



# status Report

## A case for First Nations LGBTIQA+SB Self-Determination

December 2022



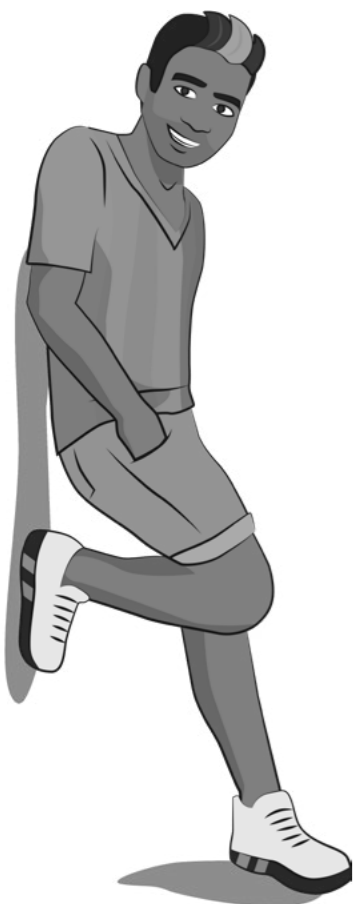


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# Terminology

We acknowledge that the language used by First Nations LGBTIQ+SB people to describe themselves, their identity, and their community are as diverse as the people themselves. We have therefore made our best attempt to reflect this diversity in the language used throughout this report.



## LGBTIQ+SB

Lesbian, Gay, Bisexual, Queer/ Questioning, Trans, Intersex, Asexual, Queer, Sistergirls and Brotherboys. Appreciating that the language used to define and describe the rainbow population is evolving, the initialism and terminology used in this report and by Black Rainbow strives to be as inclusive as possible.

## Sistergirls and Brotherboys

Sistergirls and Brotherboys are considered to be both culturally and socially accepted terms to describe Aboriginal and Torres Strait Islander Transgender people who identify as female and male, respectively. However, not all trans\* identifying Aboriginal and Torres Strait Islanders use these terms.

## Subject matter experts

Subject matter experts provide knowledge and expertise in a specific subject area, and in this case, knowledge and expertise pertaining to First Nations LGBTIQ+SB people.

## Peer work

Field in which individuals are employed to use the subject matter expertise, gained through lived experience, to support others in the same community (in this case to access culturally safe healthcare).

## Women's and men's business

Distinct roles and practices in First Nations cultures that are performed by women and men separately. However, the nature of this maintains binary and can exclude some First Nations LGBTIQ+SB members.

## Self-determination

An 'ongoing process of choice' to enable First Nations communities to meet their needs.<sup>1</sup>

## Lived experience

Knowledge gained through direct experience, in this case as a member of First Nations LGBTIQ+SB community.

## Gender affirming care

Health care that holistically attends to transgender people's physical, mental, and social health needs and well-being while respectfully affirming their gender identity.<sup>2</sup> May include hormone treatment, speech therapy, psychological support, and surgery.

## Rainbow Tick

A quality framework providing accreditation to health services to show they are safe, inclusive, and affirming services and employers for the LGBTIQ community.<sup>3</sup> Its culturally competency levels, in regard to First Nations LGBTIQ+SB people has never been measured.

# Foreword

## Acknowledgement

We would like to thank the participants who shared their stories with us, and acknowledge their knowledge, expertise, and generosity with their time. This report would not have been possible without their contributions.

We acknowledge Aboriginal and Torres Strait Islander people as the Traditional Owners and Custodians of the land on which this report was produced. We pay our respects to Elders past and present, and recognise the importance of their leadership in the ongoing journey ahead for LGBTIQ+SB people.

## Black Rainbow's role

Black Rainbow is a national Aboriginal and Torres Strait Islander Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Sistergirl and Brotherboy (LGBTIQ+SB) organisation in the pursuit of positive health and wellbeing.

As a First Nations-owned and operated not-for-profit organisation, Black Rainbow work to develop solutions, provide leadership and advocate to address the social and cultural determinants of health for First Nations LGBTIQ+SB people and communities.

## The commitment for change

The ongoing and evolving partnership between Black Rainbow and KPMG was brought about through a shared commitment to making a difference in the lives of First Nations LGBTIQ+SB people through systemic change leading to real, tangible outcomes.

Through our collaborative approach to this report and the work that has come before it, we have collectively learned from the community members who have shared their stories and perspectives with us. We recognise these people as change leaders, and their communities as having the power and commitment to enact the change which we hope to create through this report.

## Our Goal and Approach

Our goal in producing this report is to celebrate and to elevate the voices of First Nations LGBTIQ+SB people, the work they have done to date, and their aspirations for the future of their community.

To do this, we reviewed existing research, policy, strategies, and other literature to understand what is currently known and not known in the existing body of evidence. This allowed us to identify areas of the community whose voices need to be more embedded into decision-making and change.

We spoke with community members as the experts in their own experience and aspirations, embedding their reflections and words throughout, articulating a future for their community. Their personal stories are presented throughout this report.

Drawing out the core themes from our conversations with community members, we referred back to the existing recommendations set out by a number of existing research reports and government strategies. Through this process, we developed an Action Plan, which is presented at the end of this report and articulates a way forward for future change.

# Introduction

## Why this report is needed

First Nations Lesbian, Gay, Bisexual, Trans, Intersex, Queer, Asexual, Sistergirls and Brotherboys (LGBTIQ+SB) are the **voices of the Black Rainbow**. These voices and their stories are as unique, diverse and vibrant as the people and communities themselves.

Recognition of this uniqueness has lagged behind in Australia's health system, policy, and funding which has traditionally managed Indigenous and LGBTIQ+SB affairs as two separate communities. This **erasure and exclusion** causes harm to First Nations LGBTIQ+SB people. Many are forced to delay or go without healthcare, because their needs are overlooked by mainstream, LGBTIQ+, and Aboriginal Community Controlled services. This is unacceptable in a fair and equitable society.

This report builds a case for **self-determination** of First Nations LGBTIQ+SB policy and services, amplifying the voices that will ignite change.

## Who this report is for

This report contains an Action Plan, aimed at Government, the service industry, and the First Nations' health sector, that will drive urgently needed change to improve the health and wellbeing of First Nations LGBTIQ+SB people. Action at all levels is needed to improve governance, service delivery, evaluation, and monitoring for First Nations LGBTIQ+SB people.

## What we know

A substantial body of community-led and grassroots work (see Appendix) precedes this report, and has highlighted the strong and proud community ties and unmet needs of First Nations LGBTIQ+SB people. These decades of grassroots activism and community-driven work created the momentum for today's academic and policy-based work, and ongoing grassroots efforts.

This work to date was the genesis for the recent Breaking the Silence research project, which delivered insights from services and community into Aboriginal LGBTIQ+ lived experience and recommendations for government and organisational policy. This current report builds directly on these findings.

Time and time again, research has shown that First Nations LGBTIQ+SB people are exposed to compounding racist, homophobic and/or transphobic discrimination. As well, the intergenerational trauma caused by historical and ongoing dispossession acts as an additional barrier to equitable access to key life opportunities, health and wellbeing for many community members.

While community connection is a source of pride, First Nations LGBTIQ+SB people do not always experience acceptance from their communities. This causes barriers to accessing culturally appropriate healthcare, including life-saving sexually, sex, and gender affirming care. Where people do experience acceptance and affirming support and healthcare in their communities, this has a powerful impact on wellbeing, identity and connection to culture.

The First Nations LGBTIQ+SB community encompasses people with highly diverse lived and professional experiences and identities, a personal journey intertwined with community and culture. It is important that policy, practice and health services acknowledge this diversity, and its relationship to colonisation, through comprehensive and ongoing commitment to cultural competency and diversity literacy. As people's identities, communities, and cultures are always growing and changing over time, it is crucial that policy and organisational practices undergo a journey that is just as dynamic.

## Key actions

First Nations LGBTIQ+SB people have **clear aspirations for the future of their community**, where not enough is being done currently at policy and service levels.

Three key action areas were highlighted through the yarns we held with community members, echoing the broader literature and research.

### Governance:

A self-determination approach is crucial to empower community to drive the policy, services and funding decisions that impact First Nations LGBTIQ+SB people. This must be led by people who possess both subject matter expertise and lived experience.

#### KEY ACTION

Develop a National Framework for First Nations LGBTIQ+SB community priorities and actions, as a continuation of existing advocacy work.

### Service delivery:

Health services should make a commitment to act as change leaders, increase representation of First Nations LGBTIQ+SB people among board and staff and engage in learning as a dialogue on an ongoing basis.

#### KEY ACTION

Strengthen capability and accountability through community-led education.

### Research:

Research, data collection, and monitoring must consider and reflect the experiences and needs of the First Nations LGBTIQ+SB community as a distinct and unique cohort, as a clear basis for evidence-informed practice.

#### KEY ACTION

Collect data disaggregated by Indigenous status, gender identity, sexual orientation, and fund research into outcomes for community.

# Celebration

First Nations people have unshakeable ties to Country, history and ancestors. A lineage of **proud advocacy** has been led by and for the communities' LGBTIQ+SB people – the voices of the Black Rainbow.

First Nations LGBTIQ+SB people and communities have always engaged in **community-led advocacy work**. The work to date has had ripples throughout the community, with all forms of advocacy, from community level to decision-making, celebrated for the shift that it brings. The visibility of LGBTIQ+SB community role models and leaders can be what gives a LGBTIQ+SB person the confidence to openly identify as a part of this community.

For many, being both Aboriginal and/or Torres Strait Islander is a **source of pride**, and disrupts usual understandings of what being LGBTQ+ means. First Nations LGBTIQ+SB people's **experiences and needs are unique** to those of the communities they intersect, particularly in accessing healthcare.

Despite the challenges faced as individuals and as a community, **there is incredible resilience and strength in community**, which is cause for celebration and pride.



## We celebrate... community pride and visibility

First Nations LGBTIQ+SB people have played a fundamental role in **doing the work that paves the way for change**. Community members told us about how they have used their position as a visibly LGBTIQ+SB person in community to actively promote acceptance for others, especially those who are more vulnerable.

**“ Visibility is important for the kids out there to hear and see other people and know they are not alone and isolated**

– Jay, Brotherboy

Other activists have worked tirelessly with decision-makers to recognise the needs of their community in health policy and service delivery, or dedicated their career to community-led research. This action has laid the groundwork for important social change.

This is crucial as a way of embedding self-determination into policy and health services, which provide a platform for the voices of the Black Rainbow to shape the policy and services that impact them.

**“ Knowledge is power – it’s about educating our young ones and also our older ones.”**

– Crystal, Sistergirl

## We celebrate... the strength and connection of our community

**Connection to community** is essential for First Nations LGBTIQ+SB people's health and wellbeing. When family, Elders, and community members understand and accept LGBTIQ+SB people as part of the community, it can contribute to self-acceptance. Conversations with community Elders show there is understanding and support for LGBTIQ+SB people among Aboriginal and Torres Strait Islander community leadership.<sup>5</sup>

People we spoke with told us about **forming their own chosen families** to support members of the community, such as people going through gender transition processes. Research reflects this, with Sistergirls and other communities describing each other's kinship as a primary support network in the place of formal LGBTIQ+SB-friendly mental health support services, which do not exist in all areas.<sup>6</sup>

Health services, which are often embedded in communities, play a key role in supporting LGBTIQ+SB people. Delivery of care that is appropriate and responsive to LGBTIQ+SB needs prevents community members from facing a difficult choice between living on Country, and relocating in order to have access to LGBTIQ+SB-friendly healthcare. We celebrate the health services that have taken key steps in creating more inclusive, culturally safer spaces.

## We celebrate... the resilience of our people

Although they are treated as an invisible minority in policy, strategic frameworks, census data, or most population-based research, First Nations LGBTIQ+SB people **refuse to be invisible** in community or society. Community strength and resilience is a necessary response to ongoing marginalisation, stigma, and exclusion from wider society.

**Older First Nations LGBTIQ+SB people** blazed the trail in early days of LGBTIQ+SB advocacy, in the face of incredible hardship and discrimination. They are today's most prominent role models for younger people, but risk slipping through the cracks if their voices and support needs are not centred in policy and service delivery.

Despite this, the **resilience** of the community is demonstrated in active leadership pushing for acceptance in the community and in wider society. First Nations LGBTIQ+SB people's leadership and advocacy enrich the communities they live in, and our society as a whole.

**This advocacy needs to be built upon at the government and sector level to ensure equitable, safe, and evidence-informed health policy, services, and outcomes for the First Nations LGBTIQ+SB community.**

**“ To be here decades later and to be able to work with young ones and point them in the right direction I can say to them ‘I wish I’d had an Uncle Ross.”**

– Ross, Uncle



## Our Voices: Crystal

Crystal is a Walpiri Sistergirl from the Tiwi Islands. She is a passionate advocate for the acceptance of transgender people among community and Elders. She sees Indigenous LGBTIQ+SB culture as having its own spirituality, as a way for people to express their authentic identity.

Crystal grew up between the Tiwi Islands and Alice Springs. This experience highlighted the difference in Indigenous cultural practices, beliefs and systems between Indigenous communities. As a result, she has experienced firsthand how gender diversity is seen differently between her communities, and notes that many other Sistergirls share the same sentiment. It took Crystal time to build understanding and acceptance among loved ones about the experience of being “between two genders” as a Sistergirl. Crystal has taken the opportunity as a proud Sistergirl to educate the communities she is from on what it means to be a Sistergirl and how she celebrates both her connection to her mob and LGBTIQ+SB community.

Being from remote communities, Crystal noted the barriers to accessing gender affirmation treatment, including hormone treatment for Sistergirls in her community. She emphasised the importance of access to these treatments for all, and the discussions and education that need to occur to allow genuine access for people who need it.

Crystal is proud to be a role model for other Sistergirls and LGBTIQ+SB people in the community, and to advocate for their visibility and acceptance. She sees knowledge as power, and both young and older people as being the ones to lead the change for community. She aspires to see a future where community shares knowledge freely about transgender experiences, and believes education is the key to real progress.

“ There is a lot of things to learn about our human existence. White or Black, we will learn until the day we die. Learning creates progress.”

Photo supplied by Drag Territory, Addison Joy Harper (MUA)

# Recognition

First Nations LGBTIQ+SB people are the leaders and champions for their own communities and rights. A long history of community-led activism has paved the way for **wider recognition of the First Nations LGBTIQ+SB community**, and for others to follow in their footsteps.

From grassroots to government, from community and health services to policy and research, community-led advocacy is the launching pad for **systemic change and recognition**.

## We recognise... the leadership and impact of older generations

Older First Nations LGBTIQ+SB people have driven advocacy work for decades. Research indicates that the presence of supportive Elders, Board members, and other influential community role models have the biggest impact in creating change for LGBTIQ+SB people. We recognise these individuals, and those who have followed, as having the **expertise and leadership to determine the path for change**.

A two-way dialogue is important because the First Nations LGBTIQ+SB community is diverse and ever-changing. Providing opportunities for elders and other torch bearers to be invited into LGBTIQ+SB spaces enables the promotion of understanding and acceptance within the wider community.

## We recognise... the power and potential of current and future torch bearers

The **torch for future progress** in the First Nations LGBTIQ+SB community is carried by people at different points in their lives. Community consultation describes younger generations as bringing a wave of greater acceptance, and as actively involved in providing peer support.

While community members act as the leaders for change, the importance of supporting First Nations LGBTIQ+SB people at critical life milestones across the lifespan cannot be understated. This is particularly true of those who are vulnerable and face systemic disadvantage. Involving community members in health service delivery, as paid or volunteer peer workers, has been identified as a way of forging change in organisational cultural competency.<sup>7</sup>

“ There are lots of young ones out there in disadvantaged areas with potential but don’t have the same opportunities... it gets harder among Indigenous trans people.”

– Jay

## We recognise... those who forge a role for LGBTIQ+SB people in community

Community and culture are not static, but **enablers of change**. In some Aboriginal cultures, roles for gender-nonconforming people may stretch far back into time. Other First Nations LGBTIQ+SB people see their culture as adaptable, and are actively involved in challenging community norms about gender and sexuality.

In a powerful show of effective activism, Sistergirls in the Tiwi Islands, which is home to the highest proportion of LGBTIQ+SB people in Australia, led **meetings with Elders** which **established a formal place for Sistergirls in traditional women's business**. Prior to this, Sistergirls were excluded from this cultural practice.<sup>8</sup>

A community-led cultural shift is the start of a journey towards the acceptance, inclusion, and celebration of First Nations LGBTIQ+SB people from all areas of society, including policy and health services. It needs to be met with equal commitment from policymakers, health and service sectors, and community members to ensure the community is safe, accepted, and supported.



## We recognise... those who have opened new doors through self-determination

Self-determination creates genuine opportunities for First Nations LGBTIQ+SB people to **embed their voices into decision-making and leadership**. Individuals can have a huge impact not only at the community level, but at all levels of policy. They can also, in turn, create opportunities for other members of the community.

**“ As an Uncle, I come into contact with the issues our young and older people face. That exposed me to being involved with the Ministerial Advisory Council for LGBTIQ affairs and making sure Aboriginal people are involved.”**

– Ross

**Grassroots action groups** have led coordinated campaigns that translate into real change. Some of these grassroots changemakers now play a role of subject matter experts on First Nations LGBTIQ+SB in their respective fields, while maintaining unshakeable links to community.

Prolonged community campaigning led to the first recognition of the First Nations LGBTIQ+SB community as a **cross-system priority** in the Closing the Gap (CTG) Refresh report (2019), after being excluded from the original CTG strategy. This represents a government commitment to meet the needs, and monitor outcomes, of First Nations LGBTIQ+SB people as a unique population group at risk of disadvantage.

At a service system level, grassroots action by Black Rainbow identified a need for increased cultural competency and responded with the initiative ‘Indigenous LGBTQI Inclusive Practices in Mental Health and Suicide Prevention’. This has since been delivered across four states and territories, a clear step towards developing safe spaces in those settings.

## We recognise... the expertise our community brings to advocacy

Community-led interventions are strong and effective because of the leadership of people with lived experience. It is only through advocacy work and activism that individuals develop **deep and genuine subject matter expertise**, which cannot be replaced by other forms of experience.

It is crucial to have people who have been involved in advocacy and activism at **all levels of the decision-making process** that flows into policy and service design affecting First Nations LGBTIQ+SB people. It is also important to actively foster this expertise and support the development of future generations of change leaders.

Where opportunities do exist for lived experience expertise to influence decision-making, **they are transformative**. These opportunities pave the way for policies and programs that actively respond to the community's needs as expressed by them.

## We recognise... the importance of community-led research

The commitment of First Nations LGBTIQ+SB people in improving outcomes for their community is shown by ground-breaking pieces of First Nations LGBTIQ+SB **community-led research**, which have built upon generations of staunch advocacy to document the experiences, needs and aspirations of their community. These include:

- *Anwernekenhe: First National Aboriginal & Torres Strait Islander Gay Men & Transgender Sexual Health Conference* (1994), the first of its kind making recommendations on a broad range of community issues

- *The National Indigenous Gay and Transgender Project* (1998), which put forward priority sexual health recommendations based on extensive community consultation
- *Voices from the Black Rainbow* report (2015), a grassroots investigation which catalysed the recognition of First Nations people LGBTIQ+SB people in policy more broadly
- *The Breaking the Silence project* (2018-2021), which consulted with Aboriginal LGBTQ+ community and health providers in Western Australia to deliver insights and recommendations for policy, service models, and community

There is mounting evidence in the research above and more broadly of First Nations LGBTIQ+SB members' increased vulnerability across a range of issues including an increased risk of suicide and increased alcohol and drug use, as well as safety, housing and job instability.

However, more needs to be done to embed First Nations leadership and subject matter expertise into mainstream data collection and research frameworks. Much research conducted in Australia does not engage substantively with the specific needs of this population group or consider their issues through both an First Nations and LGBTIQ+SB lens, resulting in a significant literature gap.<sup>9</sup>

**There is a clear and substantial amount of lived experience expertise present among the First Nations LGBTIQ+SB community**, with huge potential for developing policy, informing service design, conducting research, and building communities that are safer and supportive for LGBTIQ+SB people.



## Our Voices: Ross

Ross is a Dharawal Brothaboy and Uncle with a long and proud history of leadership in research social justice and advocacy.\* Ross has blazed a trail as the first openly gay person to sit on an ACT Aboriginal Community-Controlled Organisation Board and to be elected to the ACT Aboriginal and Torres Strait Islander Elected Body. Ross was also the first Aboriginal person to sit on the ACT LGBTIQ+ Ministerial Advisory Council, as well as holding positions on other advisory bodies and committees. From being raised by six women in south west Sydney, and now moving slowly into Eldership, Ross's journey has been one of identity, acceptance and leadership.

Ross has always been outspoken in starting conversations with the wider community, especially when it challenges other people to rethink their prejudices. Ross describes the rainbow family as First Nations first and LGBTIQ+SB next, and not necessarily wanting to fit into mainstream LGBTIQ+ spaces. Life in Sydney as a young person

showed that the 'city walls' around the LGBTIQ+ community did not always protect Black people in the same way. Mainstream LGBTIQ+ institutions excluded and erased the presence of Black people, as did the public service in the early days of Ross's career. Today, cultural awareness in these spaces still has a way to go.

Ross especially urges the community to respect, acknowledge, and listen to each other and especially the older generations, as they need to support older people when that support is often not there. Ross is an Uncle to younger Aboriginal people who are discovering their gender identity, and sat on the Gugan Gulwan Youth Aboriginal Corporation for over 16 years. Watching people transition has meant coming face-to-face with the nonexistence of culturally safe services, and led Ross to push for the involvement of Aboriginal people on the LGBTIQ+ Ministerial Advisory Council.

**"Validation can mean a big thing to the young boy in Broome, or that young girl in remote Victoria who might think being a lesbian is a wrong thing but hears a story about an old aunty like me saying 'it was hard but it can get better.'"**

Photo supplied by individual

\* Although Brotherboy is more commonly used today by First Nations people with a trans experience, Ross uses this term in a cisgender context

## Aspiration

The people we spoke with had a **clear vision for change** across the community and health sector. Behind them sits a growing body of work, which has established a number of recommendations based on community consultations and research. Common themes appear across these sources time and time again.

### GOVERNANCE

Policy and decision-making must embed community members with lived experience and subject matter expertise, who are empowered to drive decision-making in issues that affect the community.

### SERVICE DELIVERY

Health services should make ongoing commitments to developing cultural competency and diversity literacy, with community-led efforts important to support this.

### RESEARCH AND EVALUATION

Data collection at all levels must reflect the First Nations LGBTIQ+SB community as a distinct cohort, and provide a platform to develop more evidence-informed responses to community issues.

Our overall aspiration is for the voices of First Nations LGBTIQ+SB people and communities to be **elevated and embedded** in decision-making and service delivery into the future.

## We aspire... to inclusion in governance and decision-making at all levels

Policy is a key lever against discrimination in health settings and wider society. It is crucial for **decision-making at all levels** to better embed First Nations LGBTIQ+SB people and voices.

A NT review found that **both governments and services have a responsibility** to improve understanding and responsiveness to the needs of First Nations LGBTIQ+SB people. It also stated that policies, strategies, practice, and monitoring should all be inclusive of the community as a specific cohort.<sup>10</sup> Policymakers have failed to respond to similar calls made in reviews as far back as 1998.<sup>11</sup>

A **space on the agenda** in decision-making contexts is the necessary next step for a community who have tirelessly advocated for recognition and improved support. This will embed community voices, grassroots, and subject matter experts alike, at the forefront of ongoing national discussions and progress into the future.

**"Progress is an ongoing process – we're not going to solve things overnight but why the procrastination to change? Where does our accountability come in?"**

– Ross



## We aspire... to services making an ongoing commitment to cultural competency

Community is constantly evolving and learning, and organisations and policy will need to do the same. Mainstream, LGBTQI+, and Aboriginal Community-Controlled health services alike need to commit to demonstrating not only on-paper cultural competency, but become **truly diversity-literate**. Failure to provide appropriate formal healthcare and support to First Nations LGBTQIQA+SB people only reinforces the harm caused by more open discrimination.

A number of community-led reports and research papers have made recommendations for **cultural competency training** in mental health. An example is the 'Indigenous LGBTQI Inclusive Practices in Mental Health and Suicide Prevention' developed by Black Rainbow's founder, which has been implemented in settings across several states.

" There is a role everyone can play – my fellow people in communities but more importantly mainstream services acknowledging us, whether they're mainstream, Aboriginal community-controlled or LGBTQI+."

– Ross

People we spoke with observed that inclusion needs to **go beyond rhetoric or simplistic box-checking exercises**. Commitment to cultural safety (such as through Reconciliation Action Plans or Rainbow Tick accreditation) should represent the beginning of a journey of ongoing respect, acknowledgement, active listening and understanding.

It was also observed that education needed to take the form of a **two-way dialogue**, and be an **ongoing process**. A diversity lens must inform this dialogue, which should centre the perspectives and needs of older generations and others who experience the greatest barriers to accessing healthcare.

**Embedding community members with subject matter expertise** (developed via lived and profession-building experience) in key organisational roles, particularly in decision-making roles, will be important to ensure aspirations can continue to shift and grow as we learn.

" The first thing I hope that comes in the future is more self-led services that come from the communities themselves."

– Jay

Recent research suggests many community members are more likely to access **mainstream LGBTQI+ services** than Aboriginal Community-Controlled Services, so it is crucial that these services are able to respond to the distinct and diverse needs of First Nations people, through embedding key personnel with lived experience expertise or committing to ongoing learning and development.

In particular, people we spoke with identified a need for **culturally competent gender services**, to support not only medical transition but psychological support needs. These were described as lacking in many areas from both Aboriginal Community-Controlled and mainstream LGBTQI services, particularly rural and remote, or as not being accessible in a timely manner due to long waitlists. This has potentially devastating consequences for trans people and communities.

There was also an observed gap in capabilities and written materials around sexual health aimed at a LGBTQIQA+SB audience (such as PrEP) among Aboriginal Community-Controlled health services. Community members described the presence of **cultural liaison** or service concierge as a further opportunity to improve access to culturally competent services.<sup>12</sup>

" Progress is bringing all our knowledge together and sharing... word by word, through radio, digital and sign language."

– Jay

People we spoke with also identified opportunities to **actively foster community expertise in LGBTQIQA+SB health**, including by offering paid peer work and lived experience roles. The presence of mentorship relationships and genuine career paths is especially important, given the overall poorer availability of educational opportunities among First Nations people.

Promoting **peer work as a genuine career opportunity** may also provide a pathway to governance and decision-making roles for community members. This will enable the knowledge and expertise that come from lived experience to be shared further and influence policy, society and people's lives into the future.



## We aspire... to community-led data collection on a wider scale

Research and monitoring are particularly important as a focus because of the recommendation by the United Nations International Convention on the Elimination of All Forms of Racial Discrimination that Australia collect disaggregated data by Indigenous status, sexual orientation and gender identity to report on its suicide prevention measures.

A **research gap** has previously been identified into the experiences and needs of First Nations LGBTQIA+SB people, and their contribution to culture and community. The client journey of First Nations LGBTQIA+SB people in accessing health and mental health services is also under-researched.<sup>9</sup>

A small but growing existing body of evidence has been led by and for community, but needs to broaden to encompass the full spectrum of communities across Country, and bring together their diverse voices and expertise. Roundtable discussions highlighted the importance of **building up community acumen** through development and career pathways into research, particularly into leadership roles. This will enable the body of community-led work to grow, and those with subject matter expertise to contribute to the next generation of leaders.

**It is critical that government, services and communities act now to elevate First Nations LGBTQIA+SB people into governance, leadership and research roles.**



## Our Voices: Jay

Jay is a Brotherboy born in Darwin. He has experienced disconnection to culture due to his grandmother being part of the Stolen Generation, but has traced family connections to ancestors and community in Western Australia.

Jay experienced real challenges as a young trans person, facing isolation and exclusion that impacted his mental health. "Growing up as an Indigenous trans person, I had to hide it for a long time." Services in the Catholic community where Jay grew up had been imprinted by conservative views, so seeking gender affirming care meant moving elsewhere. Transitioning around the turn of the millennium meant facing misinformation and discrimination against trans people, including when accessing gender affirming care. It was an expensive and difficult process, as culturally safe healthcare was not readily available or accessible.

Today, Jay knows firsthand the importance of visibility for younger people, and of providing a voice against discrimination and isolation. Even though there are more services and more information available now, it is not enough. Jay urges Indigenous trans people not to give up in looking for the support they need, even when it is difficult and disheartening, but change in underlying policy and services is the most important thing.

Jay sees self-determination as the future and younger generations as the ones to lead change, but only if they have appropriate support. He aspires to see a strong and supported peer workforce, where real opportunities are given to Aboriginal and Torres Strait Islander LGBTQIA+SB people to act as peer support workers, especially for trans people who haven't had the same education and employment opportunities. Visibility and support from people who understand the unique experience is key to people feeling safer to come out and know they have the resources to transition safely.

**"The young ones growing up are the next leaders, they need self-determination to carry forward the work that people in the past did. If we can't get more of our people into our self-led health services what will become of them in the future?"**

Photo supplied by individual

# Action

We have developed three **action areas** based on what we heard from the people we spoke with and the broader body of evidence. These describe what government, the service sector, and community can do **right now** to make health policy, health services, and research and monitoring more responsive to the needs of the community.

## What needs to happen next

Governance, service delivery, and research are the three areas with the greatest opportunity to drive change and impact the lives of First Nations LGBTIQ+SB people and communities for the better. Starting from the **short-term**, a commitment to action needs to be made into the **medium-term** (2-4 years) and **long-term** (5+ years).

At the heart of all actions is **self-determination**, which embeds community voices at every stage of the decision-making process from community boards, organisational and service leadership, to policy and funding. Continuing and building upon the strong tradition of **community-led advocacy**, research, and support systems is the key to ensuring services and communities are safer and affirming of LGBTIQ+SB people in all aspects of their identity.

## Action Area 1: Governance

A self-determination approach embeds First Nations LGBTIQ+SB community members at all levels of decision-making, and empowers the community to share their expertise to make a material impact on health policy and funding decisions.

### Short term

#### Government:

Support Black Rainbow to lead the development a national Indigenous LGBTIQ+SB culturally responsive Framework, as a community-led document with input from diverse members of the community:

- The Framework will be aimed at government and health services, and will identify community priorities and the way forward.

#### Community:

Host a National Gathering of First Nations LGBTIQ+SB people, fostering a shared discussion and identifying key community priorities for the development of a First Nations LGBTIQ+SB Health Framework:

- Identify community change champions, goals for advocacy, and ways to support them.

### Medium term

#### Government:

Through policy, strategies, and budget decisions, allocate funding to improve service delivery and health outcomes for First Nations LGBTIQ+SB community, which acknowledges the distinctness and diversity of this community, their experiences and needs.

#### Community:

Engage with Elders, First Nations LGBTIQ+SB subject matter experts and Boards at the community level to establish support for LGBTIQ+SB community members, and foster understanding through a two-way dialogue that enables Elders and Boards to be supported as change allies.

### Long term

#### Government:

Embed First Nations LGBTIQ+SB individuals at all levels of decision-making, by creating specific roles for subject matter experts from community in the leadership or steering committees of all policies and programs which impact First Nations LGBTIQ+SB people.



## Action Area 2: Service delivery

An ongoing commitment to learning and development, coupled with increased representation of community members in peer work and decision-making roles, will enable health services embedded in community to act as change leaders.

### Short term ..... Medium term ..... Long term

#### Government:

Fund the development of a sustained learning and development pathway in First Nations LGBTIQ+SB health, developed through a self-determination community-led approach, and aimed at Aboriginal health services, LGBTIQ+ health services, and mainstream health services:

- Development of the learning and development pathway is to be led by community subject matter experts in consultation with health services.
- The learning and development pathway will commit health services to learning and development as an ongoing dialogue with First Nations LGBTIQ+SB change leaders and their community.
- As a priority it will include learning material around culturally safe gender-affirming care, mental health, and care needs of older LGBTIQ+SB people.

#### All health services:

Assess level of engagement with the First Nations LGBTIQ+SB community and make commitment to an ongoing process of improving organisational cultural competency and diversity literacy, beyond one-off actions or accreditations.

#### Aboriginal health services:

Ensure informational materials relevant to LGBTIQ+SB health (such as PrEP, trans\* specific health, sexual health, and mental health) are available and displayed prominently.

#### Government:

Roll out learning and development pathways across health services, with a priority towards LGBTIQ+ health services and Aboriginal health services in rural and remote communities.

#### Aboriginal health services:

Identify opportunities to foster engagement and two-way dialogue between Elders, Boards, and First Nations LGBTIQ+SB community, and to position the service to work with community leaders as change leaders:

- Through this dialogue, identify change champions within health service staff who can drive increased understanding and acceptance of LGBTIQ+SB community members among the broader community.
- Identify ways to increase formal and informal culturally safe support for older LGBTIQ+SB people at the community level.

#### Government:

Fund the development of training for a cultural liaison/peer workforce in the health system for First Nations LGBTIQ+SB people:

- Provide genuine career pathways into peer work roles for people based on lived experience, including for people without formal qualifications.
- Focus on the sustainability of these roles by supporting peer workers through mentorship and on-the-job development opportunities, to foster subject matter expertise.

**All health services:** Identify opportunities to embed First Nations LGBTIQ+SB people into organisational leadership, advisory, and other peer work roles, to drive ongoing cultural competency and service improvement.

## Action Area 3: Research

Evidence and data gaps must be addressed through an increased commitment and funding for community-led data collection, evaluation and monitoring, and research that take an intersectional lens to First Nations LGBTIQ+SB people as a distinct community with specific health needs and experiences.

### Short term ..... Medium term ..... Long term

#### Government:

Establish an outcomes and evaluation framework for First Nations LGBTIQ+SB health outcomes, to monitor the outcomes of interventions and change over time.

#### Government:

Fund research projects into the client journey and health experiences of First Nations LGBTIQ+SB people across the country.

#### Health services:

Collect deidentified data on health users to support monitoring and evaluation of health outcomes.

#### Research organisations:

Conduct community-led research which embeds First Nations LGBTIQ+SB people into project governance (leadership) and analysis roles:

- Priority on research into the client journey and health experiences of First Nations LGBTIQ+SB people.
- Research into health outcomes disaggregated by sexual orientation, gender identity, age and remoteness, as collected by health services.

#### Government:

Through tertiary educational institutions, create opportunities for First Nations LGBTIQ+SB to enter community-led research roles, and sustain these roles as genuine career pathways, e.g., through scholarship and mentorship structures.

#### Government:

Incorporate data indicators into census and population-based datasets for gender identity and sexuality, enabling population-level research into the First Nations LGBTIQ+SB community.





In 2013, KPMG commissioned Gilimbaa, a certified Indigenous creative agency, to design an artwork that reflects the diversity of Aboriginal and Torres Strait Islander peoples, cultures and connections to country. This represents an overall message of 'Community'.

## The way forward

The journey towards progress for the people of the Black Rainbow requires action and leadership from government, health services, organisations, and communities. The following **action plan** details how progress will be achieved over the immediate, medium and long term.

### 01 Short-term

- Support Black Rainbow to develop a First Nations LGBTIQ+SB Health Framework setting out the priorities for system reform.
- Hold an inaugural National Gathering of Aboriginal and Torres Strait Islander LGBTIQ+SB people to enable the First Nations LGBTIQ+SB Health Framework.
- Invite Elders and Boards at the community level to participate and grow support for the LGBTIQ+SB community.

### 02 Medium-term

- Deliver learning and development pathways, and drive organisational commitment to ongoing diversity literacy.
- Establish evaluation frameworks and data collection mechanisms for Aboriginal and Torres Strait Islander LGBTIQ+SB community health outcomes.
- Fund improved service delivery for Aboriginal and Torres Strait Islander LGBTIQ+SB community as a distinct priority cohort.
- Develop sustained learning and development pathways for health services.

### 03 Long-term

- Embed subject matter expert roles for community members at all levels of decision-making, with specific roles in the leadership or steering committees of all policies and programs which impact Aboriginal and Torres Strait Islander LGBTIQ+SB people.
- Develop cultural liaison/peer workforce and career pathways in the health system.
- Develop career pathways into community-led research roles.
- Fund population-based research into Aboriginal and Torres Strait Islander LGBTIQ+SB health experiences and client journey.

# Appendix: Additional reading

The following resources highlight examples of First Nations LGBTIQ+SB community-led research, documenting the experiences, needs and aspirations of the community.

- Aboriginal Health Council of South Australia. The Aboriginal Gender Study - Final Report. 2019.
- Australian Federation of AIDS Organisations (AFAO). National Indigenous Gay and Transgender Consultation Report. 1998.
- Australian Human Rights Commission. Resilient Individuals: Sexual Orientation Gender Identity & Intersex Rights. 2015.
- Australian Human Rights Commission. Wiyi Yani U Thangani (Women's Voices): Securing Our Rights, Securing Our Future Report. 2020.
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- Black Rainbow. Aboriginal and Torres Strait Islander LGBTIQSB Peoples and the Coronavirus Pandemic. 2022.
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- 3 Rainbow Health Australia. Rainbow Tick [Internet]. Available from: <https://rainbowhealthaustralia.org.au/>
- 4 Hill B, Uink B, Dodd J, Bonson D, Eades A, Bennett S. Breaking the Silence: Insights into the Lived Experiences of WA Aboriginal/LGBTIQ+ People, Community Summary Report. (2021). Kurongkurl Katitjin, Edith Cowan University. Perth, WA.
- 5 Australian Human Rights Commission. Wiyi Yani U Thangani Women's Voices Report. 2020.
- 6 Hill B, Uink B, Dodd J, Bonson D, Eades A, Bennett S. Breaking the Silence: Insights from WA Services working with Aboriginal/LGBTIQ+ people, Organisations Summary Report. (2021). Kurongkurl Katitjin, Edith Cowan University. Perth, WA.
- 7 Noyes J. "We want to be heard": NT Sistergirls say plebiscite ignores them.' The Age. (2017, Aug 17). Available from: <https://www.smh.com.au/lifestyle/we-want-to-be-heard-nt-sistergirls-say-plebiscite-ignores-them-20170816-gxxgkz.html>
- 8 Bonson D. A Dispossession of Belonging - The Prohibition of First Nations Sex, Sexuality, and Gender Minority Group Members in Policy. 2022 (unpublished).
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- 11 Australian Federation of AIDS Organisations. The National Indigenous Gay and Transgender Project: Consultation Report and Sexual Health Strategy. (1998).
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