of good physical and emotional health. For others it can be a time of distress and confusion (Harter, 1990). Indeed, this period is when most mental health concerns begin (Kessler, 2005).

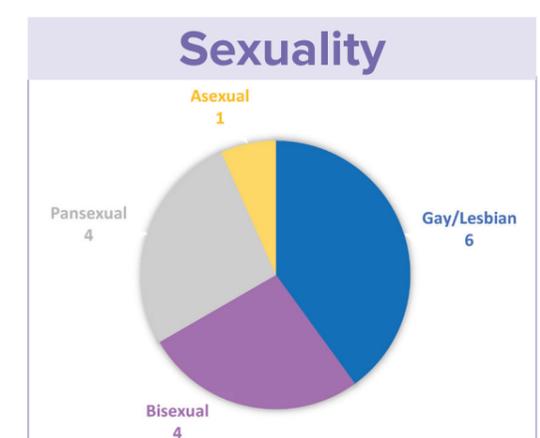
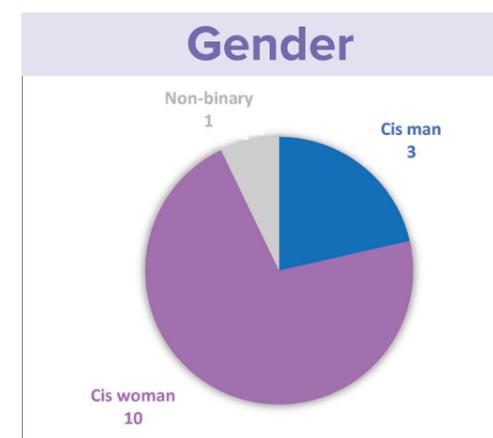
We know that young Aboriginal and Torres Strait Islander Australians are at high risk for poor social and emotional wellbeing (SEWB). Racism and discrimination make mental health worse (Wexler et al., 2015). Although they need mental health services, Aboriginal young people do not always get culturally safe and appropriate services and supports (Wright et al., 2016), which can make their distress even worse.

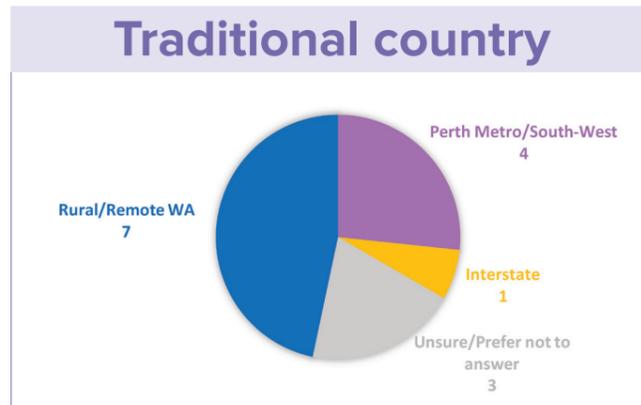
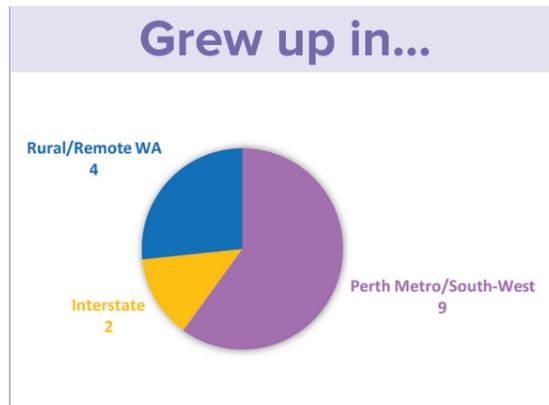
Lesbian, gay, bisexual, trans, queer/questioning and asexual + (LGBTQA+) young people are also at higher risk for anxiety and depression, self-harm and suicide attempts than heterosexual and cisgender (non-trans) young people (Robinson et al., 2014; Strauss et al., 2017). Research shows that LGBTQA+ young people also are often faced with discrimination, bullying, social exclusion, and these can impact their mental wellbeing.

Together, the research shows that being young, being Aboriginal, and being LGBTQA+ all put a person at risk for poor mental health and SEWB. But what about those who are all of these identities – that is, Aboriginal LGBTQA+ young people? Research has shown that Aboriginal LGBTQA+ adults face specific health burdens including increased isolation, rejection from community, and increased risk for suicide, homelessness, and mental health problems (Dudgeon et al., 2015), but we don't know whether it is the same for young people (Uink, Liddelow-Hunt, Ducasse & Daglas, 2020).

The aim of the Walkern Katatdjijin study is to hear about and better understand the experiences, mental health and SEWB of Aboriginal and Torres Strait Islander LGBTQA+ young people. We want to know what factors make people strong and well, what makes mental health and SEWB worse, and how these young people experience services.

## Who did we talk to?





#### Limitations of our sample were:

- Only 1 trans (non-binary) participant.
  - ➔ As such, this report has a stronger focus on sexuality than gender.
- Only 3 male participants.
  - ➔ There were some differences in the topics discussed by men and women. Because there were more woman participants, our analysis has a stronger focus on what women discussed.
- No Torres Strait Islander participants.
  - ➔ As such, this report is only about Aboriginal people.
  - ➔ We recognise the unique Culture of the Torres Strait Islands, and without Torres Strait Islander participants we cannot claim to represent their experiences or perspectives.
- Participants came from across Western Australia and Australia, representing diverse Aboriginal cultures.
  - ➔ Most participants were not living on their traditional Country.
  - ➔ Many participants had not grown up on their traditional Country.
- Despite having experienced difficulties, most participants were doing well when they did the interview/yarning.
  - ➔ It may be that young people experiencing significant hardship or distress did not want to take part in this study, were unable to or didn't know about the study.
  - ➔ The wellbeing of participants may not be reflective of the wellbeing of all Aboriginal LGBTQA+ young people.
- This study had a relatively small sample size (n = 14), although this is a common and accepted sample size for qualitative studies.

This report aims to discuss issues significant to Aboriginal LGBTQA+ young people and articulate some of their perspectives and experiences. This is not intended to represent the average wellbeing of all Aboriginal LGBTQA+ young people in Australia.

We hope that further national research (including the Phase 2 national survey) will be able to shed some light on what life is like for *most* Aboriginal LGBTQA+ young people.

## What did we do?

Participants were Aboriginal LGBTQA+ young people (14-25 years) living in the Perth metropolitan area. We advertised on social media and by placing flyers/posters in services, universities and TAFE campuses, and public notice boards. Participants were invited to one-on-one interviews, with the option of follow-up yarning circles. In total, 14 young people participated - six participants only did an interview, six participants took part in both an interview and a yarning group, and one participant only did a yarning group.

Interviews and yarning circles explored participants' experiences as Aboriginal LGBTQA+ young people in relation to their mental health, wellbeing and use of health services. All participants provided written informed consent to participate in the research. Those under 18 years were given a pre-interview to make sure that they understood the project and could provide informed consent.

We analysed the data using a technique called thematic analysis. The steps that our team took in this process are shown below:

Step	Process
Step 1	All interviews/yarning circles were transcribed (i.e., written out word-for-word). Shakara checked to make sure this was done correctly. Participants were sent their interview to check that they were happy with it. Changes were made if participants requested.
Step 2	Shakara read all transcripts and labelled initial themes in the data using NVivo (a qualitative analysis software). Braden, Yael, Bep, and Travis (the analysis group) each analysed several randomly selected transcripts and labelled their own initial themes. Everyone was told to think about core research questions but also any themes that emerged. A 'theme' in qualitative analysis is an idea that makes meaning of the data and is important to understanding participants' experiences and worldview. We looked for themes that were related to experiences of being Aboriginal and LGBTQA+, descriptions of mental health and wellbeing, and experiences with health services.
Step 3	The analysis group met for three hours to discuss themes they had found. They discussed what each theme meant and the relationship between themes. The Aboriginal LGBTQA+ team members led the discussion.
Step 4	The themes the team developed were re-checked against the data in NVivo to ensure that it was credible and could be confirmed. This meant considering: how frequently themes were discussed, whether themes were discussed by all participants, overlap with other themes, themes' importance as identified by participants, themes' impact on wellbeing as identified by participants.
Step 5	The analysis group met again to discuss how they interpreted the themes.
Step 6	Findings were presented at the Community Forum.
Step 7	Community feedback was incorporated.
Step 8	Revised themes and model were presented to the Youth Advisory Group.
Step 9	Final themes were decided, and this Community Report was completed.

# Major Themes and Findings

We identified 7 major themes within a framework of mental health and wellbeing for Aboriginal LGBTQA+ young people.



Participants' sense of self and understanding of who they are, along with the way they present themselves to the rest of the world.



Primarily participants' 'close' family (i.e., parents, step-parents, siblings, grandparents, and sometimes aunts, uncles and cousins) and the impact they had on wellbeing, however, participants also discussed the role of their extended family.



The Aboriginal community and its impact on wellbeing, however, participants also mentioned other communities that they belonged to or wanted to belong to, such as the LGBTQA+ community.



Participants seeing people like themselves in the media and their communities. It is closely related to the idea of 'representation': who is seen and has their story told.



Participants' experiences of physical and mental health services (e.g., GPs, psychologists, school counsellors, hospitals, crisis lines) and participants' needs and preferences for health service provision. The theme also refers to resources (e.g., health information sheets, posters, educational materials) and other support groups and services (e.g., social groups, homelessness services).



How participants' often experience and manage feelings of fear, shame and stigma associated with their Aboriginal and LGBTQA+ identities.



The everyday process participants go through of navigating their environment and social situations in order to stay safe and reduce conflict.

The first 5 themes were identified by participants themselves during the interviews and yarning groups. When asked **"What do you think is important to the mental health and wellbeing of Aboriginal LGBTQA+ young people?"** these were the answers participants gave most frequently and these themes appeared throughout the majority of interviews and yarning groups.

The last 2 themes are topics that the research team noticed participants talking about throughout the interviews that had a direct impact on participants' wellbeing. The participants themselves did not identify these topics when asked what was important to talk about, even though they used these words frequently. These themes are the research team's interpretation of the participants' stories, and should be understood as such.

These themes intermingle and inform each other, which participants told us was an important part of their experiences. Key relationships between themes:

- Support from **Community** and **Family** would strengthen **Identity** (inversely, unsupportive community and family made it harder for participants to feel strong in their identities).
- **Visibility** would also strengthen **Identity** and help **Family** and **Community** to be supportive.
- **Stigma, Fear and Shame** had a negative impact on **Identity** and wellbeing generally. This was combatted by **Visibility**
- Participants had to **Navigate** their relationships with their **Community** and **Family**. Conversely, Family could help participants navigate other interactions.
- **Services** could help with all of the above. Some services are inadequate for addressing intersections, so they could simultaneously improve parts of wellbeing while also making participants feel segmented in their **Identity** (although participants still identified these services as a net positive for them). Unhelpful or racist/homophobic/transphobic services were frustrating and could deter people from accessing services in the future.

“I feel like there's not a lot and you deal with these issues separately when sometimes they are quite often linked. So you might go to therapy and be like, "Oh, I'm having these issues," and they're like, "Okay, we'll separate it. We'll do this one first and then this one." But it's like, "No, you can't. They're woven in together. This isn't a buffet where you separate the food. It's all mixed in.”

Participants had different ways of conceptualising their mental health and wellbeing. Some focused more on mental and physical health, and some discussed holistic concepts of wellbeing. The distinction between mental health and wellbeing generally was not significant to the way participants spoke about their needs and experiences.

Most participants did not use the word 'wellbeing' in their daily lives, and several were unsure what the term meant. A few participants who worked in healthcare or were studying health thought it was useful to talk about health holistically.

Many participants spoke about intergenerational trauma and Indigenous disadvantage and were aware of elevated rates of mental ill health in the Aboriginal and LGBTQA+ communities. They understood their own health within this context, and many discussed their assumptions of a high suicide rate in this community when asked what they thought was important to discuss about Aboriginal LGBTQA+ mental health.

Many participants experienced stressors that were not related to being specifically Aboriginal and LGBTQA+ and young (e.g. caring responsibilities, family, school, work). We did not explore those stressors in depth for the purposes of this study, as they are discussed in other research. However, these are very significant parts of the young people's lives, which may overshadow concerns specifically about being Aboriginal, LGBTQA+ and young.



## Identity

Feeling strong in their identity and being able to express themselves was an important part of wellbeing for many participants.

Participants either:

- spoke about being both LGBTQA+ and Aboriginal as an intersection, which could be conflicting or strengthening, OR
- felt those parts of themselves mostly remained separate.

Those who felt their identities stayed separate would have liked more opportunities to express both at the same time.

“I want to be able to – anyone to be able to coexist with all aspects of their identity and not be having to choose one or the other to identify with more.”

Visibility (i.e., seeing people like themselves in media and community) and feeling safe and supported by family and community helped participants be strong in their identity. They spoke about the negative impacts of struggling with their identity, lacking self-acceptance, feeling insecure and not being able to talk about their identity.

Identity was often spoken about as both personal and interpersonal – about their relationships with other people, belonging to their communities, and being able to identify to others. Identity was very connected to the other major themes.

“I really just wanted to actually discuss all of this, because I've known for a very long time that I was both Indigenous and LGBT but it's been a very big fight to sort of reconcile both of those identities together and to feel strong in both of them...”

### Pride or shame in identity

Most participants were really proud of who they are and celebrated both their Aboriginal and LGBTQA+ identities. For many there was a process involved in understanding and accepting both their Aboriginality (in particular, their place in the Aboriginal community and what it means to be an Aboriginal person in colonised Australia) and their sexuality/ gender.

For a few, this acceptance came after starting out in shame and internalised homophobia. Some described themselves or other Aboriginal LGBTQA+ people using drugs and alcohol to cope with these feelings.

“– with the drugs, I guess it was my way of just blocking it or drowning it and I guess that was just a coping thing for me...”

### Impact of representation and community acceptance on identity

Positive representation and community acceptance helped participants feel strong in their identities. Negative comments could negatively impact how strong they felt in their identity.

### Realising sexuality and gender identity

For most participants, there was a process of realising their sexuality/gender and having the language to express it (this was particularly true for participants who were pansexual, asexual and/or genderfluid, given the lack of mainstream knowledge about the existence of these sexualities and genders). For most, this process of self-discovery was relaxed, although some described it as scary or distressing.

“It was just a part of me, if you wanna say – I don't know. It sounds a bit cheesy but I suppose so. There was never one event that triggered it...”

Most participants did not want professional support while figuring out their sexuality/gender, but they would have liked more information available to help them understand what sexualities and gender identities were possible and what the different terminology meant, and for this information to be more reliable, current and readily accessible.

“But then I found a group near where I was living... so you can go and talk to people similar to your experience and I was like, “Oh, there's all these other pronouns and genders and sexualities,” I was like, “Okay, this makes sense now. I can actually identify the way I want to.”

“So my description of it, I've had to hone over years, because I always knew that I was different, but I just don't have any words to describe it...”

Most participants were happy for the way they identified to change over time, but they were worried about stigma and negative comments from other people if they changed how they identified.

### Building up Aboriginal identity

Participants experienced their Aboriginality in different ways, noted the diversity of Aboriginal peoples, and spoke in terms of connection to family, community, Culture, Country and history. Many spoke about a process of learning about Culture and connecting/re-connecting to community and Country – particularly those who had Stolen family.

“I have gone back up to the mission and stuff like that. So seeing where the women's business happens and all that but I just wanna feel more a part of that, and not so – that's my Country but I'm not familiar with my Country, if you know what I mean.”

“I struggled with my cultural identity for quite some time because it's just hard to identify as Aboriginal because you have to deal with so much – there's so much negative connotations with it.”

This could be a difficult process and was reliant on relationships with older family and Elders; participants' LGBTQA+ identity was just one of the factors that could make maintaining good relationships with family in order to connect to Country difficult.

Several participants felt insecure about their Aboriginality which had a negative impact on their wellbeing – this is discussed in depth in **'Community'**.

Aboriginal identity and the connections to family, community and Country that build it up was something that participants were very proud of and spoke about a lot. This is discussed more in **'Family'** and **'Community'**.

## Family

Family was a very important part of wellbeing for participants. They could be an important source of emotional support and help normalise LGBTQA+ identities which made participants feel safe and loved. Homophobic/transphobic behaviour from family could have a negative impact on their mental health. Often relationships with family were complicated and changed over time. Many participants were living with their family, which made these relationships especially important.

“I think family, number one, number one, absolutely... it's really important that family is there to support you, and it's just sad that some people don't understand what that person is going through and they want support from family. And with work and your health and that, that will fall into play once you have the support of family... at the end of the day, my family accepts me, I'm happy.”

### Family's response to sexuality/gender

Most participants said they were lucky to have an accepting close family ('close family' is considered here as the family that participants described as being close to them). A few described homophobic behaviour by siblings and grandparents, and one participant spoke about their parents having a continually negative reaction.

“– my parents and my aunties – just so supportive. They're – honestly, without them, I don't know where I would be literally. So I'm just thankful that my parents are really engaged in my life.”

“Pretty much everyone just took it as, “Okay, cool,” except my sister. That was a bit annoying. She just was a bit weird about it. She thought it was gross and weird.”

Many participants' relationships with specific family members changed after they 'came out'. This could be:

- family relationships ending or becoming more distant
- learning to tolerate hurtful behaviour from family
- educating family about LGBTQA+ people

### Process of family becoming accepting and supportive

Most participants described their relationship with their family after they 'came out' as a process of education and acceptance, which could take a long time.

Parents reacted in different ways:

- Immediate support
- Confusion/lack of understanding
- Anger at not being told earlier
- Disbelief/denial

After that there was a process of parents coming to terms with the participants' sexuality/gender, learning more about it, and figuring out how to talk about it.

“I think you have to go through like a transition period where they get used to it, 'cos for some time, I feel like my family thought that it was a secret and didn't tell anyone.”

Another important point discussed was the fear that their parents would kick them out of home. Luckily, this had not happened to any of the participants.

Participants recognised that acceptance may take time, but they appreciated that their family was trying. Participants thought it might be difficult for their parents to accept their sexuality/gender because:

- they weren't raised that way/it was different back in their day
- they weren't educated about LGBTQA+ people
- they were afraid the participant would experience discrimination or not have a good life
- their religious beliefs did not support LGBTQA+ people

“... 'cos it's the stereotype of parents not wanting their kids to be LGBT and stuff like that, but I think often a lot of the times the case is that because they care for them, they don't want them to have a harder life...”

### Hurtful behaviours from family

Participants also noted that while family members might say they accept the participants' sexuality/gender, this did not always translate into the way they acted. Family members often said and did inconsiderate or hurtful things, but not on purpose. Common hurtful behaviour included:

- not talking about participants' sexuality/gender
- not talking about participants' romantic or sexual relationships
- making homophobic/transphobic jokes
- not using inclusive or accurate language
- using participant's deadname (i.e., the name that a trans individual is given at birth but no longer uses)
- questioning participants' sexuality/gender or saying that it is 'only a phase'

While generally being able to tolerate these behaviours, participants still wished that their family would adjust their behaviour and felt the most important way to do this was through education.

“And then they've also started being more inclusive in talking about future partners, so previously, it's always just "him and he", but now when they're asking, they say, "they or them... So they're trying, and I really appreciate it, and it's really great to see, but there are moments that, you know, because they don't have to think about this, they can say things or do things or insinuate things that are quite hurtful.”

A particular problem that arose at this intersection was family members, in particular parents and grandparents, using the hardships they had experienced to invalidate participants' concerns.

“— my mum particularly brings up all the times and how her childhood was so different from mine, but she almost uses it in a way to validate it or sort of one-up me. "Oh, you think you have it hard. I was like this," and I'm like, "I respect that and I understand that but things have changed. I have equally hard things to deal with and I'd like to talk about it if you are open to it.”

“I can't sit here and talk about how hard my life is being a gay male when my mum and dad are both blackfellas. They weren't able to go through high school, they were called b\*\*\*\*\* and the rest of it. It's hard to be able to — what I'm trying to say is that their trauma and their experiences that they've experienced growing up isn't discounted, so I think when it comes to things like this, it's on their own terms and it's got to be on their own terms.”

These comments by participants point to the specific experience of being Aboriginal LGBTQA+ and young, as participants' often felt that their current experiences were being compared to negative experiences from previous generations.

### How participants wanted their parents to respond

In general, participants wanted their sexuality and gender normalised within their family. Ideally, they wanted family members to treat them the same as they treated their non-LGBTQA+ children; for example, by talking normally about their relationships/sex/gender. However, they also acknowledged that family needed education on LGBTQA+ people, issues, and inclusive language.

“...I just was going to agree that normalising it and treating your partner as they would treat your sibling's partner, like, in a heterosexual relationship, just normalising it.”

Many of the hurtful behaviours described above were attributed to ignorance. Participants felt that having culturally appropriate resources for their families would help with this, but that these resources did not exist or were extremely difficult to find. Often participants stepped into the educator role themselves, but many did not feel informed enough to educate others comfortably and reliably.

Several participants described wanting their family to 'want to understand'.

“I was like, “Um, you might want to crack a book for a second then, mum, like it would be nice for you to –” because to me that signals that, you know, she doesn't understand or she doesn't care to understand, and it's a huge part of my life and it's gonna be a huge part of my future, so it's interesting that she didn't feel the need to research or anything like that.”

### Other LGBTQA+ family

One of the biggest deciding factors in how participants' families reacted to them 'coming out' and whether they supported them afterwards was having other older LGBTQA+ family members. Older LGBTQA+ family paved the way for younger family, offered them support and guidance, and helped young LGBTQA+ people understand how their family would react. Older family members could be considered role models. Similarly, participants also did this for younger LGBTQA+ family. Many spoke about wanting to participate in this study so that they could make things better for their Aboriginal LGBTQA+ family and other young people.

“For me, I think it's helpful for me because my sister was queer. I think it would've been a lot different if my sister wasn't because she was the first person who shocked the family. So I knew that I had her who I could talk to her it about and that made me know that it was okay and I saw how my family reacted to that which made me a lot more comfortable with myself.”

Generally, those participants with other openly LGBTQA+ family found that their immediate family was more accepting and supportive, as they had already been educated and had time to 'get used to the idea'. Most participants described having both accepting and homophobic/transphobic extended family – the only apparent trend was that the participants with older LGBTQA+ family had some idea who they could expect to react positively or negatively before they themselves came out.

“So my dad's family is more open because my aunties are lesbian. My dad's sisters and my dad's mum's sisters... so that'd be my dad's first cousin, he's gay as well... So more family coming through gay, they're used to that.”

### Extended family

As mentioned above, attitudes of extended family varied and most participants had both supportive and homophobic/transphobic extended family. For several, their sexuality had fractured their relationships with members of their extended family, or they were worried it would if they came out to those family members. Many felt uncomfortable and would hide their sexuality around extended family. This feeling of having to go 'back into the closet' when around extended family or community is consistent with reports from Aboriginal LGBTQA+ adults (e.g., Dudgeon et al., 2015). Others felt unsure about whether it was necessary to come out to extended family, and unsure about how to do that.

“...ever since I've come out as gay, I've never spoken to mum's family... So I could see that as soon as I come out, they've withdrawn.”

“It was a bit weird still and I, for the longest time, didn't know when we saw our extended families, my cousins, my aunties and all that. I didn't know if they knew so I didn't know whether I should sorta go back into the closet a bit and not talk about it.”

### The role of family in Aboriginal Culture

A few participants asserted that caring for family is an integral part of Aboriginal Culture. This made them feel reassured in their identity, and participants felt they were less likely to be rejected by family for being LGBTQA+ than non-Indigenous people. The cultural significance of family, however, meant that some participants felt they had to maintain relationships with homophobic relatives (while still setting boundaries and not accepting abusive behaviour), as severing relationships with family would be counter-cultural or limit their access to Country and Culture.

“And it's so hard, blackfellas as well, it's not like white people where it's like, “Oh my God, I'm having nothing to do with my family ever again. They're so dead to me,” and it's like... Not the way I'm brought up.”

## Community

Most, but not all, participants explicitly stated that Community was important to their mental health and wellbeing, along with being related to other themes such as family, identity and visibility. Participants most often discussed the concept of 'community' in terms of an Aboriginal community, rather than the LGBTQA+ community. Although they expressed a desire for an Aboriginal LGBTQA+ community, they noted that no such community existed for them in Perth.

Given that participation and connection to Aboriginal community is a core component of Aboriginal social and emotional wellbeing (Gee et al., 2014) the role of Aboriginal communities that support LGBTQA+ people cannot be understated.

### Aboriginal community attitudes towards LGBTQA+ people

While some Aboriginal communities across Australia have taken steps to show support and acceptance for their LGBTQA+ youth, it is noteworthy that many participants generally perceived and experienced the Aboriginal community as quite homophobic and transphobic. They described how individuals in their communities reacted to LGBTQA+ people in a range of different ways – from acceptance to intolerance.

Some spoke about their firsthand experiences of homophobic/transphobic insult, ridicule, rejection by family and community, directed either at them or other Aboriginal LGBTQA+ people. Others spoke about hearing those experiences from other people.

“Yeah, 'cos up there, they [an Elder] told me that I wasn't allowed back on the community because of it. Otherwise, they have the right to flog me...I haven't been back since, so I don't plan on going back, 'cos then I have to face so many people.”

Some felt that the topic was 'swept under the rug' and 'rarely spoken about'. Nearly all participants said that there were very few openly Aboriginal LGBTQA+ people in their communities.

Participants reported that it made them feel lonely, like an outsider, as though they had to hide part of themselves, or like there was no space for them.

“...when you grow up in a culture that is so heavily against LGBT mob, you feel very alone, and so I can understand why people would commit suicide and all that sort of thing because you can't be who you are.”

“But also you just feel kind of uncomfortable not – like, having to hide a part of yourself. And I feel like I hide a part of myself when I'm talking to people in the community back at home.”

On the other hand, several participants found that the community and other Aboriginal people they knew were extremely accepting.

“No one's ever said any derogatory terms in terms of my community... Not like this. No one's ever done that.”

Other participants discussed how their communities' attitudes towards LGBTQA+ people changed over time, as did the participants' own perspectives.

“...coming back home this time has been – even though it was under not great circumstances, it's been just really healing and I guess me being a queer person has just been so much – so normalised with my family. And there's even other queer Aboriginal people in town and it's crazy because I didn't know that there were any others before I left and – I don't know, just listening to the gossip about them like you would hear gossip about any other drama happening in town, and just making it feel so normalised has just been really cool.”

Overall, the experiences of participants within community was very variable. There are different attitudes towards LGBTQA+ people in different regions, communities, and families.

### Fear of being rejected by community

Several participants were afraid of being rejected by the Aboriginal community for being LGBTQA+. Most of these participants already felt they were not entirely accepted by the community because they were fair-skinned, didn't grow up on Country, were not well-connected, or did not know much about Culture. Their fears and insecurities about their Aboriginality and their sexuality/gender overlapped and intertwined with their fear of being rejected by the community.

“And then it's even within our own community, even other Aboriginal people, you can easily be told, “Oh, you white, claiming you black. You're just claiming because you want those benefits or you want that scholarship or –” it's such a f\*\*\*ing never-ending battle, to be honest. And then being gay just adds that level of pressure like, “You're a gay Aboriginal?””

The participants who discussed this fear deeply valued belonging in the community and as such this fear was very intense and caused them significant distress.

### Giving back to community

Participants consistently mentioned wanting to give back to the Aboriginal community and help other Aboriginal LGBTQA+ people. Some said that feeling like they did not belong in the community because they were LGBTQA+ was a barrier to giving back.

“Especially when as an Aboriginal young person, a lot of us have a shared goal where we just wanna give back to our communities and I think it's really difficult to do that if you don't feel accepted.”

## Traditional views on sexual and gender diversity

Several participants discussed their Culture's traditional views on LGBTQA+ people, particularly during the yarning groups. Some described a rich history of LGBTQA+ acceptance that linked with other laws (e.g. marrying people from the right skin group, child-rearing, performing men's or women's roles) that had been disrupted by colonisation and Christianisation. Others recalled Dreaming stories that condemned homosexuality and traditions that did not allow gender-non-conformity. During one yarning group, participants noted the differences in their Cultures and insisted on respecting that diversity. We recommend that services take time to learn the traditional views on sexuality and gender diversity that are specific to the Country that they are working on.

For those who came from traditionally accepting Cultures, this made them feel reassured and strong in their identities. For those whose Culture did not accept LGBTQA+ people, Culture could be distressing, or they found a different way to approach the topic of Culture.

*"I've been told of personal stories and Dreamtime stories where any sort of homosexuality isn't accepted in the Indigenous Culture and that sort of thing, but I also know that it's a different day and age and really, I think, one of the bigger and more important things about Indigenous Culture is family and love, and I think that works way more stronger as a whole than just not accepting."*

## Learning to participate in Culture as an LGBTQA+ person

A few participants talked about figuring out how to participate in Culture as an LGBTQA+ person. This included working out whether the same avoidance rules applied to same-sex relationships, fears about being in men's or women's Aboriginal spaces as a non-binary person, and concerns about how to participate in Lore. This was something that family members and Elders could help them navigate.

*"And I think also, culturally, it's been a little bit conflicting for me because in my Culture traditionally, my mum wouldn't be able to meet my partner. They wouldn't be able to sit across from each other. They won't be able to speak each other's names. But that will be if my partner were a man. And my mum has met partners of mine. And at first, I didn't know how to go about that, 'cos my mum's very connected to Culture and I didn't wanna put her in uncomfortable position because it's kind of a grey area. But I think I've gotten over that a little bit now, 'cos I've introduced her to my serious partners and I think she likes having that relationship with them."*

Several participants spoke about their Elders. Elders could be incredibly supportive and great allies, or they could be homophobic and transphobic – most participants spoke about knowing both types.

*"That's a big thing for me and especially if you get to know them over a period of time and you tell them and they completely cut you off, you're like, "Well, how am I meant to, I guess, gain that knowledge from them?" And it hurts 'cos of the way that they do it and the laws that are in place that have been there for years."*

The supportive Elders helped participants navigate the community and their traditions and feel strong in their Culture. Participants were concerned about homophobic Elders cutting them off from knowledge and Culture, and the emotional hurt caused when this did happen. Some felt that they could not question their Elders' negative attitudes and behaviour because of the hierarchy and felt frustrated that they had to wait until they were Elders themselves to have that sort of influence.

*"– they go joke around and call him p\*\*\*\*\* all the time and it's like a joke, but the way she said it that one day was just so horrible. I was just shocked, but it's hard to put an Elder in their place. You can't."*

## Role of Elders in the community

In one yarning group, participants discussed the difference between Elders, old people and what they called fake 'elders' – old people who considered themselves Elders but were more focused on helping themselves than others. In the context of this discussion, those with homophobic views were more likely to be considered fake 'elders'.

*"Elders' in air quotes, because you're not even really a true Elder. It's the Elders who are sharing that knowledge and passing it down and have that commitment to the community and wanting to better it, that's who I consider to be my Elders."*

In the yarning groups, participants discussed how colonisation and oppression leads to homophobia/transphobia and fake 'elders' abusing their power.

## Need for an Aboriginal LGBTQA+ community

Almost all of the participants wanted an Aboriginal LGBTQA+ community, including events and spaces to come together. They felt that this would make them:

- feel less alone
- feel more secure in their identity, and
- give them a chance to talk about issues that other people could not understand.

*"...you're then creating an environment for someone to be able to say, "Hey, I'm gay too. I need someone to help show me what it means to be a part of this community," but I think even just having a space for someone to go, "I'm questioning myself and I don't really know what to do. How do I navigate this?"*

“

I wouldn't want anyone else to feel this way. So why do I wish that I had someone who felt this with me?... I definitely feel like if I did know other queer Indigenous people that I wouldn't be so uptight about everything. I'd probably feel a bit more free... But that would definitely help alleviate some of it and I also think it would just like break down small little barriers that I see.”

However, most struggled to find other Aboriginal LGBTQA+ people to form a community. A few were trying to create this community themselves. Many knew a few (1-5) other people, but they generally did not describe this as a community. They valued their Aboriginal LGBTQA+ family and friends, who provided support and visibility.

“

“...it's really great to have a friend to chat to about this stuff...We get each other on a deeper level and I think it's at that stage that it's really impactful and powerful 'cos I know I can rely on this mob to help me with things... nothing beats therapy from your black LGBT friends... So I think that's what I would envision for these young mob to have, is that – having big brothers and sisters who are LGBT, having brotherboys and sistergirls.”

### The LGBTQA+ community

Participants did not speak much about the broader LGBTQA+ community, who they described primarily in terms of Pride events and nightclubs that lacked Aboriginal representation. The ‘whiteness’ of these spaces often made participants feel uncomfortable, unsupported, or like they couldn't entirely relate to the rest of the LGBTQA+ community. However, they did have LGBTQA+ friends, who made them feel more comfortable in social settings, and who they liked being able to talk to about LGBTQA+ issues.

“

“I wanna say that being part of the queer community, I'm really proud of my sexuality and I would say that it's really good to belong to this community, but the queer community is predominantly white, ok, and some of them are racists so it's not that great.”

“...but also it comes back to that whole – they want their rights but they don't necessarily support the rights of Indigenous mob... that same day I had a discussion with an Asian LGBT member and we completely understood because she was from the Philippines, so she understood what colonisation can do to the country and she just understood it.”

### Impact of religion on the community

Religion and the attitudes of the religious community were discussed as a grievance, particularly in the yarning groups. Participants recounted their experiences of religion being used to justify homophobia and transphobia, however, many noted that this was a problematic reading of religious texts and that they knew very religious people who were excellent allies who emphasised the importance of loving others.

“

“So I've had 'religious' family members turn around and say I wouldn't be born queer if my family had gone to church more. But on the same token, my super really super unbelievably religious nan – like if the pope said, “Jump off this bridge,” she would jump off this bridge, she's so religious – she's also just turned around and said, “If God didn't want you to be that way, he wouldn't have made you that way, and it's just my duty to love you as per His command,”...”

Many participants were resentful that Aboriginal people had been forced to take on religion as part of colonisation. This made it easier for them to ignore homophobia/transphobia from religious people and organisations. None of the participants identified themselves as having religious beliefs other than Aboriginal spirituality, although many had Christian family and upbringings. They were, however, respectful of other people's beliefs, in the same way that they wanted others to respect their own traditions.

“

“My mum had to live down here in [Aboriginal children's home] and obviously they were told they had to give up their Culture and they had to take on the religion and it was really strict and a lot of homophobia is ingrained in religion and ingrained in those beliefs. I would be curious to know how our Culture would've evolved and the attitudes towards people who are part of the queer community without that influence from colonisation and religion.”



## Visibility

Participants highlighted the need for Aboriginal LGBTQA+ visibility and positive representation. They saw improved visibility as having (either potentially or in their lived experience) a positive impact on other factors important to their wellbeing, including identity, family, and community, although this was not a substitute for addressing active discrimination and structural disadvantage.

### Need for Aboriginal LGBTQA+ visibility

Seeing other proud Aboriginal LGBTQA+ people, particularly in their own communities, helped participants feel strong in their identity. This helped them realise that it was possible to be LGBTQA+, and possible to be Aboriginal and LGBTQA+ at the same time.

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“Had I been exposed more before, I probably would've identified as gay from a much younger age but I just didn't know it was a thing that you could do and be.”

Knowing that other Aboriginal LGBTQA+ people could live happy lives and be accepted by friends, family and community helped participants feel safer and more optimistic. It also made them feel less alone and less isolated.

“

“...our avnty is our family, and I think down the track that really helped me be confident in my family being accepting of me...”

“I just wish that I had something like that back then because no one in my class was any of that. I don't think we even had any Aboriginals in my class back then... It was isolating...”

”

There was a severe lack of Aboriginal LGBTQA+ representation, with participants agreeing on one or two notable exceptions (e.g. the 'Tiddas' skit in Black Comedy). A few were also aware of lesser-known artists and performers who they followed on social media.

“

“...it was just skinny white women, and so it doesn't resonate with you because you're having your sexuality represented but you're not having your culture represented...”

”

For many, it was very important to them when they met other Aboriginal LGBTQA+ people and realised 'there were others like them'. They did, however, note that most of the representatives in their own communities were gay men, and they wanted more visibility for the rest of the LGBTQA+ community. It's worth noting that this concern wasn't expressed by the gay men who participated in this study; this perspective seems biased by gender and sexuality.

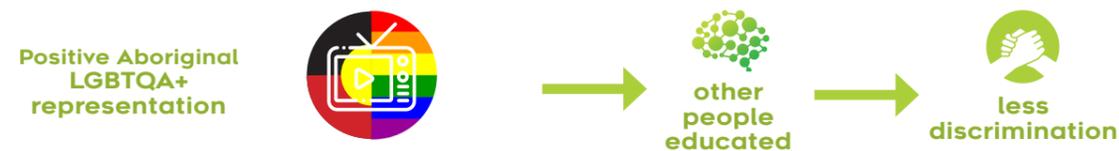
“

“And then one of my friends came out in a same sex relationship with someone, and I was like “There are others, there's more”. Like, I objectively knew that, but a lot of the Indigenous gay mob I knew were men. I was like “Where are the Indigenous queer women?” I don't have anything – or even like “Where are the pan mob?” There was nothing and so, when I found these other people, I was like, “Oh this now is comfortable,” and that's when I started being like “I can talk to my family about this.”

”

### Visibility as education

Participants said that visibility was not just important for their own feelings – it would also help to educate other people. This education was one of the things participants saw as reducing both intentional and accidental homophobia, transphobia and racism, and so they believed that increased visibility would lead to reduced discrimination.



“

“I think having social media and having TV shows and stuff about the queer community is really cool 'cos it kind of normalises it, but also kind of helps educate people who might not know things otherwise. And instead of trying to force them to learn and whatever, they can just go and read stuff online or things that come through their newsfeed that kind of educates them without them knowing.”

”

A few spoke about how openly LGBTQA+ figures in their community or TV shows and movies, like RuPaul's Drag Race, had already helped them educate and connect with non-LGBTQA+ people, and made 'mainstream' environments more comfortable for them.

This helped:

- take away the work participants did 'explaining themselves'
- normalise and reduce stigma around Aboriginal and LGBTQA+ identities
- reassure their loved ones that things would be ok for them

“

“And then it might be helpful for families of queer people who might not be as accepting at first but then to actually see it represented and see that it's okay... a part of it is just that they're scared because they don't want their child to have a hard life and they don't want them to be rejected by their communities...”

”

The ideas of visibility and education were very closely linked (education and visibility is also discussed in the 'Family' section). In particular, participants spoke about the need for more LGBTQA+ education in schools, including better sex education. They felt improvements to sex education were important to inform LGBTQA+ students about safe sex but would also help to reduce stigma around LGBTQA+ identities and relationships.

Participants also noted that it was important to provide educational resources across different locations and formats, to ensure that this information was accessible to a range of community members:

“

“I think also when you're trying to educate families or Elders and the older communities, making education accessible in places where they would be, 'cos some people might not have access to the internet... So I guess at clinics having fliers, you know how they always have those little flyers out about different things or they have ads on TV that have Aboriginal people in it, maybe having a same-sex couple in that, and then just having the information and education there for people to educate themselves”

”

### Lack of Aboriginal representation in the LGBTQA+ community

Participants also noted the lack of representation of Aboriginal people and people of colour in the LGBTQA+ community, which could make them feel:

- Left out
- Uncomfortable in LGBTQA+ spaces
- Like they wouldn't be accepted in LGBTQA+ spaces because of their Aboriginal identity
- Like LGBTQA+ people would not support their rights as Aboriginal people

“

“But then I definitely – I feel quite left out when I go to Pride events and I don't see a lot of Indigenous people.”

”

## Improved representation over time

Participants had noticed improvements in representation over time, with more people (both Aboriginal and non-Indigenous) in their own communities being openly LGBTQA+. This is something they were very enthusiastic about, and found it had a positive impact on their wellbeing.

“So all the year sevens and stuff that are coming to the school are all so much more open and that's really nice to see honestly,”

## Creating the visibility themselves

Sometimes, in the absence of good Aboriginal LGBTQA+ representation, participants took on that role themselves. They were vocally proud or deliberately loud, or routinely challenged racist or homophobic/transphobic views.

“I think it's a bit different now, and in fact, I would want to be out in public spaces and in my community to provide that representation for younger people, you know?”

# Stigma, Fear and Shame

When the research team asked participants what topics they thought were important to talk about, they didn't say stigma, fear or shame. However, the research team noticed participants discussed stigma, fear and shame (using exactly those words) throughout the interviews. Additionally, stigma, fear and shame are one direct way of understanding how being Aboriginal and LGBTQA+ were risk factors for a young person's mental health and wellbeing.

Stigma, fear and shame are included as a major theme here because

- young people spoke about these ideas a lot;
- young people spoke about how fear, shame and stigma have a negative impact on their wellbeing

## Stigma

In contemporary Australia, Aboriginal and LGBTQA+ are stigmatised identities.

Stigma refers to an attribute or identity that is considered undesirable by mainstream society, who do not fully accept the stigmatised person. This frequently results in discrimination and social inequality.

Participants generally understood stigma as being closely related to ignorance, and as such education and visibility could help reduce stigma.

“Like if people as young as like ten and 11 can be old enough to be using like f\*\*\*\*\* and p\*\*\*\*\*\_\*\*\*\*\*, and all that sort of s\*\*\* as insults, they should be old enough then to understand a little bit more about that sort of stuff.”

They generally discussed experiences of homophobic/transphobic violence, insults and lack of acknowledgment of their LGBTQA+ identity more than direct racist insults (although these still occurred). They also talked about racism in terms of structural disadvantage, disempowerment and the impacts of colonisation.

## Double discrimination

Participants did not talk about any insults that were specifically for people who were both Aboriginal and LGBTQA+. But they did talk about being bullied for having both identities and noted the additional stress of being 'attacked on multiple fronts'.

“It's inter-crossed for people who wanna be extra-racist or extra-derogatory. I've been called a gay b\*\*\*\* before.”

## Fear and shame

The research team understood this stigma and violence (physical, emotional and structural) against Aboriginal and LGBTQA+ people to result in fear and shame, and experiences of being shame recur throughout participant's stories

“...so that's made me feel like, "Okay, but you talk to my brothers about their relationships," so clearly you're not talking about this 'cos clearly you must be ashamed of it.”

Participants expressed fears about:

- Being LGBTQA+
- Other people finding out they are LGBTQA+
- Negative reactions when they 'come out'
- Losing loved ones if they 'come out'
- Losing connection to Culture, Country or community if they 'come out'
- Confrontation or negative reactions about their Aboriginal or LGBTQA+ identity in everyday life

“So I had to go through eight years, like eight-nine years, of not knowing and just being scared all the time, that maybe I've said something or done something, that was gonna clue people in and then I was gonna be f\*\*\*ing ostracised and bullied and s\*\*\*.”

“

"People are just – they've been too afraid to be who they really are... So if you hear people say, "Back in my day, nobody was this," I'm like, "That's bulls\*\*\* because people were. They just weren't out because they were scared.""

"But even after that, I still held back from telling my mum and my stepdad because of other reasons 'cos I honestly thought I was gonna get kicked out..."

”

Acceptance and visibility alleviated these fears somewhat, but it was still necessary for participants to remain careful in order to stay safe, given the continued prevalence of racist and homophobic/transphobic attitudes in Australia. This process of staying safe relates to the theme of navigating.

## Navigating

Another theme the researchers noticed appearing throughout the interviews was participants' efforts to stay safe and reduce the hurt and exhaustion they were experiencing in everyday interactions. We call this *navigating*: the everyday process of navigating the environment and social situations Aboriginal LGBTQA+ young people are in. This requires actively thinking through how/if they can present their identities in different situations, which is often exhausting and a burden on their mental health.

“

"And it's awkward because you see a guy that you've been with the night before with his girlfriend and then you're just off to the next aisle at the shop. So, it's all about – what's the word? – sort of like navigating, navigating."

”

The theme of Navigating also includes strategies for 'coming out', identifying allies, and reducing confrontation. This is more prominent in discussions about LGBTQA+ identities, although participants also navigated situations in relation to race.

### Navigating 'coming out'

Participants spoke about how 'coming out' is not a one-time event, but rather a continual, everyday process. This raises questions about whether they should come out in that situation or to a particular individual, how they should come out, when they should do it, and why they need to come out in the first place.

“

"I'm fully out, I would say. But it's kind of a weird thing, right? 'Cos you don't – Are you supposed to tell everyone as soon as you meet them? But yeah, I guess I'm out. I just never 'came out!'"

”

Participants noted how every 'coming out' was a small 'leap of faith' and a potentially distressing situation, and as such they needed resilience and support to go through these daily stresses.

“

"How do I know... which one of those motherf\*\*\*ers is gonna go, "Yeah, I'd love to meet your girlfriend," or which of them is gonna be like, "You've got a f\*\*\*ing girlfriend? Gross." You don't really know and I think that's just where you have to develop a thick skin and have a support system."

”

Many liked to use subtle strategies to signal their sexuality, such as mentioning a same-sex partner. They also argued that off-hand strategies like this help normalise LGBTQA+ identities and relationships, by representing it as something that does not require attention. This particular strategy was more difficult to use for participants who were not in a relationship and made them wonder whether they should bother coming out at all.

“

"I was like, "Oh, yeah, I had my first kiss today. It was with this girl I really like." And my parents were like, "What?" I was like, "Yeah." 'Cos I was like, "Straight kids don't do this. So what's the point? I'm not gonna f\*\*\*ing do it. This is bulls\*\*\*."

"It was hard to bring it up like that because I've never been in a proper serious relationship, but then the question is, do you even have to bring it up? Because I would feel more comfortable if people knew and I knew that they were comfortable with it. But also is it a necessary topic if I'm not dating anybody? I don't know."

”

### Coming out to family

There are a few coming out moments that were discussed as being particularly important and feature more prominently in participants' stories. The most important people to come out to were close family, followed by close friends. Some participants delayed coming out to family or friends despite knowing they were LGBTQA+ for several years because either they were afraid of a negative reaction or rejection, or they had 'nothing to report' (e.g. weren't in a relationship) and did not think it was necessary.

Some participants came out to friends first, as a way of testing what their family's reaction was likely to be. Others guessed what their own family's reaction would be based on friends' and family's reactions to other LGBTQA+ people.

“

"I think one of the scariest things about coming out is you don't know how your parents are gonna react... But if there are other people in the family who have been queer and are open and proud, you can just use that to gauge how they're gonna react a little bit and it's really helpful."

”

Participants found that coming out to extended family and community was uncomfortable, and they were unsure how to go about it. For several, this had been playing on their minds before the interviews/yarning groups. They felt that their close family could help them (e.g., parents telling aunts and uncles that they are LGBTQA+), which would take away some of the pressure and work they had to do.



"...it's hard to come out to people and it's an awkward conversation that you don't wanna have and having a family member do that for you alleviates that pressure and that takes away that job for you. So you want your family members to tell people so that you can just carry on about your life..."



### Identifying allies and red flags

Most participants could describe their strategies for identifying allies (or people they were comfortable talking about their sexuality/gender with) and homophobes/transphobes/'red flags' (people they would not talk with about their sexuality/gender).



#### Behaviours of allies:

Use the term LGBTQA+
Talk positively about LGBTQA+ rights or people
Speak to others respectfully
Have gay friends
Smile and greet you warmly
Use welcoming body language and expressions
Behave well around other LGBTQA+ people
Pass 'tests' (i.e., participants discussed broad LGBTQA+ or Aboriginal issues to see how others react before disclosing their own identity).
People participants respected



#### Red flags look like:

People using homophobic/transphobic slurs
People with religious affiliation or expressing religious beliefs
Older people
Making jokes about LGBTQA+ people
Not wanting to be friends with LGBTQA+ people
Stare or look at you funny
Heavily involved in traditional Culture
Middle-aged white men
"Bogans"
People who express views against trans rights or gender equality

### Hiding identity or self-censoring

Many participants self-censored or hid their sexuality/gender in order to avoid negative reactions or confrontations, and then felt guilty about it. In particular, they were ashamed of not 'calling out' negative comments about LGBTQA+ or Aboriginal people when they occurred.



"There was something that wasn't like the other people I knew. I had to fake crushes, I had to do those sorts of things."

"I'm cautious as to who I say things to, even though I know I shouldn't because I definitely feel guilty, 'cos I'm like – I shouldn't have to feel bad or suss someone before revealing these things to them."



### Minimising conflict and harm everyday

Once they were 'out', participants still experienced hostility and harassment, and had strategies for reducing the hurt they experienced in these interactions while maintaining a strong sense of self. Popular strategies included humour and "not caring".



"If someone straight comes up to me and says, "Oh, you're gay," and I'd say, "Yeah, do you wanna –?"... I do find it quite effective. And sometimes they'll laugh with you about it, sometimes they'll just shut up straight then and there and I'll walk away with a smirk on my face."

"I definitely didn't know how to look after myself at all, so when I was upset I'd just curl into a ball in my bed, and just be upset for ages because some random kid in the back of the class said something mean. ...but nowadays I'm a little bit more "Whatever, they can say what they want, who cares!"



### Coming out as Aboriginal

Some fair-skinned participants also felt that they had to 'come out as Aboriginal', which required additional strategies and caused them more stress. For a few, this could be more difficult in everyday interactions than coming out as LGBTQA+. They were experiencing similar processes and stress on two fronts, which is one of the impacts of 'double discrimination'.



"...I kind of relate it actually to being a light skinned Indigenous woman because I constantly have to come out and say that I'm Indigenous. And I also have to then constantly come out and say that I'm queer..."





## Services

Participants discussed the need for services that supported their mental health and wellbeing, what their experiences with services had been, and the kinds of support they wanted.

Several participants emphasised the importance of mental health support. Mental health support could mean visiting a therapist, psychologist, counsellor or mental health worker. It also includes using general services like the GP or emergency department for help with mental health, or taking part in programs that are designed to improve mental health.

Some expressed that support was incredibly important to them and had a large impact on their life. Generally, participants considered the objectivity, confidentiality and expertise offered by mental health professionals positives.

“So, talking to her [psychologist] about my issues, she didn't discriminate. She didn't anything. She was extremely understanding and she was probably the best thing or the best service that I've ever had in my life.”

Not all participants had sought professional mental health support. They spoke about wanting to do so but also being unsure of:

- where to start
- if their confidentiality would be respected
- whether mental health services would be able to understand their experiences as an Aboriginal LGBTQA+ person in order to properly help them

Additionally, some participants felt that:

- general practitioners dismissed their mental health concerns
- emergency services had minimal/no mental health training
- emergency services did not provide adequate mental health care
- mental health was not prioritised in funding decisions

### Need for specific Aboriginal LGBTQA+ services and resources

Participants said that creating space and resources for the Aboriginal LGBTQA+ community would help them talk about being both Aboriginal and LGBTQA+. Ideas for services which could do this included yarning groups and peer support, chat services, and resources (e.g. brochures) addressing issues faced by this cohort.

They spoke about how they felt sectioned off into parts of themselves when they tried to seek support – going to LGBTQA+ services and having their Aboriginality ignored, or going into Aboriginal services and their sexuality/gender being overlooked.

Participants spoke about how truly inclusive and holistic services were not currently available. Some participants had actively searched for Aboriginal LGBTQA+ services and found nothing that met their needs. Some services tried to address both identities by displaying flags or using jargon e.g. 'yarn', and while this could be comforting, participants expressed that it was often also superficial.

“So I think having something – a service that's openly like, “We're here for LGBTQI+ people in Aboriginal community,” and is specifically targeting us is the best thing because like you can go down to [ACCHO], you can go to a GP, but it's just general like it's not for you, it's for everyone. And you don't know what you're walking into.”

“I feel like if you do go somewhere for mental health support, it's LGBTQA+ and then Indigenous people. There's no support or information for those struggling with both. It's like you're one or the other.”

### Aboriginal and/or LGBTQA+ health workers

Almost all participants wanted support from Aboriginal LGBTQA+ healthcare workers. They said it would make them feel more connected and comfortable, and like their common experiences and understanding would help provide care for their 'whole self'.

“But I think that, personally, would be a good start 'cos it makes you feel a bit more comfortable in my opinion, and then I feel like we've got a connection already. I can talk about it comfortably 'cos I feel like you might understand or at least understand more than someone who doesn't have that kind of background, along with Aboriginality as well, that would also be great.”

While a healthcare worker who was both Aboriginal and LGBTQA+ was their preference, participants said that it was also helpful to see someone who was Aboriginal or LGBTQA+. Several participants had seen an LGBTQA+ or Aboriginal counsellor/psychologist and they spoke about how helpful and important this was. However, the relatively small number of Aboriginal or LGBTQA+ counsellors and psychologists meant that their options were limited.

### Barriers to healthcare

Many of the barriers participants experienced when trying to access healthcare were not specific to being both Aboriginal and LGBTQA+. These included:

<b>Price</b>	participants preferred free/bulk-billed services
<b>Location</b>	participants could not/did not want to travel a long way to services
<b>Time</b>	participants found it difficult to access services that were only open 9am-5pm due to work/study commitments
<b>Waitlists</b>	participants reported having to wait several months for an appointment
<b>Familiarity</b>	participants preferred using services they were familiar with, rather than unknown ones
<b>Access</b>	many services were not available in rural/remote towns

Additional barriers that participants experienced that were more specific to Aboriginal and LGBTQA+ young people included:

- Shame getting mental health support
  - Participants thought that more outreach might help to reduce shame
  - They felt too privileged to use Aboriginal medical services and other free services
  - They felt that as Aboriginal people they had been conditioned not to ask for help
- Mistrust of services
  - Previous experiences of racism or homophobia/transphobia with service providers had made participants hesitant to ask for help again
  - They discussed how many Aboriginal people generally do not trust government services because of historical abuse
- Concerns about their confidentiality
  - Participants were less concerned about their healthcare provider sharing their information if the participant had a background in healthcare (e.g. studied health science, worked in a health service) or if their healthcare provider had explained confidentiality laws to them. Confidentiality was especially a problem in Aboriginal medical services and small towns
- Not bothering to access services that they did not think would help them
  - Some participants felt that healthcare workers would not understand their needs as an Aboriginal LGBTQA+ person, and as such the service would not be able to help them, so there was no point in trying to access the service

“...I just feel I would think I'd feel guilty using a service that other people might need...”

“I haven't actually really been to see a therapist yet, but part of the reason for that is because I was a little bit concerned about the whole confidentiality thing...”

### LGBTQA+ services

A few of the participants had attended LGBTQA+ services. Participants felt that these services mainly catered for lesbian and gay people with very few resources for the rest of the LGBTQA+ community. None of the resources were Aboriginal-specific or contained any information about cultural concerns, which was something participants wanted.

“...for one, they weren't culturally competent. They didn't really know anything about that kind of stuff; and two, they're only really catered for lesbians and gays, and sometimes transgender if you were really lucky but a majority of them don't offer any understanding or support for people who don't fall within those buckets.”

### Aboriginal Health Services

Participants had mixed experiences with the quality of care provided by Aboriginal Community Controlled Health Organisations (ACCHOs), but no one talked about experiences of homophobia or transphobia. No participants accessed ACCHOs in relation to specific LGBTQA+ concerns. One participant discussed concerns about their confidentiality while having a check for sexually transmitted infections while at an ACCHO.

They also discussed how ACCHOs felt exclusionary to people who were fair-skinned or not from the Country the ACCHO was operating on (e.g., if they were not Noongar but seeking help in Perth). This included feelings of discomfort, judgement and shame, being turned away from services, or Aboriginal health workers prioritising care for their own mob to the disadvantage of others.

“But with a lot of mob, they focus on their own mob. That's all they focus on with that. And then other people, other Aboriginal people, they're like, “Oh, my niece needs help,” or, “My cousin's thing, who's also in the same mob as me, I'll help them out before I bother with you.”

“...when I'm at home, and I use the AMSs up there, I'm so fine. I'm unbelievably fine. When I'm down here as a fair-skinned, Indigenous woman, not on Country, it is really, really hard to go to the AMSs here because you get judged so hard core 'cos they're like, “Who's this white person taking advantage of the system?””

### Recommendations to increase Aboriginal and LGBTQA+ service capacity

Participants made many other recommendations on how to increase the capacity of services to support Aboriginal or LGBTQA+ people. As these do not differ significantly from standard inclusivity and cultural competency training, they are not included here.

One point that deserves attention is the importance of engaging the community to provide culturally-safe services. This means that the information services have is accurate and reliable, and they have credibility with the community. A few participants noted how credibility is particularly important for inclusive services trying to engage homophobic and/or disengaged communities. As participants noticed, genuine Aboriginal engagement is also necessary to address inequality and disempowerment. Many participants were very engaged and interested in discussions about whether services' practice was appropriate and empowering for their communities.

“...are they like, “I wanna help empower Indigenous mob. What do I need to do to empower you to be able to go out and do your stuff?... instead of going, “I think I know –” like being paternalistic and being like, “Oh, I know what you want and need better than you do, so here's the things that you need,” and then be surprised when we don't use it because it's not actually what we need, it's what they want us to need so that we stay indebted to them.”

## Not knowing what services are available

Throughout the interviews and yarning groups, participants mentioned not knowing what support is available. Frequently, when we asked participants if they used Aboriginal or LGBTQA+ services, participants did not know that these services existed. In the yarning groups, participants shared recommendations for services, which other participants had never heard of before. This was a small positive outcome for the study, but also highlights the shortcomings in communication by services.

*Speaker 1: The only reason I actually know about [health service] is because my school actually advocates them a lot which is good. But for a very long time, I didn't even know they were like a free organisation and once they were free, I was like –*

*Speaker 2: I may google them after, tonight.*

*Speaker 3: Yeah, same.*

Participants thought that services needed to do better outreach in order to engage young people, particularly in schools, TAFEs and universities. Additionally, services need to be vocally supportive of LGBTQA+ and Aboriginal rights so that Aboriginal LGBTQA+ young people know those services are safe for them.

*"I guess outreach programs. I think also you might have an Aboriginal service but it's not outwardly saying "we're queer-friendly" and then you'll have a queer services but it's not outwardly saying "we're allies to Aboriginal people". So without that, I wouldn't feel as comfortable really."*

For the most part, they knew about specialist services such as LGBTQA+ centres, Aboriginal services and inclusive sexual health services through word of mouth.

*"And even for me, it was quite a shocker 'cos I didn't know all of these services were provided until I've connected with people and gone "Oh, really?""*

## Using visual signs to show allyship and safety

Participants agreed that it was useful for services to display visible signs to show that they are inclusive. Visible signs include:

### ● Pride flags



### ● Aboriginal flags



### ● Aboriginal art



Posters and pamphlets featuring diversity were also popular, and intake forms were considered a way to gauge how inclusive a service was (e.g., did they have a 'non-binary' gender option or ask patients their preferred pronouns). A few participants spoke about visiting services' websites before booking an appointment – if the websites displayed a Pride flag and/or Aboriginal flag, these services were likely to be safe and therefore they were the ones participants chose to use.

*"It makes me feel a lot more comfortable knowing that if I do wanna talk to them about that, that they're gonna be cool about it and just feel supported I guess."*

*"...when I was doing appointments, after I made an appointment then I was just looking through their info or something, and some them will have a rainbow flag at the end of their websites and stuff like that."*

Participants said that visible signs of acceptance:

- Made them feel comfortable
- Took away the guesswork when using a service (e.g., they knew it would be safe to talk about a same-sex partner or say they use they/them pronouns when speaking with a doctor)
- Made homophobic/transphobic people less likely to use the service

## Connections between services

Many participants spoke about the need for greater connection between services. The main reason for this was that they felt that if Aboriginal and LGBTQA+ services worked together, or general health services partnered with Aboriginal and/or LGBTQA+ services, it would be an effective way to increase their capacity and make use of existing resources.

*"Like maybe it's Indigenous mob having like a support network Australia-wide and then these services can link in with that, and go, "We wanna run specific things to help Indigenous mob, would you be willing to come in and help us with that?""*

A few participants also said that they wanted services to connect in order to provide holistic care, for example being able to go to one place for physical, mental and sexual health care. They mentioned that this fits more closely with an Aboriginal understanding of wellbeing. Additionally, this would be helpful for people who are dealing with multiple issues and/or need to engage multiple services.

*"So from a health perspective, mental health connected to sexual health, connected to all those different parts of wellbeing, I think they're quite disconnected, not just for Aboriginal people, I think even just everyone, really."*

Participants also critiqued services for competing for funding rather than working together to provide better care for their consumers. Many young people are engaged and interested in the decisions made by community health organisations.

### Sexual health services and education

Finally, some participants wanted more LGBTQA+ inclusive sexual health services and education. These were particularly important in regional/remote areas where there is a lack of sexual health resources.

“I think sexual check-ups should be a regular thing or at least being able to do mobile health check-ups... I think you'll find places like [remote community] where the local doctor isn't until [town] which is hours and hours away, things about sexual health in the queer community just don't get checked or assessed or looked at, or then it's a shame thing as well... There's not enough services like that to get that type of help and there's not LGBTQ specific.”

### Ideas for resources

Throughout the interviews and yarning groups, participants shared their ideas for specific resources and services they would like. These include:

Education (e.g., brochures) for family about gender diversity
Social programs e.g., yarning circles, support groups, safe spaces
Resident healer/counsellor for Aboriginal students
Mental health training for emergency department staff
Phone services and crisis lines to talk about being Aboriginal and LGBTQA+
Aboriginal-specific resources on how to talk about being LGBTQA+ with your parents
Resources on how to deal with returning home/to community and 'jumping back in the closet'
Brochure with a list of safe services/resources for Aboriginal LGBTQA+ people
Rural/remote sexual health van (mobile health)

## What can you do to support Aboriginal LGBTQA+ young people?

Based on our discussions with the young people in the study, we have developed a set of recommendations which are as follows:

### Family:

Get educated about LGBTQA+ people and the issues they face
Learn about what language and behaviour is and what isn't okay
Check out our guide on "How to show you're ok with the LGBTQA" to learn some more about creating a safe environment for LGBTQA+ young people
Let your young person know that you're there to support them
Ask your young person if you can help them navigate their relationships with extended family, community and Culture

### LGBTQA+ Community:

Actively represent everyone in the LGBTQA+ community. This includes positive Aboriginal representation, and visibility for bisexual, trans, pansexual, asexual, non-binary, genderfluid and otherwise under-represented people
Learn about and support Aboriginal issues and perspectives. Be vocal about your support
Include visible signs of supporting Aboriginal people at LGBTQA+ community events and forums

### Aboriginal Community:

Actively ensure positive LGBTQA+ representation and visible signs of LGBTQA+ support
Normalise LGBTQA+ identities
Highlight the achievements of Aboriginal LGBTQA+ people in your community
Get educated about LGBTQA+ people and the specific challenges they may face
Help young people find ways to take part in their Culture safely as an LGBTQA+ person

### Services:

Provide accurate and up-to-date information about LGBTQA+ identities and health
Provide clear information about confidentiality on flyers, websites, etc. and ensure that confidentiality is respected by staff
Employ Aboriginal and/or LGBTQA+ staff
Check out our guide on "How to show you're ok with the LGBTQA" to learn some more about creating a safe environment for Aboriginal LGBTQA+ young people

Check out our guide on “How to talk to young people about sexual and gender diversity”.
Staff should be trained in standard inclusivity and cultural competency, along with education on the specific needs of Aboriginal LGBTQA+ people
Ensure community engagement and consultation, in particular with the Aboriginal community
Intake forms and patient records should take into account gender, sexuality and relevant medical information
Outreach into schools, universities, TAFEs, community events, and other places young people will be
Be transparent about inclusivity and use visual signs (such as flags) to show that your service is safe and inclusive.
Provide resources and programs specifically for Aboriginal LGBTQA+ people, including: <ul style="list-style-type: none"> <li>○ Flyers, brochures, posters, information sheets</li> <li>○ Social spaces, yarnning groups, peer support</li> <li>○ Chat services (phone and online)</li> </ul>

### Aboriginal Community Controlled Health Organisation

Make services open to and inclusive of patients from different mobs/Country
Train staff on appropriate care for Aboriginal LGBTQA+ people
Be vocal and transparent about LGBTQA+ inclusivity

### Some ways you can look after yourself as an Aboriginal LGBTQA+ young person:

You're not alone! Remember that there are other Aboriginal LGBTQA+ people out there
Find and connect with other Aboriginal LGBTQA+ people and allies, who can help support you and give you an opportunity to talk about what you're experiencing
Actively seek Aboriginal LGBTQA+ visibility and media. An increasing number of Aboriginal LGBTQA+ people are out there representing our community in movies, TV, books and social media
Take time to look after yourself (see our resource <i>Self-care for Aboriginal LGBTQA+ Youth</i> )
Try to find online spaces for Aboriginal LGBTQA+ people but be careful – online spaces can be incredibly supportive or very toxic. If you feel that an online community is making you unhappy, leave

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# Some terms that may be useful

## **AFAB/PFAB**

Assigned female at birth/presumed female at birth.

## **Agender**

A person with no connection to the gender binary and/or no personal alignment to the concept of man or woman. Some people may prefer to use the term 'gender neutral'.

## **AMAB/PMAB**

Assigned male at birth/ presumed male at birth.

## **Asexual**

People who do not experience sexual attraction to others or desire sexual activity. Asexual people may have romantic relationships with other people, or they may also be 'aromantic' and not be interested in romantic relationships.

## **Bisexual**

A person who is emotionally, romantically and/or sexually attracted to people of two or more genders. Not all people attracted to multiple genders will use the term 'bisexual' – they may prefer terms such as 'queer', 'pansexual' or 'omnisexual'.

## **Brotherboy**

An Aboriginal or Torres Strait Islander gender diverse person who has a masculine spirit and takes on men's roles within the community. Brotherboys have a strong sense of their cultural identity. Brotherboys may or may not also identify as transgender, and not all Aboriginal and Torres Strait Islander trans men identify as Brotherboys.

May also be spelled Brothaboy. How the word Brotherboy is used can differ between locations, countries and nations. The term Brotherboy may not specifically define who someone is, but instead have an affiliation which is fluid enough to complement their identity.

Note: More generally in Aboriginal and Torres Strait Islander communities, the term brotherboy may be used a term of endearment for men, with no reference to gender diversity.

## **Cisgender**

A person whose gender matches the sex they were assigned at birth.

## **Deadname**

The birth name of somebody who has changed their name. Most commonly attributed to trans people, but can be attributed to any person who has changed their name. Sometimes written as two words: dead name.

## **Demisexual**

A person who experiences little to no sexual attraction until a strong romantic/ interpersonal connection is formed.

## **Double discrimination**

Being discriminated against on the basis of more than one identity or characteristic. Discrimination on more than one ground.

## **Gay**

A person who is emotionally, romantically and/or sexually attracted primarily to people of the same gender. Most often used to describe same-gender attracted men but also commonly used by same-gender attracted women and non-binary people. Not all same-gender attracted people will use the term gay – they may prefer to use other language.

Note: may also be used by LGBTQA+ people in casual conversation as synonymous with LGBTQA+ or an umbrella term for sexual diversity. This usage is not appropriate in formal/ professional settings.

## **Gender fluid**

A person whose gender is a dynamic mix of male and female. A person who is gender fluid may move between many gender identities.

## **Intergenerational trauma**

A psychological term which asserts that trauma can be transferred in between generations. After a first generation of survivors experiences trauma, they are able to transfer their trauma to their children and further generations of offspring via complex post-traumatic stress disorder mechanisms. Also known as 'transgenerational trauma'.

## **Heterosexual**

A person who is exclusively attracted to people of the opposite gender, also known as 'straight'.

## **Intersex**

People born with sex characteristics that do not fit medical or social norms for female or male bodies. Intersex traits are natural manifestations of human bodily diversity. There are many different intersex traits. Not all intersex traits are visible in infancy. Intersex variations might become apparent prenatally, at birth, at puberty, in adulthood or when trying to conceive.

## **Lesbian**

A woman who is emotionally, romantically and/or sexually attracted primarily to other women. May also be used by non-binary people. Not all same-gender attracted women will use the term lesbian – they may prefer to use other language.

## **Non-binary**

A person who is not exclusively a man or woman.

Also used as an umbrella term for any number of gender identities that sit within, outside of, across or between the spectrum of the male and female binary. A non-binary person might identify as gender fluid, trans masculine, trans feminine, agender, bigender, etc. or they may just identify as non-binary.

## **Pansexual**

A person who is attracted to people regardless of gender, and/or experiences attraction for all gender identities and expressions.

# Appendices

## Queer

Queer may be used as an umbrella term to encompass many people within the LGBTQA+ community, or by an individual to describe their sexuality and/or gender where other terms (e.g. gay, bisexual, transgender) are considered too limited.

Note: queer is a historically derogatory term that has been reclaimed, but may be offensive to some and should be used with caution. Unless someone specifically identified their sexuality/gender as queer, it is not appropriate to use in professional settings.

## Questioning

A person who is questioning or unsure of their sexuality and/or gender. People who are questioning may or may not choose to identify as part of the LGBTQA+ community.

## Sistergirl/Sistagirl

An Aboriginal or Torres Strait Islander gender diverse person who has a feminine spirit and takes on women's roles within the community. Sistergirls have a strong sense of their cultural identity. Sistergirls may or may not also identify as transgender, and not all Aboriginal and Torres Strait Islander trans women identify as Sistergirls.

May also be spelled Sistagirl. How the word Sistergirl is used can differ between locations, countries and nations. The term Sistergirl may not specifically define who someone is, but instead have an affiliation which is fluid enough to complement their identity.

Note: More generally in Aboriginal and Torres Strait Islander communities, the term Sistergirl may be used a term of endearment for women, with no reference to gender diversity.

## Stigma

Stigma refers to an attribute or identity that is considered undesirable by mainstream society, who do not fully accept the stigmatised person. This frequently results in discrimination and social inequality.

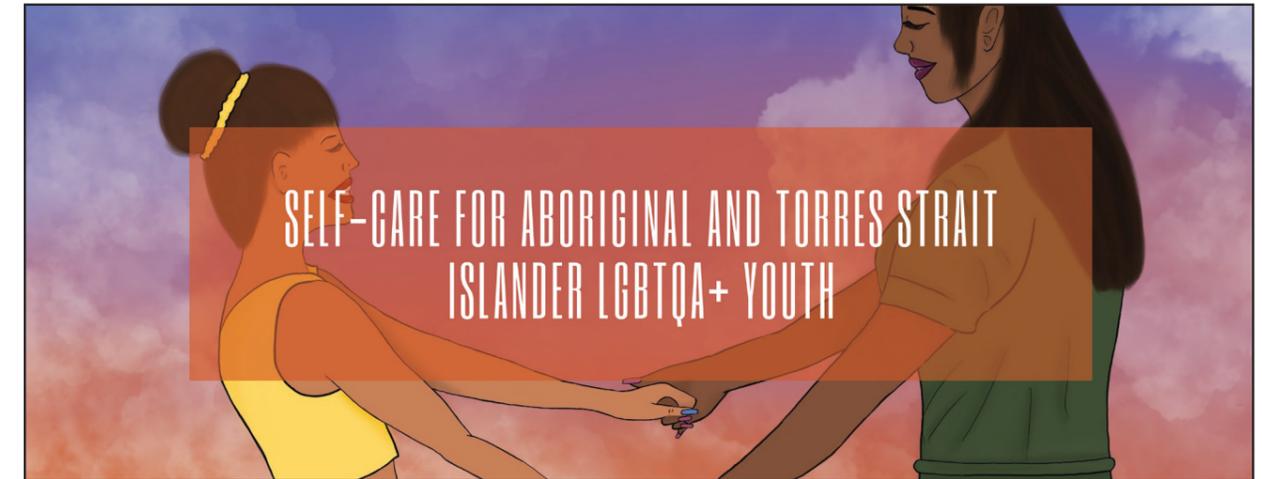
## Trans/Transgender/Gender Diverse

People whose gender differs from the sex they were presumed at birth. Not all gender diverse people use the term trans – they may prefer to use different language.

People from societies around the world with more than two traditional genders often use culturally specific language e.g. Sistergirl, Brotherboy, two-spirit, fa'afafine, hijra, bissu.

## Two-Spirit/2 Spirit

A unique sexual, gender and/or spiritual identity, originating among Indigenous people in the US and Canada. Two Spirit people may have both masculine and feminine spirits, or a mixture of masculine and feminine energies in their body.



### STAY CONNECTED

Talking, having a yarn, and sharing our troubles is what connects us! Even if you can't physically meet with people, reach out via a phone call, text or web-app. Get googling: Check out what other great things LGBTQA+ Indigenous people are doing in your community!

### KEEP DOING ACTIVITIES YOU ENJOY

Make a list of things you usually do to keep well - do you like to draw? Create videos? Read? Time to make some new music playlists? These are all things you can do to stay well.

### TUNE OUT

It's okay to take a break from social media and the news every now and again.

### STAY ACTIVE

Exercise and being active is great for mental and physical wellbeing. Is there a spot you like to go where you can be with nature? Go down to the beach or meet a friend for a walk.

### GET JOURNALING

Writing down or recording your thoughts can help you to think through them. Your journal can be private or you may want to share with others who support you.

### REACH OUT IF YOU NEED HELP

Remember that there are people you can talk with. QLife is an online web-chat and phone hotline dedicated to LGBTQA+ community members QLife (free call or webchat), 1800 184 527, [www.qlife.org.au](http://www.qlife.org.au)

Walkern Katatdjin  
Rainbow Knowledge



THIS INFOGRAPHIC WAS PRODUCED BY THE WALKERN KATATDJIN (RAINBOW KNOWLEDGE) PROJECT TEAM.  
THE ARTWORK FOR THIS PROJECT WAS DONE BY NARUNGA ARTIST SHAKYRRAH BECK.

## How to show you're ok with the LGBTQA

### WHAT DOES LGBTQA+ MEAN?

LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER/QUESTIONING, ASEXUAL, AND MORE. THERE ARE DIFFERENT VERSIONS OF THE ACRONYM, AND MANY REASONS TO USE ONE VERSION OR ANOTHER. IF YOU'RE UNSURE WHICH VERSION TO USE, ASK AN LGBTQA+ PERSON WHICH ONE THEY PREFER.

YOU MIGHT BE ACCEPTING OF LGBTQA+ PEOPLE, BUT IT'S IMPORTANT THAT YOU LET LGBTQA+ PEOPLE SEE THAT – IT'S NOT ALWAYS OBVIOUS. HERE ARE A FEW HINTS TO HELP YOU SHOW THAT YOU'RE ACCEPTING OF LGBTQA+ PEOPLE AND CREATE A COMFORTABLE ENVIRONMENT.

1

Speak positively about LGBTQA+ people. Do you have a gay cousin that you love or a trans artist you admire? Mentioning them in conversation is a subtle way to show that you're accepting of LGBTQA+ people.

*"My niece and her girlfriend are coming over for dinner. I'm really excited to see her."*  
*"Steven Oliver's in that show, right? He's pretty boss."*

2

Avoid using language and jokes that put down LGBTQA+ people. If you're unsure what's ok, just ask an LGBTQA+ person.

3

Learn more about LGBTQA+ issues. Putting in the effort to get educated is a big way to show you care about LGBTQA+ people and can help you learn how to actively support them.

*"I was reading up on what pansexuality means."*  
*"I watched a show about the history of Mardi Gras and protesting."*

4

Use the correct pronouns for people, and encourage others to do the same. Unsure what pronouns are? Check out this handy guide: <https://www.minus18.org.au/articles/what-are-pronouns-and-why-are-they-important>

*"I spoke to her yesterday."*  
*"They are non-binary."*

5

Find opportunities to bring together Aboriginality and queerness. Acknowledging that people have multiple identities is important to show that you accept their entire self.

*"Does your boyfriend want to come out on country with us?"*  
*"Sistergirl here helped me with the weaving."*

6

Don't assume that everyone's straight. Using gender neutral language makes space for LGBTQA+ people.

*Try saying "do you live with your partner?" rather than "do you live with your man?"*  
*"These young mob" rather than "these young boys and girls."*

7

Be vocal about supporting LGBTQA+ rights. Show the LGBTQA+ people around you that you love and support them.

*"I support same-sex marriage"*  
*"I think these transphobic comments are really disgusting."*

8

Use welcoming body language with everyone. Try to notice if you're changing your body language or the way you talk around people who identify as LGBTQA+ or are gender non-conforming.

*Do you stop smiling around people who are gay? Do you tense up your body around people who are trans?*

It's ok to make mistakes and accidentally say the wrong thing sometimes. Apologise, get back on track and continue respectfully, and you'll be fine. If someone corrects you, thank them for explaining and move on. Don't make a big show when you make a mistake.

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