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Australian Institute of Health and Welfare

AIHW

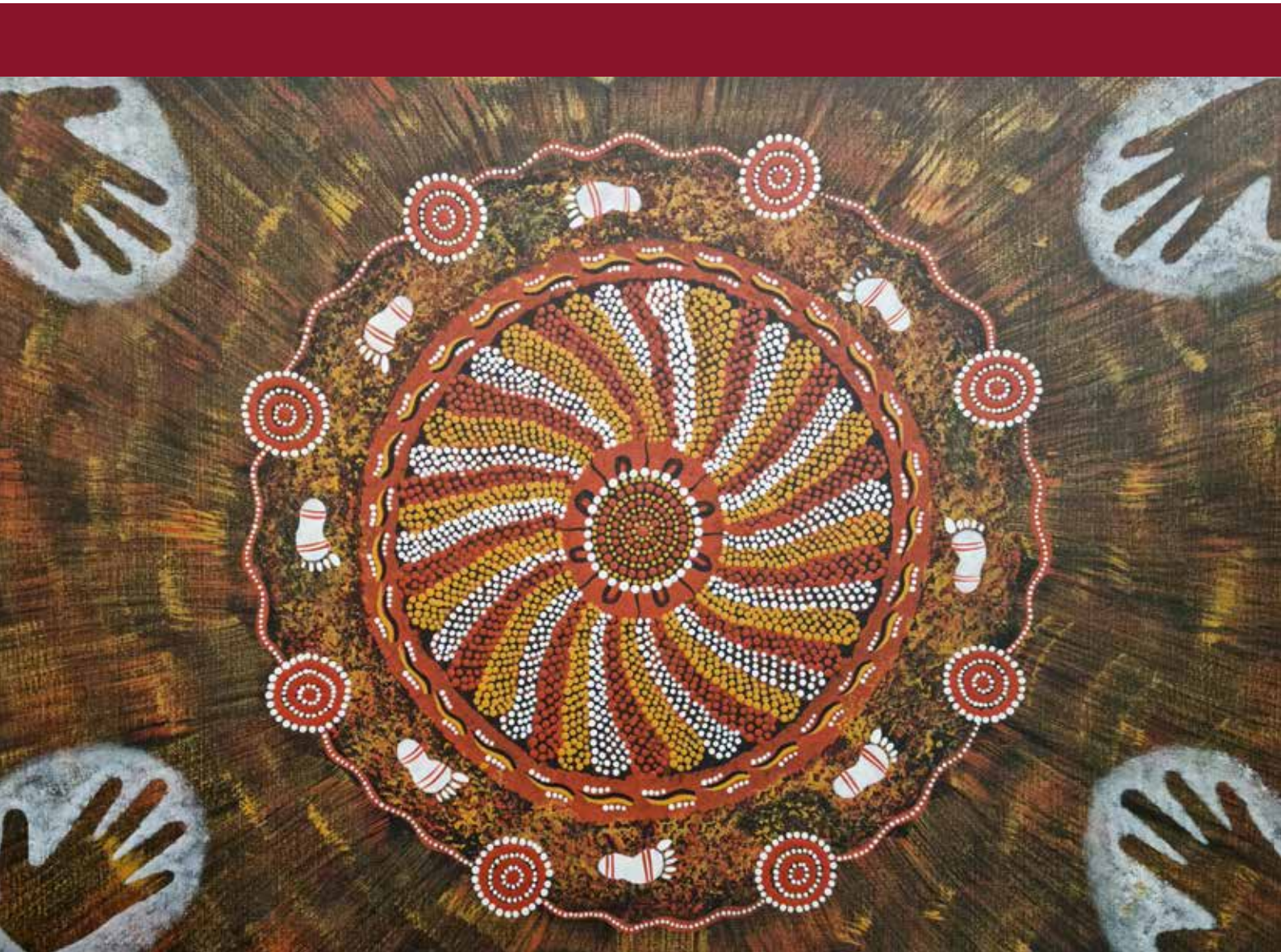# Aboriginal and Torres Strait Islander LGBTQIASB+ people and mental health and wellbeing

Madi Day, Bronwyn Carlson, Dameyon Bonson and Terri Farrelly

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

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Contents

About the cover artwork:

Artist: Linda Huddleston

Title: The journey towards healing

At the centre of the artwork is the Clearinghouse. The black half-circles are the people who come to the Clearinghouse for information about mental health and suicide prevention.

The waves of red, yellow and white dots surrounding the inner circle represent strength and healing.

The footprints represent the journey towards healing.

The red and white circles around the edge represent different programs and policies aimed at helping people heal.

The hands represent success and wellbeing.

Summary

The high rates of suicide-related behaviour among Aboriginal and Torres Strait Islander people, combined with similar evidence relating to LGBTQIA+ people, suggest that there is a need to investigate the compound risk of suicide-related behaviour among people who are both Aboriginal and Torres Strait Islander and LGBTQIASB+. This report highlights gaps in existing data collection and research literature regarding the experiences of this group. It explores the risks to social, cultural and emotional wellbeing, as well as protective factors for suicide, for this group.

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

- Discrimination and violence targeting Aboriginal and Torres Strait Islander and LGBTQIASB+ people can impact all aspects of life, including access to employment, health care, housing and participation in people's own communities and in broader Australian society. Aboriginal and Torres Strait Islander LGBTQIASB+ people are at a higher risk of family violence as well as assault and harassment which results in compounded and layered trauma. Life trauma, youth, disability and incarceration are also factors which intersect and may further compound the risk for this group (Phelan and Oxley 2021).

- Disconnection and exclusion from community, culture and Country are risks to social, cultural and emotional wellbeing for Aboriginal and Torres Strait Islander LGBTQIASB+ people. Colonisation introduces religious ideology to Aboriginal and Torres Strait Islander communities, contributing to discrimination and violence towards Aboriginal and Torres Strait Islander people who are also LGBTQIASB+. Conversely, feeling fully accepted – both as Aboriginal and/or Torres Strait Islander and as LGBTQIASB+ – and being able to fully participate in community, family and society, are protective factors against suicide.

- Both Aboriginal and Torres Strait Islander people and LGBTQIA+ people experience poorer health outcomes. Due to past and ongoing discrimination and to resulting feelings of distrust, individuals from both groups may also be hesitant to access health, mental health and other suicide prevention services.

- However, Aboriginal and Torres Strait Islander LGBTQIASB+ people show significant agency and resilience in the face of violence, marginalisation and discrimination. More recently, this has included the use of social media to form communities of care and for social and cultural nourishment, as an alternative to formal help-seeking (Farrell 2021).

This report recommends that:

- Aboriginal and Torres Strait Islander LGBTQIASB+ people be treated as a priority group for research, policy and programs that address the compounding impacts of racism, discrimination, violence and trauma.

- Aboriginal and Torres Strait Islander LGBTQIASB+ communities be resourced and empowered to lead this response.

1

Introduction

1   Introduction

While our understanding of suicide risk and of protective factors for wellbeing among Aboriginal and Torres Strait Islander people is growing, we know very little about these factors as they apply to Aboriginal and Torres Strait Islander LGBTQIASB+ people. The intersections – and commonalities – between the life experiences and health outcomes of Aboriginal and Torres Strait Islander people and of LGBTQIA+ people are also an important (and under-researched) area for public policy.

Based on a review of peer-reviewed articles, grey literature and databases, this report provides:

- an overview of available literature about Aboriginal and Torres Strait Islander LGBTQIASB+ people and social and emotional wellbeing
- a comparative analysis of literature about Aboriginal and Torres Strait Islander people, LGBTQIA+ people and suicide.

Some terms in use

It is important to note that, in their languages (including Aboriginal English and Kriol), Aboriginal and Torres Strait Islander people use a range of terms to describe sexual and gender diversity.

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

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

1.1   Data and research

Data collection and binary categories

While this report uses statistics that refer to Aboriginal and Torres Strait Islander people as 'male/female', 'men/women' or 'boys/girls', this is not an adequate reflection of the reality of gender in Aboriginal and Torres Strait Islander communities or the Australian population in general.

This is because:

- most demographic data and statistics collected on, and about, Aboriginal and Torres Strait Islander people are limited to the binary categories of 'male' and 'female'.
- data on Aboriginal and Torres Strait Islander LGBTQIASB+ people and suicide-related behaviour are also limited by the fact that, in Australia, information about sexuality and gender diversity is rarely recorded at death, unless specifically included by a coroner (Skerrett et al. 2014).

The National Suicide and Self-harm Monitoring Project was undertaken to improve the quality of suicide and self-harm data in Australia and has included a focus on expanding data collection on LGBTQIA+ populations (AIHW 2022a).

Thus, most research about Aboriginal and Torres Strait Islander people and suicide may be missing significant cohorts, including those who are outside and beyond the gender binary.

Research

Aboriginal and Torres Strait Islander LGBTQIASB+ people are under-represented in research and have been largely missing from national studies into sexuality, gender and sex diversity (AHRC 2015; O'Sullivan 2021a, 2022). In a submission to the Australian Human Rights Commission (AHRC) in 2015, Black Rainbow Living Well observed the absence of a national strategy, plan or research to identify and meet the needs of Aboriginal and Torres Strait Islander LGBTQIASB+ people (Bonson 2016).

> Aboriginal researchers, including Maggie Walter (2016a) and Sandy O'Sullivan (2021a), have highlighted how data – and gaps in data – can misrepresent, reduce, and erase the complexities of Aboriginal and Torres Strait Islander lives.

With respect to suicide risk and protective factors, there is little available research literature to inform public policy about the needs and experiences of Aboriginal and Torres Strait Islander LGBTQIASB+ people and such research is generally framed within the policy context of sexually transmissible infection and blood-borne virus (AHRC 2015; Gays and Lesbians Aboriginal Alliance 1993; Hodge 1993). A lot of what is known tends to be drawn from comparative studies of LGBTQIA+ and Aboriginal and Torres Strait Islander communities separately. (An exception to this is Bonson (2016), Dudgeon and colleagues (2015) and Kerry (2017), who note the risks of increased isolation; rejection from community; exclusion from culture; suicide; homelessness; and mental health issues.)

It is only more recently that policy regarding health and wellbeing has begun to respond. (For a comprehensive list of policy documents, see AIHW 2022b). However, there continues to be limited information available to service providers on how best to work with Aboriginal and Torres Strait Islander LGBTQIASB+ people, and where they access care (Uink et al. 2020). Recent efforts have aimed to address this lack of research by exploring the needs and experiences of Indigenous LGBTQIASB+ youth (see Hill et al. 2021; Liddelow-Hunt et al. 2021; Soldatic et al. 2020, 2021).

1.2 Health outcomes and help-seeking behaviours

Both groups experience poorer health outcomes and higher rates of health-impacting behaviours arising from minority stress, social exclusion, discrimination and trauma (Lea and Reynolds 2014; Krakouer et al. 2022). This report identifies a help-seeking quandary for Aboriginal and Torres Strait Islander LGBTQIASB+ people who face barriers to seeking care at both Aboriginal and Torres Strait Islander and LGBTQIA+ specific services. Due to experiences of discrimination and to the resulting feelings of distrust, both Aboriginal and Torres Strait Islander communities and LGBTQIA+ communities are also hesitant to engage in help-seeking or to access health, mental health and suicide prevention services.

> While acknowledging that social media can be a site of discrimination and violence, the report also identifies how Aboriginal and Torres Strait Islander LGBTQIASB+ people are now using social media for informal and interpersonal kinds of support.

Outcomes, risks and protective factors

The role of social and emotional wellbeing

For Aboriginal and Torres Strait Islander people, health is not only defined by the physical wellbeing of an individual, but includes the social, cultural and emotional wellbeing of the whole community (Gee et al. 2014).

Social and emotional wellbeing (SEWB) is a multidimensional concept, comprising the lifetime of relationships between body; mind and emotions; family and kinship; community; culture; Country; and spirituality and ancestors (Zubrick et al. 2014). These factors are recognised in the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023* (PM&C 2017), and also reflect many of the:

- 'social determinants of health' outlined by the World Health Organization (AIHW 2020)
- Aboriginal and Torres Strait Islander cultural and social determinants of health identified by the Lowitja Institute (2014).

Disruption to these connections may result in poor wellbeing – while renewing, healing, and strengthening these connections improves wellbeing (Gee et al. 2014).

Aboriginal and Torres Strait Islander people suicide rates

For Aboriginal and Torres Strait Islander people who died between 2011 and 2020, suicide was the fifth leading cause of death, compared with 13th for non-Indigenous Australians (ABS 2020). The age-standardised suicide rate for the general Australian population in 2020 was 12.1 deaths per 100,000 (a decrease of 6.2% from 2019). For Aboriginal and Torres Strait Islander people the rate was 27.9 (ABS 2020). For Aboriginal and Torres Strait Islander men, the suicide rate has increased between 2011 and 2020, from 31.7 to 42.9 deaths per 100,000 (ABS 2020). For Aboriginal and Torres Strait Islander women the suicide rate has remained relatively stable over time (ABS 2020). It should be noted that such statistics generally only record sex in terms of male and female (rather than gender).

The risk of suicide among Aboriginal and Torres Strait Islander people also differs across jurisdictions and by age:

- In 2020, 31.4% of Aboriginal and Torres Strait Islander people who died by suicide had a usual residence in Queensland (ABS 2020). When comparing data from 2011–15 with data from 2016–20, the number of Aboriginal and Torres Strait Islander deaths by suicide had increased in all jurisdictions except South Australia and Western Australia (ABS 2020). Across the periods of 2011–15 and 2016–20, those living in New South Wales had a lower suicide rate, and those living in Western Australia had the highest, compared with those living elsewhere (ABS 2020).
- Of those Aboriginal and Torres Strait Islander people who died by suicide between 2016–20, 81.9% were aged between 15 and 44 years, and the rate was highest for males aged 35–44 years and for females aged 15–24 years (ABS 2020). Suicide was the leading cause of death for Aboriginal and Torres Strait Islander children. Over 73% of Aboriginal and Torres Strait Islander children who died by suicide were aged between 15 and 17, and 53.8% were girls (ABS 2020).

Suicide risk and protective factors

Suicide risk factors that impact all populations include history of suicide-related behaviour, poor support networks, discrimination, incarceration, alcohol and drug use, life stressors, access to mental health care, and identifying as LGBTQIA+ (AIHW 2022b).

For Aboriginal and Torres Strait Islander people, cultural understandings of wellbeing, community values and unique historical events can shape interactions with other factors that can protect an individual from – or increase their risk of – suicide (Westerman and Sheridan 2020; AIHW 2022b).

A review of available literature has recently identified 17 key protective and risk factors as defined in the literature that may contribute to Aboriginal and Torres Strait Islander suicide (AIHW 2022b). Aside from the demographic factors of gender, age and place of residence, these include factors specific to Aboriginal and Torres Strait Islander people such as:

• intergenerational trauma (as a result of colonialism, dispossession and marginalisation)

• racism and discrimination

• grief and loss

• continuing social disadvantage

• connection (or loss of connection) to culture and Country.

To date there remains limited published work that explores the contribution of these factors (AIHW 2022b). There has also been limited research exploring the effectiveness of approaches to reduce the risk of suicide in Aboriginal and Torres Strait Islander communities (Ridani et al. 2015).

Often, such approaches have been transplanted from non-Indigenous contexts with little consideration of their appropriateness or their likelihood of addressing Aboriginal and Torres Strait Islander understandings of wellbeing (Ridani et al. 2015). To fully understand and develop effective responses to address suicide among Aboriginal and Torres Strait Islander people, these protective and risk factors – and how they interact – need to be considered comprehensively (ATSISPEP 2016).

> The importance of working towards suicide prevention outcomes that are specific to Aboriginal and Torres Strait Islander communities has been recognised by the Australian Government National Suicide Prevention Taskforce and supported by various mental health and suicide prevention policies, for both Aboriginal and Torres Strait Islander people and non-Indigenous Australians.
>
> (See AIHW 2022b for policy documents.)

Suicide-related behaviour for LGBTQIASB+ people

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

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

Risk factors for LGBTQIA+ Australians

For LGBTQIA+ Australians, like Aboriginal and Torres Strait Islander people, discrimination is a lived reality. Examples of state-sanctioned discrimination include laws that prohibit same-sex couples from adopting children; access to fertility services; and various criminal and justice issues (AHRC 2015).

Institutional discrimination can inhibit access to education and health services, impact employment and housing, and prevent participation in community activities such as sport (AHRC 2015). Research conducted by the AHRC (2015) found that LGBTQIA+ Australians often experienced discrimination when attempting to access services operated by religious organisations, such as certain hospitals, clinics, aged care and mental health services.

Interpersonal discrimination includes bullying, harassment and violence. Research consistently shows that LGBTQIA+ Australians experience higher than average rates of harassment, verbal and physical abuse, violence, and sexual assault, occurring in public and in all aspects of their lives (AHRC 2015).

The compound risk for Aboriginal and Torres Strait Islander LGBTQIASB+ people

The high rates of suicide-related behaviour among Aboriginal and Torres Strait Islander people, combined with the evidence relating to LGBTQIA+ Australians, suggests a compounded risk of suicide-related behaviour among Aboriginal and Torres Strait Islander LGBTQIASB+ people. This risk may be increased when other intersecting factors are added (for example, youth, disability, and incarceration) (Phelan and Oxley 2021).

Bonson (2017) has reported that Aboriginal and Torres Strait Islander LGBTQIASB+ people are also at higher risk of serious assault, homelessness and psychological distress, and that there are disparities in access to health care and social services. Such reports suggest the likelihood that the needs of this population are not being met, either by Indigenous-specific or by LGBTQIA+-specific services. COVID-19 pandemic responses and their potential impacts on Aboriginal and Torres Strait Islander LGBTQIASB+ people may have affected access to care even further.

An overview of insights and solutions in this report

Firstly, the report explores trauma; racism, discrimination and violence; and connection to culture, community and Country as significant factors impacting Aboriginal and Torres Strait Islander LGBTQIASB+ people's social, emotional and cultural wellbeing. This leads to an overview of the significance, for Aboriginal and Torres Strait Islander LGBTQIASB+ people, of being fully seen, safe and accepted as Aboriginal and/or Torres Strait Islander and as LGBTQIASB+.

As this report demonstrates, physical safety, navigating racism and discrimination, and family and community acceptance for all aspects of their identity are consistent concerns in all available literature on Aboriginal and Torres Strait Islander LGBTQIASB+ people.

COVID-19: a case in point

Finally, this report considers the impact of Australian governments' responses to COVID-19 and its implications for social and emotional wellbeing, for the everyday navigation of racism and discrimination, and for health access for Aboriginal and Torres Strait Islander LGBTQIASB+ people (O'Sullivan 2021b; Soldatic et al. 2020).

Given the significance of connection to culture and community as protective factors, as well as the barriers to adequate health care access outlined in this report, more research is needed on how the pandemic specifically impacted Aboriginal and Torres Strait Islander LGBTQIASB+ people and their communities.

2

Protective and risk factors for Aboriginal and Torres Strait Islander LGBTQIASB+ people's wellbeing

2 Protective and risk factors for Aboriginal and Torres Strait Islander LGBTQIASB+ people's wellbeing

A recent publication by AIHW (2022b) for the Indigenous Mental Health and Suicide Prevention Clearinghouse has already detailed protective and risk factors for suicide among Aboriginal and Torres Strait Islander people and should be read in conjunction with this report. This report specifically seeks to outline the potential risks to social, cultural and emotional wellbeing, and the protective factors, which are specific to Aboriginal and Torres Strait Islander LGBTQIASB+ people.

We acknowledge that the factors identified here are by no means exhaustive nor comprehensive. We also acknowledge that these factors overlap and interact, which further complicates and elevates risk.

Suicidal behaviour among Aboriginal and Torres Strait Islander people, and also among LGBTQIA+ people, have become dominant narratives in popular culture. Reports of such incidents in the media – the focus of intervention and prevention initiatives; personal accounts shared by celebrities; and the portrayal of these themes in movies, television programs, song lyrics and other forms of art – have resulted in Indigenous identity, and/or being LGBTQIA+, becoming inextricably linked with suicide risk in popular imagination. (Indeed, the way statistics and data about Aboriginal and Torres Strait Islander people are represented also contributes to this narrative (Walter 2016a).)

These narratives are problematic because they position Aboriginal and Torres Strait Islander people and LGBTQIA+ people as inherently vulnerable – taking away from the significant agency demonstrated to date by Aboriginal and Torres Strait Islander people, LGBTQIA+ people, and Aboriginal and Torres Strait Islander LGBTQIASB+ people.

This report emphasises that the following identified risks to wellbeing are not the result of some vulnerability inherent with being an Aboriginal and/or Torres Strait Islander person who identifies as LGBTQIASB+, but rather are the outcomes of experiences of racism, discrimination, marginalisation, homophobia and transphobia (Mulé et al. 2009).

2.1 Racism, discrimination and violence

Research (including Bargallie 2020; Markwick et al. 2019; Temple et al. 2020) has established that Aboriginal and Torres Strait Islander people experience high rates of racism and discrimination. Evidence shows that racist discrimination against Aboriginal and Torres Strait Islander people is directly associated with high levels of stress, suicidal ideation and psychiatric disorders, including depression and anxiety (Cave et al. 2018; Haregu et al. 2022; Ketheesan et al. 2020; Sarnyai et al. 2016). Experiences of discrimination extend into all facets of life (including education, employment, and interaction with the health care system) and have detrimental impacts on health-seeking behaviour (Bargallie 2020; Bodkin-Andrews and Carlson 2016; Wylie and McConkey 2019).

Aboriginal and Torres Strait Islander LGBTQIASB+ people have commonly reported experiencing racism and discrimination in response to their Indigenous identity not only in the wider community, but also within LGBTQIA+ communities in general – particularly if, according to their own assessment, they are recognised as Indigenous (Hill et al. 2022; Soldatic et al. 2020).

However, Aboriginal and Torres Strait Islander LGBTQIASB+ people have also reported experiencing discrimination and 'queerphobia' in response to their LGBTQIASB+ identity from within Aboriginal and/or Torres Strait Islander communities (Hill et al. 2022; Kerry 2014).

Discrimination also occurs in holistic and overlapping ways in relation to both identities: that is, being Aboriginal and/or Torres Strait Islander as well as being LGBTQIASB+ (Hill et al. 2022). Not only does this occur within the general community, but also from a range of health, education and social support services (Bonson 2016; Uink et al. 2020). Such experiences have been reported to contribute to depression, anxiety, distress, suicidal ideation and alcohol use (Soldatic et al. 2020).

> **Some terms in use**
>
> **Queerphobia** is rejection, violence and/or discrimination towards people who are LGBTQIA+.
>
> **Transgender** people identify with a gender other than that assigned to them at birth.
>
> **Cisgender** people identify with the gender assigned to them at birth.

Violence and the anticipation of violence

It is well established that violence, harassment and bullying adversely affect the wellbeing and quality of life of those who experience it (AHRC 2015; Strauss et al. 2020). A review of Australian suicide cases to which an LGBTQIA+ identity could be attributed found that, compared with control cases, these individuals were more likely to have ever been beaten so badly they had to see a doctor, and to have been sexually assaulted (Skerrett et al. 2016).

In Black Rainbow's report on the impact of COVID-19 on Aboriginal and Torres Strait Islander LGBTQIASB+ people, 51% of participants reported they did not feel safe where they lived because they were LGBTQIASB+ (Day et al. 2022). As Farrell (2015) has noted, for Aboriginal and Torres Strait Islander LGBTQIASB+ people it is not just the violence but the anticipation and expectation of violence which impacts their wellbeing, including their ability to connect with family and community, and to maintain and build relationships.

Domestic and family violence

LGBTQIA+ Australians are known to experience rates of domestic violence comparable with (if not greater than) rates among the general population (Gibson et al. 2020). Aboriginal and Torres Strait Islander LGBTQIASB+ people are at greater risk of family violence generally, and this risk can be further magnified when it interacts with other factors such as disability and socioeconomic status (Gibson et al. 2020).

The AIHW (2022b) has outlined how the experience of family or domestic violence is a risk factor for suicide, and family conflicts and disruption are precursors to suicide for Aboriginal and Torres Strait Islander people. Dudgeon and colleagues (2021) have detailed the relationship between family violence and intergenerational trauma, and the links to poor health and wellbeing, including suicide. They stress that the impact of broader systemic violence must be acknowledged when considering the impact of family violence in Aboriginal and Torres Strait Islander communities.

2.2 Trauma

Aboriginal and Torres Strait Islander families, communities, cultures and Country continue to suffer great damage as a result of colonialism, and despite much resilience, strength and work towards healing, the impact is devastating. These challenges – as well as the importance of connection to family, community, culture and Country as protective and risk factors for wellbeing and suicide – have been explored in detail in publications recently compiled for the AIHW Indigenous Mental Health and Suicide Prevention Clearinghouse (2022b) and by Dudgeon and colleagues (2021).

> **Some terms in use**
>
> **Sorry Business** is a period of cultural practices that honor grief and loss.
>
> **Postvention** is a mental health intervention designed to support the friends and family of a person who has committed suicide – since they themselves may be at risk as a consequence.

Trauma is strongly linked to suicidal behaviour (Dudgeon et al. 2021). Dudgeon and colleagues (2015) have highlighted the compounded and layered trauma experienced by Aboriginal and Torres Strait Islander LGBTQIASB+ people, who are subject to the racism, discrimination and trauma experienced by Aboriginal and Torres Strait Islander people in general but are additionally subject to the specific violence and discrimination targeting people who are also sexually and gender diverse.

Grief and loss

The risks posed by trauma are further compounded by exposure to other life stressors such as interpersonal conflict (Skerrett et al. 2016), to cumulative and unresolved grief and loss, and to the suicidal behaviour of others (AIHW 2022b). Aboriginal and Torres Strait Islander people experience relentless grief due to the large numbers of deaths in families and communities caused by systemic inequities and injustices (Carlson and Frazer 2015; AHRC 2020). In many communities, the observance of Sorry Business can be an ongoing and a heavy burden: there is no time to recover from one death before another follows.

Exposure to suicide deaths

Aboriginal and Torres Strait Islander people are more likely than non-Indigenous Australians to be exposed to the suicide death of another person, and extremely likely to have multiple suicide exposures (AIHW 2022b). Recent research into Aboriginal community perceptions and views of discussing suicide found that suicide is viewed as a whole-of-community issue, and that suicide deaths cause a ripple effect of trauma that is cross-generational and ongoing (Westerman & Sheridan 2020; Heard et al. 2022).

The research identified that in the communities studied, there is a silence about suicide, characterised by a reluctance to discuss it; reacting to a bereaved family with silence; and a feeling of shame that prevents discussion. With a lack of postvention support for families affected by suicide (Dudgeon et al. 2021), that silence has its own impact. Heard and colleagues (2022) also found that participants reported feeling powerless to act, not having the skills and confidence to discuss suicide, and a fear that discussing suicide might spark more suicidal behaviour, cause more trauma, or cause a person to be removed from the community.

Incarceration

Incarceration is another source of ongoing trauma for Aboriginal and Torres Strait Islander people, as well as a source of re-traumatisation (Dudgeon et al. 2021). Incarceration of Aboriginal and Torres Strait Islander children, youth and adults disrupts connection to family, kinship, community, culture and Country (Dudgeon et al. 2021). Incarceration also increases the risk of suicide of Aboriginal and Torres Strait Islander people (AIHW 2022b; Dudgeon et al. 2021).

According to the annual *Closing the Gap* report produced by the Productivity Commission (2021), as of 30 June 2020 the imprisonment rate for Aboriginal and Torres Strait Islander people was 2,315 per 100,000 adult population, compared with 156.3 per 100,000 for non-Indigenous Australians. On an average day in 2019–2020, the detention rate for Aboriginal and Torres Strait Islander young people aged 10 to 17 years was 25.7 per 10,000, compared with 1.4 per 10,000 for non-Indigenous young people. On any given day in the Northern Territory, most imprisoned children are Aboriginal or Torres Strait Islander (Phelan and Oxely 2021).

2.3   Connection to family, community, culture and Country

As discussed, Aboriginal and Torres Strait Islander LGBTQIASB+ people experience compounding discrimination relating to their Indigenous and LGBTQIASB+ identities. Not being accepted by family and/or the Aboriginal and Torres Strait Islander community for identifying as LGBTQIASB+ can force many to leave and seek out a new base of support in the general LGBTQIA+ community (Kerry 2014). However, racism from the LGBTQIA+ community can make this difficult, leading to social exclusion from both communities.

2.4   Social inclusion and exclusion

Metrics for social inclusion and exclusion have been described by Indigenous-led research as 'irrelevant' when applied to the Indigenous population (Hunter and Jordan 2010). This is because the life experiences, circumstances and value systems of Aboriginal and Torres Strait Islander people are not comparable with those of non-Indigenous Australians. Also, such metrics fail to account for differences in conceptualisations of what a 'good life' comprises including Aboriginal and Torres Strait Islander connection to kinship, community, culture and Country (Walter 2016b).

Youth

Recent research with Aboriginal and Torres Strait Islander LGBTQIASB+ youth has shed further light on the issue of connectedness. For one study, *Dalarinji (Your Story)*, 15 young people (aged 14 to 25 years) from New South Wales were interviewed to gain a better understanding of how the three identities of being Indigenous, young, and LGBTQIASB+ impact upon their social, cultural and emotional wellbeing – with the goal of developing and equipping targeted services to better support their needs (Soldatic et al. 2020, 2021). Findings highlighted that social inclusion/exclusion for Aboriginal and Torres Strait Islander LGBTQIASB+ youth is a multifaceted, complex issue that includes processes of disconnection, connection and reconnection with family, community, culture and Country.

Relationships with family

Participants consistently expressed the importance of mothers to feelings of being accepted, supported and safe, which in turn was described as essential to their wellbeing. While the acceptance of other family members was also described as important, mothers were particularly seen as being role models, best friends, protectors and advocates within the community (Soldatic et al. 2020, 2021).

For another study, *Walkern Katatdjin*, 14 young Aboriginal LGBTQIASB+ people (aged 14 to 25 years) living in Perth metropolitan region were interviewed about their service needs and experiences (Liddelow-Hunt et al. 2021). Findings highlighted how relationships with family were often complicated and changed over time. Some relationships ended or became more distant, while other family members steadily became more accepting and supportive over time.

Some participants described learning to tolerate hurtful behaviour and having to 'go back in the closet' around certain family members. Some described educating their family about LGBTQIASB+ people, issues and inclusive language, in the hope that their sexuality and gender might be normalised within their family.

A lack of, or difficult, connection with family was explained by participants as related to the age of the family members, to their generational experiences (such as being members of the Stolen Generations who survived targeted government policies of forced removal) and to their religious beliefs and values. Some participants reported that maintaining connection with extended family members who were not accepting of them, caused ongoing anxiety about potential antagonisms of queerphobia and discrimination. For other participants, the fear of such antagonisms was enough to make them avoid further contact (Soldatic et al. 2020, 2021).

Relocation and connection to Country

Belonging in the Aboriginal and/or Torres Strait Islander community was highly valued, and as a result, the fear of rejection caused significant distress. Participants consistently mentioned wanting to give back to their community, and help other Aboriginal LGBTQIASB+ people, however the feeling that they did not belong because they were LGBTQIASB+ proved to be a barrier (Soldatic et al. 2020, 2021).

In regard to acceptance within their Aboriginal and/or Torres Strait Islander communities, some participants reported a fear of rejection. Most of these participants reported already feeling they were not entirely accepted by their community because they were fair skinned, didn't grow up on Country, were not well-connected, or did not know much about their culture. Acceptance within the community was reported by participants in the *Dalarinji* study to be harder in small rural towns, causing exclusion and encouraging relocation to larger urban areas in search of a space where they could feel comfortable, accepted and supported.

For many, non-Indigenous LGBTQIA+ communities and friendship networks had the potential to serve as a 'second family', but could also be sources of racism, which made some of these spaces unsafe, requiring careful navigation. While some participants reported that social exclusion forced them to leave Country, it did not necessarily result in a disconnect from Country; some participants described making trips back to Country specifically to reconnect (Soldatic et al. 2020, 2021).

Navigating and influencing culture

Participants also spoke of the importance of being connected to their Aboriginal and/or Torres Strait Islander cultures, describing it as a source of strength that helped them maintain their social and emotional wellbeing when faced with racism and queerphobia (Soldatic et al. 2020, 2021).

Some participants in the *Walkern Katatdjin* study came from traditionally accepting cultures that had been disrupted by colonialism and the introduction of Christianity. They described a rich history of LGBTQIASB+ acceptance that linked with other cultural laws such as coupling from the right skin group, child-rearing, and gendered roles. These participants felt strong and supported in their LGBTQIASB+ identities. Other participants recounted stories that they were told that condemned homosexuality and traditions that forbade gender nonconformity.

Some of these participants reported finding connecting to culture distressing, while others looked for different ways to connect. Several participants discussed the process of determining how to participate in culture as an LGBTQIASB+ person, including whether the same avoidance rules applied to same-gender relationships; how a non-binary person navigates men's and women's spaces; and how to participate in Lore.

This was something that family and community members and Elders reportedly helped them traverse, however, there was fear that queerphobic family and community members could cut them off from connecting with their culture. Some expressed desire to become an Elder themselves to have influence to change attitudes (Liddelow-Hunt et al. 2021).

2.5   Identity and visibility

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

Others are aware of their role in actively and passively pushing the boundaries of common perceptions of Indigenous identities beyond recognised heterosexual and cisgender boundaries (Farrell 2021), challenging the perception that LGBTQIASB+ and Indigenous identities are 'incompatible' and that being LGBTQIASB+ is not part of 'real' Aboriginal or Torres Strait Islander cultures (Carlson et al. 2021; Henningham 2019).

Visibility and agency

The need for visibility – to see more Aboriginal and Torres Strait Islander LGBTQIASB+ people 'out and proud' in the media, in communities, working in education and service provision – is also a common theme of the research findings described. The common belief is that this will provide education and normalisation, help increase societal acceptance and thereby increase social inclusion for Aboriginal and Torres Strait Islander LGBTQIASB+ people (Liddelow et al. 2021; Soldatic et al. 2020).

Another recent study, *Breaking the Silence*, explored how a range of health, social support and education organisations respond to the needs of Aboriginal and Torres Strait Islander LGBTQIASB+ people living in Western Australia (Hill et al. 2021; 2022). This study is believed to be the first of its kind in Western Australia, both in terms of its research focus and also in being developed and led by Aboriginal researchers who also identify as LGBTQIASB+. Findings noted participant expressions of a sense of uniqueness and pride in their identities, and in how their Indigenous identity disrupted the usual understandings of what being LGBTQIA+ means. There was also a pride in agency and resilience, advocating for others like themselves, and being instrumental in changing community attitudes.

Negotiation skills and 'shape-shifting'

While there is undoubtedly a sense of pride in both identities which impacts positively on wellbeing, there is also stigma, shame and fear, which impacts negatively and can lead to social exclusion (Hill et al. 2022; Liddelow-Hunt et al. 2021; Soldatic et al. 2020). For many Aboriginal and Torres Strait Islander LGBTQIASB+ people, this tension is managed through the development of skills of negotiation and navigation to determine when either identity should be hidden or disclosed (Hill et al. 2022; Liddelow-Hunt et al. 2021; Soldatic et al. 2020).

These skills and strategies are applied on a daily basis in various environments and social interactions, as Aboriginal and Torres Strait Islander LGBTQIASB+ people 'shape-shift' between identities in an attempt to gain a sense of belonging, protect personal safety and avoid racism, discrimination, conflict and violence (Carlson 2019; Carlson and Frazer 2018).

2.6   Health and wellbeing

Issues relating to Aboriginal and Torres Strait Islander health and wellbeing and suicide risk have been discussed in detail by the AIHW (2022b). LGBTQIA+ Australians report poorer health outcomes in terms of cancer, sexual health and cardiovascular disease, as well as from health-impacting behaviours such as alcohol, tobacco and substance use (AHRC 2015). These behaviours are connected in both groups to experiences of minority stress, social exclusion, discrimination and trauma (Lea and Reynolds 2014; Krakouer et al. 2022).

Research by the AHRC (2015) also found that the mental health and wellbeing of this group was a particular concern. The rate of suicide for LGBTQIA+ Australians is estimated to be significantly higher than for the general population, as are diagnoses for depression and anxiety. A study of Australian suicide cases where an LGBTQIA+ identity could be attributed, found that, compared with control cases, these individuals were more likely to have ever been a resident of a mental health facility; to have had a current major depressive episode; to have been experiencing current suicidality; to have made a previous attempt; to have a more elevated presence of generalised anxiety disorder and posttraumatic stress disorder; to have a current psychotic disorder; to be current substance and/or alcohol users; and/or to be unable to work because of mental health problems (Skerrett et al. 2016).

2.7 Help-seeking and access to care

Historically, both Aboriginal and Torres Strait Islander and LGBTQIA+ people have suffered much damage through the disciplines of psychiatry and psychology, and through the practices of associated health professionals and researchers who have problematised and pathologised them (Phelan and Oxley 2021). Within Australian society, this has excused and enabled the practices of racism, discrimination, violence, oppression, exclusion, and criminalisation. This continues to negatively impact help-seeking and engagement with care services by members of these groups (Phelan and Oxley 2021). A simple example of this can be seen in findings of a recent survey where Aboriginal and Torres Strait Islander LGBTQIASB+ people were least likely to use or rely upon doctors, chemists and the government as sources of information about the COVID-19 pandemic (Day et al. 2022).

Aboriginal and Torres Strait Islander people and sources of help

For Aboriginal and Torres Strait Islander people at risk of suicide, there can be a 'help-seeking quandary', in which both Indigenous-specific and mainstream help sources are inaccessible (Farrelly 2008):

- The close-knit nature of Aboriginal and Torres Strait Islander communities increases the likelihood that available services, such as Aboriginal Medical Services, are staffed by people closely connected or known to the person wishing to seek help, potentially causing confidentiality concerns and shame.

- Help-seeking options are further limited by both anticipated and experienced racism and cultural incompetence of mainstream services, fostering a reluctance to seek help (Farrelly 2008; Carlson et al. 2020).

- Aboriginal and Torres Strait Islander people have also reported a reluctance to seek help from mental health services because traumatic past experiences involving poor treatment of themselves or others (Heard et al. 2022). Coupled with an absence of Indigenous-specific mental health services, the result can be an incapacitating sense of powerlessness (Heard et al. 2022).

LGBTQIA+ people and sources of help

Internationally, LGBTQIA+ people regularly experience stigma and discrimination when seeking health care (Madrigal-Borloz 2020). In Australia, LGBTQIA+ people have expressed a reluctance to access care for fear of discrimination (Carman et al. 2020) and research has shown there is an overwhelming preference for LGBTQIA+ specific services (Grant and Walker 2020). Trans and gender diverse people are more likely to experience discrimination from health workers and practitioners, and exclusion from health care services (AHRC 2015). The AHRC (2015) noted that many instances of discrimination against LGBTQIA+ people occur in institutions and services operated by religious organisations.

Health care systems are typically gendered, and 'unconscious bias' is common in health service provision. For example, assuming that a person is heterosexual when conducting a health assessment often forces LGBTQIA+ people to have to 'out' themselves in order to receive more accurate diagnoses or advice (AHRC 2015).

Sources of help for Aboriginal and Torres Strait Islander LGBTQIASB+ people

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

With regard to Indigenous-specific services, Aboriginal and Torres Strait Islander LGBTQIASB+ people report a mix of experiences. Some encountered queerphobia or felt that services were not knowledgeable in LGBTQIASB+ issues. Others felt services were under-resourced, confirming their perception that LGBTQIASB+ issues were not being prioritised in their community (Liddelow-Hunt et al. 2021; Soldatic et al. 2020; Spurway et al. 2022; Sullivan et al. 2022).

LGBTQIA+ specific services, on the other hand, were perceived by Aboriginal and Torres Strait Islander LGBTQIASB+ people as seeing 'whiteness' as the normal, default identity. Services failed to understand how an Aboriginal and Torres Strait Islander LGBTQIASB+ client's Indigeneity informs their experience of wellbeing (Sullivan et al. 2022). It is not uncommon for LGBTQIA+ services to refer Aboriginal and Torres Strait Islander LGBTQIASB+ clients to Indigenous-specific services, leaving them to feel that they are unfairly being denied access to care (Sullivan et al. 2022). Despite some mainstream participation in LGBTQIA+ accreditation, service providers felt they were still not able to meet the needs of Aboriginal and Torres Strait Islander LGBTQIASB+ clients (Uink et al. 2022).

Aboriginal and Torres Strait Islander LGBTQIASB+ people seeking care must often choose between care that is able to cater to them as an Aboriginal and/or Torres Strait Islander person or as an LGBTQIASB+ person – not both.

This choice means again having to navigate, negotiate and 'shape-shift' between identities, to receive safe and appropriate care. Some Aboriginal and Torres Strait Islander LGBTQIASB+ people have described finding health care services as a process of trial and error, as they attempted to locate a provider that was versed in both Indigenous and LGBTQIASB+ health (Soldatic et al. 2020). Others described choosing which services to access depending on what their needs were – essentially toggling between the two as required (Sullivan et al. 2022).

Research has identified other barriers to accessing care as experienced by Aboriginal and Torres Strait Islander LGBTQIASB+ people that did not relate to being Indigenous or LGBTQIA+ but related to issues such as cost, location, opening hours, waitlists, familiarity, availability, not knowing what services were able to be received, and a perception that the service provider would not be able to help (Liddelow-Hunt et al. 2021).

2.8   Social media

Aboriginal and Torres Strait Islander people are avid social media users (Carlson and Frazer 2021). Uptake and engagement with digital technologies surpasses that of non-Indigenous users (Carlson and Frazer 2018). However, social media platforms can be both a protective factor and a risk to Aboriginal and Torres Strait Islander LGBTQIASB+ people.

Carlson and colleagues (2015) found that Aboriginal and Torres Strait Islander people who use social media do so to provide care for other Aboriginal and Torres Strait Islander people: that Aboriginal and Torres Strait Islander people are engaging with platforms like Facebook to actively

seek help and give help for issues related to suicide and self-harm. Social media offer platforms where communities of care can be established, and for many Aboriginal and Torres Strait Islander LGBTQIASB+ people this has been essential when isolated from community (in COVID-19 lockdown or due to homophobia) or unable to connect physically (Farrell 2021; Day et al. 2022). For many who are isolated from their community or Country, social media can also provide social and cultural nourishment (Farrell 2021; Carlson and Frazer 2021).

However, while new social technologies bring significant benefits, they also provide platforms for harmful behaviours (Kennedy 2020). Social media is not always a safe space for Aboriginal and Torres Strait Islander people in general and for those who also identify as LGBTQIASB+ (Carlson and Day 2021). As noted by Carlson and Day (2021:2) social media 'gives white settlers new means to engage in racist, transphobic, homophobic, and misogynistic behaviours'. The 2020 Galop report (Hubbard 2020) notes that online anti- LGBTQIA+ hate is not limited to 'low-level' incidents, with threats of physical violence, sexual assault, and death also a common occurrence for many LGBTQIA+ victims (Hubbard 2020).

While there is a growing body of research that examines suicide and social media it generally focusses on the mainstream population of social media users (Robinson et al. 2012). There is very little research that focuses on Aboriginal and Torres Strait Islander LGBTQIASB+ people, social media and suicide (Carlson and Frazer 2015).

2.9   A case in point: the COVID-19 pandemic response

Research regarding Australian governments' responses to COVID-19 and the impact on marginalised communities is still emerging. Preliminary research conducted by Black Rainbow in collaboration with the Department of Indigenous Studies at Macquarie University (Day et al. 2022) surveyed 112 Aboriginal and Torres Strait Islander LGBTQIASB+ people online about the impact of COVID-19 on their lives. Most participants reported negative effects on their mental health, and half reported having experienced suicidal ideation. This is particularly of concern when we consider the relatively low rates of help-seeking and access to services reported by these same participants. Currently, this is the only data available about the impact of COVID-19 responses on Aboriginal and Torres Strait Islander LGBTQIASB+ people's social and emotional wellbeing.

Increased risk of racism and marginalisation

Australia entered the COVID-19 pandemic in an already compromised position in terms of human rights (HRLC 2020). In 2021, the AHRC reported their concern about the impacts of the pandemic on vulnerable groups in Australia. They flagged increasing reports of racism, increasing rates of domestic and family violence, and the compounding effects of 'intersectional disadvantage' (in which different aspects of a person's identity can expose them to overlapping forms of discrimination and marginalisation) (AHRC 2021).

Higher risk of transmission, due to disadvantage and living conditions

It is well documented that, prior to the COVID-19 pandemic, Aboriginal and Torres Strait Islander people faced socioeconomic marginalisation and social exclusion; continuing health disadvantage; and racism and discrimination restricting access to health care, education, housing and employment.

These kinds of institutional and systemic disadvantages put Aboriginal and Torres Strait Islander people at a heightened risk of COVID-19 transmission, severity and fatality (Yashadhana et al. 2020). (As noted above, these institutional and systemic disadvantages are also risk factors in relation to suicide for Aboriginal and Torres Strait Islander people.)

Engaging with the criminal justice system during a pandemic

Aboriginal and Torres Strait Islander people are often targeted by police and policing practices, as are LGBTQIA+ people, resulting in the overrepresentation of both these populations in the criminal justice system, particularly youth (Phelan and Oxley 2021). Across the globe, criminalisation laws have made LGBTQIA+ people more vulnerable to police abuse and arbitrary arrest and detention (Madrigal-Borloz 2020).

A simple example of this is the fear reported by LGBTQIA+ Tasmanians as a result of the COVID-19 pandemic: that they would be targeted by police for alleged violations of social distancing because of a failure to understand that same-gender partners are actually household contacts (Grant and Walker 2020).

This is of particular concern when it comes to responding to gendered and family violence, which increased exponentially during the COVID-19 pandemic and lockdowns (ANROWS 2021). Notably, in Black Rainbow's study of the impact of COVID-19 responses on Aboriginal and Torres Strait Islander LGBTQIASB+ people, the majority of participants reported feeling unsafe where they live due to being LBGTQASB+ during pandemic lockdowns (Day et. al 2022).

Loss of access to community and cultural spaces

Control measures such as isolation are particularly at odds with community living practices of many Indigenous populations (Calí Tzay 2020). The lockdown responses to the COVID-19 pandemic have prevented LGBTQIA+ people from being able to access community and cultural spaces, which typically would be sources of protection, connection and support (Equality Australia 2020; Grant and Walker 2020).

In 2020, the NSW Health COVID-19 Critical Intelligence Unit consulted with a group of 12 Aboriginal community members from across New South Wales about their experiences and perspectives on the indirect impacts of COVID-19 (Follent et al. 2021). They noted that the cancelling of community events and gatherings – including for Sorry Business, funerals, marriages and births – negatively impacted the practice of culture and connection to Country. Aboriginal communities in New South Wales reported that many of the impacts of the COVID-19 pandemic had increased the health inequities they already experience, such as reduced access to health care and food insecurity (Follent et al. 2021).

Follent and colleagues (2021) noted the compounding effect of the pandemic on top of recent drought and bushfire events. This added to mental health issues, suicide risk and other trauma histories particular to many Aboriginal community members, and the impact this may have on wellbeing. The Black Rainbow survey of the impact of the COVID-19 pandemic on Aboriginal and Torres Strait Islander LGBTQIASB+ people found the majority of participants experienced negative effects on their mental health, and half of participants reported experiencing suicidal ideation (Day et al. 2022). The proportion of participants in this study who reported suicidal ideation during lockdowns indicates the need for further research into how government crisis responses impact on Aboriginal and Torres Strait Islander LGBTQIASB+ people's social and emotional wellbeing.

3

Conclusions

3   Conclusions

The literature review conducted for this report has identified protective factors for social, cultural and emotional wellbeing and risk factors for suicide for Aboriginal and Torres Strait Islander LGBTQIASB+ people. Further research is needed to improve policy, data, and program service response, particularly following the impacts of the COVID-19 pandemic and government responses. Based on the available evidence as well as on the gaps in literature, five recommendations are outlined below.

Priority

This report recommends that Aboriginal and Torres Strait Islander LGBTQIASB+ people be treated as a priority group for policy, research, programs and services and by the government. Given the layering of systemic and institutional disadvantage and discrimination that occurs for this community, it is urgent that more is known about social and emotional wellbeing and factors contributing to suicide among Aboriginal and Torres Strait Islander LGBTQIASB+ people.

Further recommendations are outlined below for treating Aboriginal and Torres Strait Islander LGBTQIASB+ people as a priority group in policy, research, and programs and services – recommendations which address the compounding impacts of racism, discrimination and trauma as risk factors for suicide.

Self-determination

The pathway forward needs to be informed, owned, and driven by Aboriginal and Torres Strait Islander LGBTQIASB+ people: self-determination is fundamental (Bonson 2021). As a result of the challenges they navigate on a daily basis, Aboriginal and Torres Strait Islander LGBTQIASB+ people have developed strong mechanisms of coping, surviving and thriving that are not known to others who have not shared this lived experience (Madrigal-Borloz 2020). This knowledge is what must direct the development of solutions to improve wellbeing and reduce suicide risk.

Aboriginal and Torres Strait Islander LGBTQIASB+ people need to lead discussions on how their own issues should be appropriately defined and described, and how their communities should be serviced and conceptualised. Research, programs and services specifically targeting Aboriginal and Torres Strait Islander LGBTQIASB+ people need to be designed, delivered, managed and evaluated by Aboriginal and Torres Strait Islander people, groups and organisations who are, or involve, LGBTQIASB+ people. The need for targeted approaches, and for the design of policy and programs to be informed by lived experience, is supported by the National Suicide Prevention Adviser and Taskforce (2021).

Policy responses

A national action plan is needed to specifically meet the needs of Aboriginal and Torres Strait Islander LGBTQIASB+ people. The plan needs to involve the Australian, state and territory governments and relevant agencies in a coordinated effort to gather information, support necessary research and drive service provision and be Aboriginal and Torres Strait Islander LGBTQIASB+ led.

The national action plan needs to particularly consider strategies to improve social, cultural and emotional wellbeing, and to address suicide risk, by specifically targeting racism, discrimination and violence, and connection to community, culture and Country.

It also needs to accommodate the diversity of Aboriginal and Torres Strait Islander people and communities, and of LGBTQIASB+ people – noting that each of the identities represented under this acronym have their own unique circumstances, experiences and needs. It needs to employ an intersectional approach, addressing the compound disadvantage and marginalisation of Indigenous and LGBTQIASB+ communities, and showing awareness of other crucial factors such as age, disability, and incarceration.

In light of the COVID-19 pandemic, consideration should also be given to how LGBTQIA+ people, and specifically Aboriginal and Torres Strait Islander LGBTQIASB+ people, are included in disaster and emergency response and relief policy and planning.

Data and research

Data is needed that properly captures Aboriginal and Torres Strait Islander LGBTQIASB+ people and their health and social, cultural and emotional wellbeing. Much data collection is currently impeded by a lack of recording of sexuality and gender.

To the authors' knowledge, there are currently no protocols for identifying sexually and gender diverse populations in suicide and self-harm statistics. As noted, efforts to address this include the National Suicide and Self-harm Monitoring Project (AIHW 2022a), and the National Agreement on Closing the Gap Priority Reform 4 which aims to improve the collection, access, management and use of data to better inform shared decision-making (Joint Council on Closing the Gap 2020).

Research led by Aboriginal and Torres Strait Islander LGBTQIASB+ people is needed to find out more about Aboriginal and Torres Strait Islander LGBTQIASB+ people's needs and experiences, including as individual subpopulations, particularly in relation to:

• suicide and self-harm behaviour

• social, cultural and emotional wellbeing

• protective factors for wellbeing, and risk factors for suicide

• effectiveness of approaches to reduce suicide risk

• connection to community, culture and Country: how these connections are disrupted, restored, fostered, maintained, nurtured, and how these impact wellbeing

• help-seeking and access to care and health information

• experiences accessing Indigenous-specific and LGBTQIA+ specific services

• how service providers can best deliver care

• how Aboriginal and Torres Strait Islander communities can work together to develop culturally competent models of mental health care (Heard et al. 2022)

• impacts of the COVID-19 pandemic, including access to care

• the impact of racism, discrimination and violence

• the impact of trauma, grief and loss, exposure to suicide, incarceration and intergenerational trauma

• resilience and resistance: how Aboriginal and Torres Strait Islander LGBTQIASB+ people resist and endure in the face of these challenges.

Programs and services

Programs and services need to address the compound impacts of racism, discrimination and trauma. While Aboriginal and Torres Strait Islander LGBTQIASB+ run organisations like Black Rainbow and BlaQ Aboriginal Corporation do significant work to advocate for, and support, their communities, there is still demand for mental health and health services that adequately cater to Aboriginal and Torres Strait Islander LGBTQIASB+ people and for Aboriginal and Torres Strait Islander LGBTQIASB+ specific programs.

Suggestions to strengthen LGBTQIASB+ services and programs

Suggestions include:

- empowering Indigenous-specific programs and services to be skilled and competent at working with LGBTQIASB+ clients

- employing Aboriginal and Torres Strait Islander LGBTQIASB+ staff in positions that can reduce LGBTQIASB+ barriers to access to care and encourage help-seeking

- training and educating mainstream and LGBTQIA+ specific programs and services to be culturally competent and skilled at working with Aboriginal and Torres Strait Islander LGBTQIASB+ clients

- embedding Aboriginal and Torres Strait Islander LGBTQIASB+ leadership to drive processes.

Cultural competence of staff

Additionally, Aboriginal and Torres Strait Islander staff, LGBTQIA+ staff, and Aboriginal and Torres Strait Islander LGBTQIASB+ staff should be employed in positions that can be openly promoted within the community to encourage help-seeking and access to care. This is also supported by the National Agreement on Closing the Gap Priority in Reform 3, which relates to transforming mainstream institutions and organisations in terms of cultural competence (Joint Council on Closing the Gap 2020).

Programs and services targeting Aboriginal and Torres Strait Islander LGBTQIASB+ people should be well-resourced and sustainable, evidence- and strengths-based, locally specific, and have a holistic and cultural determinants approach to health and wellbeing (Dudgeon et al. 2021), be trauma-informed, prioritise and centre marginalised voices, and promote recovery and healing. They should be sources of information and referral; promote resilience; and contribute to visibility. They should also be equipped with strategies to operate effectively in the event of disaster and emergency response, including inability to provide face-to-face services.

Help-seeking and confidentiality

The Aboriginal and Torres Strait Islander suicide help-seeking quandary (Farrelly 2008) needs to be addressed to ensure that, for Aboriginal and Torres Strait Islander LGBTQIASB+ people at risk of suicide, there are appropriate avenues available to seek help. Formal help sources, such as Indigenous-specific services, need to consider how they can address confidentiality concerns.

Mainstream services need to consider how they can address racism, address issues of mistrust and doubt, and have the capacity to be able to effectively provide assistance. Informal sources such as family, friends and community members should be supported through the provision of skills and confidence in discussing suicide and advocating for someone deemed at risk.

Acknowledgements

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This review provides an overview of available literature about Aboriginal and Torres Strait Islander LGBTQIASB+ people and social and emotional wellbeing. It also includes a comparative analysis of literature about Aboriginal and Torres Strait Islander people, LGBTQIA+ people and suicide.

AIHW

Stronger evidence,
better decisions,
improved health and welfare