

Submission to the Parliament of Australia for the Inquiry into Suicide Stemming from domestic, family and sexual violence in Australia.

Prepared by Dr. Vanessa Lee-Ah Mat of Black Lorikeet Consultant.



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About Black Lorikeet Consultant

Black Lorikeet Consultant, principal and founder, is Dr. Vanessa Lee-Ah Mat. Vanessa is recognised for her significant contributions to Indigenous health, suicide prevention, LGBTQI+ rights, and public health education. Key recognitions include:

1. Griffith University Outstanding First Peoples Alumnus Award (2021) - Honoured for her impactful work in Indigenous health and public health.
2. Australian Government Community Award (2005) - Acknowledged for developing environmental social impact programs in the Torres Strait.
3. Recognition by Suicide Prevention Australia (2022) - For five years of contribution to suicide prevention at a policy level.
4. National and International Indigenous Collaboration - Achieved for the Master of Public Health program as Chair of the Public Health Indigenous Leadership in Education Network.
5. Advocacy and Policy Contributions -She has effectively represented Aboriginal and Torres Strait Islander perspectives in submissions to the Australian Parliament Senate. From 2011 to 2015, she held the position of National Vice President of the Public Health Association of Australia (PHAA), Indigenous Health Portfolio. Furthermore, her contributions have been instrumental in developing national guidelines for mental health and suicide prevention, as well as in shaping the Framework for Indigenous Data Sovereignty.

Additionally, she has been a prominent voice at international forums, such as the United Nations Women's Pacific Gendered Communities Forum, advocating for the inclusion of LGBTQIA+SB in global datasets.

Key Guidelines and Frameworks that Dr. Vanessa Lee-Ah Mat has contributed to:

1. APS Framework For Governance of Indigenous Data.
2. Aboriginal and Torres Strait Islander Health Performance Framework 2020 Report
3. National Guidelines to Improve Coordination of Treatment and Supports for People with Severe and Complex Mental Illness (2020)
4. Guidelines for Best Practice Psychosocial Assessment of Aboriginal and Torres Strait Islander People Presenting to Hospital with Self-Harm and Suicidal Thoughts (2019)
5. National Aboriginal and Torres Strait Islander Public Health Curriculum Framework: 2nd Edition (2016)
6. Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report

Key Senate Submissions:

1. PHAA Supplementary Submission to the Senate Select Committee on Health (2015) Focus: Indigenous Health Issues.
2. PHAA Submission to the Australian Human Rights Commission: National Children's Commissioner Examination of Intentional Self-Harm & Suicidal Behaviour in Children (2014) Submission by the PHAA on Stronger Futures in the Northern Territory Bill 2011, Social Security Legislation Amendment Act 2011, and the Related Bill (2012)
3. Submission by the PHAA to the Independent Hospital Pricing Authority: Activity-Based Funding and Aboriginal Health (2012)

Dr. Lee-Ah Mat served a crucial role as a Chief Investigator and the First Nations lead for the research conducted in the National Survey of LGBTQIA+SB Experiences and Attitudes of Sexual Violence, coordinated by the GVRN at UNSW. Where applicable, key highlights from First Nations participants, as articulated in Reports 1 and 2, are used as supporting evidence in this submission.



Preamble

Black Lorikeet Consultant is honoured to submit our response to the Parliamentary Inquiry into Suicide Related to Domestic, Family, and Sexual Violence in Australia. This submission focuses specifically on Aboriginal and Torres Strait Islander LGBTIQ+SB individuals. The national reporting regarding Indigenous LGBTIQ+SB individuals is limited, necessitating the occasional reliance on data concerning all Aboriginal and Torres Strait Islander peoples. We aim to thoughtfully address the pertinent Terms of Reference by drawing upon the valuable research and insights from the Aboriginal and Torres Strait Islander LGBTIQ+SB community.

➤ **The relationship between domestic, family and sexual violence (DFSV) victimisation, and suicide, and the extent to which DFSV victimisation contributes to suicide risk and incidence in Australia, including prevalence, patterns, and any identifiable at-risk groups, in order to improve understanding of the role of DFSV in suicides nationally**

Sexual violence experienced by Indigenous LGBTIQ+SB individuals profoundly elevates the risk of suicide, especially when intertwined with the burdens of historical trauma, adverse childhood experiences, and the stark lack of access to essential support services. This intersection of vulnerability not only exacerbates emotional distress but also creates a perilous cycle that hinders healing and resilience within these communities, Table 1. Relationship.

Table 1: Relationship

Area	Connection
Impact of Sexual Violence on Mental Health	- Increased risk of mental health issues: Sexual violence is linked to severe mental health challenges, including depression, anxiety, and complex trauma disorders. These conditions are significant risk factors for suicidal thoughts and behaviours. (Salter et al., 2024b; AIHW-FAFDSV, 2024) - Trauma and psychological distress: Victims of sexual violence often experience long-term psychological distress, which can lead to suicidal ideation, especially when compounded by feelings of shame, isolation, and lack of support. (AIHW-FDSV, 2019)
Adverse Childhood Experiences (ACEs)	- Early exposure to sexual violence: Aboriginal and Torres Strait Islander individuals who experience sexual violence during childhood are at a higher risk of developing mental health issues and engaging in self-harm or suicidal behaviours later in life. (Salter et al., 2024b; Thapa et al., 2024) - Higher ACE scores: The document notes that Aboriginal and Torres Strait Islander participants reported an average of 4.6 ACEs, which is considered clinically significant and associated with increased risk of suicide. (Salter et al., 2024b)
Intergenerational Trauma	Historical trauma: The legacy of colonisation and intergenerational trauma has contributed to higher rates of mental health issues and suicide among Aboriginal and Torres Strait Islander communities. This trauma amplifies the effects of sexual violence and its psychological consequences. (DSS, 2023; AIHW-FDSV, 2024)
Barriers to Support	Lack of culturally appropriate services: Many victims of sexual violence face challenges in accessing mental health and support services, particularly in rural and remote areas. This lack of support can exacerbate feelings of hopelessness and increase the risk of suicide. (DSS, 2023; AIHW-FDSV, 2019)
Statistics	Higher suicide rates: Aboriginal and Torres Strait Islander Australians who experienced severe abuse and neglect before the age of 12 are nine times more likely to exhibit self-harm and suicidal tendencies compared to the general population. (Leckning et al., 2021)



Protective Factors	Trauma-informed care: The importance of trauma-informed care and culturally safe services to address the mental health impacts of sexual violence and reduce suicide risk. (DSS, 2023; Salter et al., 2024a)
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There is increasing evidence showing an association between economic and social factors and death by suicide (AIHW: Date Accessed 19/11/2025). A range of social factors plays a significant role in the connection between domestic, family, and sexual violence (DFSV) victimisation experienced by Aboriginal and Torres Strait Islander LGBTIQ+SB individuals and the tragic occurrence of suicide, Table 2 Association.

Table 2: Association

Social-Factor	Association between social factors and death by suicide
Poverty	- Increased vulnerability: Poverty directly contributes to victimisation and perpetration of sexual violence, as economically disadvantaged communities and marginalised people face higher risks (Breiding et al., 2017; CDC, 2022). - Barriers to accessing services: Poverty limits access to transportation, communication, LGBTIQ+SB safe services, and resources, especially in regional, rural, and remote areas (DSS, 2023; AIHW-FDSV, 2019). - Cycle of vulnerability: Housing insecurity often intersects with poverty, creating environments where individuals are more susceptible to exploitation and abuse (Breiding et al., 2017; CDC, 2022).
Employment	- Employment rates: In 2021, 53% of Aboriginal and Torres Strait Islander males and 51% of females were employed, with unemployment rates slightly higher for males (8.3%) compared to females (6.5%) (AIHW-EFNP, 2023). - Impact of sexual violence: Sexual violence during childhood and adulthood can significantly affect employment status for Aboriginal and Torres Strait Islander LGBTIQ+SB, with survivors more likely to work part-time or be unemployed (Salter et al., 2024a).
Income	- Income disparities: Many Aboriginal and Torres Strait Islander LBTIQ+SB individuals earn less than \$50,000 annually, with cisgender men in urban areas more likely to have higher incomes compared to other gender identities (Salter et al., 2024a). - Benefits of higher income: Higher household incomes are linked to better health, longer lives, and less financial stress (Braveman et al., 2011; Finkelstein et al., 2022).
Education	- Educational attainment: More than half of Aboriginal and Torres Strait Islander participants in the survey had completed Year 12 or equivalent education, but rates were lower for trans women, trans men, and non-binary individuals (Salter et al., 2024a). - Impact of sexual violence: Women aged 24-30 who experienced sexual violence were 34% less likely to obtain qualifications beyond Year 12 (AIHW-SV, 2024).
Housing	- Overcrowding: Aboriginal and Torres Strait Islander people, including LGBTIQ+SB, in remote areas face higher rates of overcrowding compared to those in urban areas. Only 45% in very remote areas have appropriately sized housing, compared to 88% in major cities (NIAA-HPF-Housing, 2024). - Homelessness: DFSV is one of the most common reasons for homelessness among Aboriginal and Torres Strait Islander people (ABS-ATSIEH, 2023; Cripps & Habibis, 2019). - Economic stress: Housing insecurity exacerbates financial stress, which can limit access to resources and services that help prevent or address sexual violence (AIHW-SDH, 2024).



Geographic Isolation	- Limited access to services: Aboriginal and Torres Strait Islander LGBTIQ+SB people in rural and remote areas often have to travel hundreds of kilometres to access support services, which is further complicated by limited phone and internet access (DSS, 2023; AIHW-FDSV, 2019). - Barriers to reporting and support: Housing insecurity in rural and remote areas often means limited access to services for reporting DFSV or seeking help. Aboriginal and Torres Strait Islander LGBTIQ+SB Victim/ Survivors may need to travel long distances to access support, which can deter them from seeking assistance. (DSS, 2023; AIHW-FDSV, 2019)
Health and Well-being	- Chronic illness and disability: Over 50% of Aboriginal and Torres Strait Islander participants reported being diagnosed with a disability or chronic illness, which can limit economic opportunities and access to services (Salter et al., 2024a). - Mental health challenges: High rates of anxiety, depression, and complex trauma disorders are prevalent, often linked to adverse childhood experiences and sexual violence (ABS-NATSIHS, 2019; Breckenridge et al., 2019).
Social Exclusion	- Impact of social exclusion: Vulnerable groups, including Aboriginal and Torres Strait Islander LGBTIQ+SB people, face challenges such as limited social networks, which can negatively impact physical and mental health, employment opportunities, and economic stability (AIHW, 2024a). - Lack of stable housing can lead to social isolation, reducing access to the support networks (friends, family) available to Aboriginal and Torres Strait Islander LGBTIQ+SB victim /survivors of DFSV. (AIHW, 2024a)

The interplay of these socio-economic factors profoundly impacts the challenges experienced by Aboriginal and Torres Strait Islander LGBTIQ+SB people, hindering their overall health, well-being, and access to essential resources. To effectively tackle these complex issues, it is imperative to implement targeted and culturally sensitive interventions, coupled with meaningful systemic changes that acknowledge and respect the unique needs and values of this population.

➤ **Opportunities for improved reporting and investigation methodologies to accurately capture and report on deaths as a result of DFSV, including the adequacy of existing data collection practices related to DFSV and suicide, and the availability, quality, and consistency of data across jurisdictions**

Currently, there are very few culturally safe and supportive opportunities for Aboriginal and Torres Strait Islander LGBTIQ+SB individuals to report incidents of family, domestic, and sexual violence (DFSV) as well as experiences of suicidal ideation. Research conducted by Slater et al. (2024) has illuminated several key areas for improvement in reporting and investigative methodologies. These enhancements aim to ensure that the unique circumstances and experiences of Aboriginal and Torres Strait Islander LGBTIQ+SB individuals are accurately captured and addressed, thereby fostering a more effective and empathetic response to deaths resulting from DFSV among this population.

1. **Address Underreporting:** Many incidents of DFSV, particularly intimate partner sexual violence, are underreported. Efforts should focus on creating supportive environments that encourage victims to disclose their experiences without fear of judgment, retaliation, or disbelief.
2. **Enhance Data Collection:** The document notes that sexual violence data for Aboriginal and Torres Strait Islander people is often categorized under family violence and stored within criminal statistics agencies.



Developing separate and detailed data sets for sexual violence incidents can improve the accuracy of reporting and understanding of the issue.

3. **Culturally Appropriate Services:** Aboriginal and Torres Strait Islander participants reported feeling hesitant to disclose incidents due to concerns about cultural insensitivity and lack of understanding of their LGBTIQ+ identities. Training service providers in trauma-informed care and cultural competency can help address these barriers.
4. **Improve Accessibility:** Geographic isolation and limited access to services in rural and remote areas hinder reporting. Innovative service delivery models, such as improved phone and internet technology, can facilitate reporting and support for victims in these areas.
5. **Combat Rape Myths:** The prevalence of rape myths and victim-blaming attitudes can discourage reporting. Public education campaigns to challenge these myths and promote understanding of consent and sexual violence can help create a more supportive environment for victims.
6. **Strengthen Collaboration:** Collaboration between sexual violence services, LGBTIQ+SB groups, and Aboriginal community-controlled services can enhance care and reporting mechanisms. This includes integrating culturally safe practices and involving families and communities in the support process.
7. **Focus on Intersectionality:** Recognizing the intersecting factors such as race, gender identity, sexual orientation, and socioeconomic status can help tailor services to meet the unique needs of diverse groups, including Aboriginal and Torres Strait Islander LGBTIQ+SB individuals.
8. **Improve Criminal Justice Responses:** Many participants reported dissatisfaction with police and criminal justice responses, including delays, dismissive attitudes, and lost paperwork. Training law enforcement in handling DFSV cases with sensitivity and efficiency is crucial.
9. **Expand Resources:** Address the shortage of skilled professionals and reduce wait times for accessing services. This includes increasing the availability of trauma-informed and culturally appropriate mental health and sexual violence services.
10. **Develop Targeted Outreach:** Increase awareness and accessibility of services like ACCHOs and AMSs, which were underutilized by participants. Tailored outreach efforts can ensure these services are better equipped to support Aboriginal and Torres Strait Islander LGBTIQ+SB individuals.

By enhancing reporting and investigative methodologies, we can significantly improve our understanding and response to deaths resulting from domestic and family violence (DFSV). This is particularly critical for vulnerable communities, such as Aboriginal and Torres Strait Islander LGBTIQ+SB individuals, who often face unique challenges and risks. Addressing these gaps will ensure a more comprehensive approach to safeguarding lives and supporting those most affected by such devastating circumstances.

➤ **How legal and justice systems, DFSV specialist services, health, mental health and other services recognise and respond to suicide in the context of DFSV**

A Google and Bing search highlighted very few legal and justice systems, DFSV specialist services, health, mental health, and other services that recognise and respond to suicide in the context of responding to suicide in the context of DFSV experienced by Aboriginal and Torres Strait Islander LGBTIQ+SB people. Interestingly, the United Nations Declaration on the Rights of Indigenous Peoples does not explicitly mention LGBTQ+ individuals or address issues specific to the LGBTQ+ population. However, several articles emphasise non-discrimination and equal rights for all individuals, which can be interpreted as inclusive of LGBTQ+ individuals. These articles include:

Article 2: States that indigenous peoples and individuals are free and equal to all other peoples and individuals and have the right to be free from any kind of discrimination, including discrimination based on their identity.



Article 7: Affirms the rights of indigenous individuals to life, physical and mental integrity, liberty, and security of person.

Article 21: Highlights the right of indigenous peoples to the improvement of their economic and social conditions without discrimination.

Article 22: Emphasizes the need for protection against all forms of violence and discrimination, particularly for vulnerable groups such as women and children.

Article 44: Guarantees that all rights and freedoms recognized in the Declaration are equally applicable to male and female indigenous individuals.

While these articles do not specifically mention LGBTQ+ individuals, their emphasis on equality and non-discrimination can be applied to protect the rights of LGBTQ+ members within indigenous communities.

From the research, The National Survey of LGBTQIA+SB Experiences of Sexual Violence (Slater et.al: 2024a and 2024b), the Aboriginal and Torres Strait Islander LGBTQIA+SB participants highlighted significant shortcomings in the support by legal and justice systems, domestic and family violence (DFV) specialist services, health, and mental health services for Aboriginal and Torres Strait Islander LGBTQIA+SB individuals who experience sexual violence. These include:

Legal and Justice Systems

- Many Aboriginal and Torres Strait Islander participants expressed frustration with the police and criminal justice system, citing dismissive attitudes, lack of belief, and inadequate responses to sexual violence cases.
- Participants reported instances of lost paperwork, delays in addressing cases, and a lack of follow-up by police.
- Some participants felt violated by the interrogation process when reporting sexual violence incidents, and others noted that police did not take their cases seriously due to their LGBTQIA+ identity or relationships.

DFV Specialist Services

- Participants highlighted the lack of culturally appropriate and inclusive services for Aboriginal and Torres Strait Islander LGBTQIA+SB individuals.
- Some participants felt that DFV services were not equipped to address the unique needs of LGBTQIA+SB individuals, particularly Sistergirls and Brotherboys.
- There were concerns about homophobia and transphobia within these services, which discouraged individuals from seeking help.

Health Services

- Participants reported feeling shame and discomfort accessing Aboriginal Medical Services (AMS) and Aboriginal Community Controlled Health Organisations (ACCHO) due to a lack of understanding of LGBTQIA+SB identities.
- Some participants felt that their sexual orientation or gender identity was not acknowledged or respected, leading to inadequate care.
- There were instances where participants felt their identities were interrogated or invalidated by healthcare providers.

Mental Health Services

- Mental health services were often described as unhelpful, with participants reporting a lack of trauma-informed care and insufficient training in sexual assault and LGBTQIA+ issues.
- Some participants had to seek private counsellors due to dissatisfaction with publicly funded services.
- Trans individuals faced additional barriers, including being subjected to inappropriate questioning about their gender identity and trauma history.

Overall Satisfaction

- While some participants reported positive experiences with certain services, many felt that responses were inadequate, delayed, or dismissive.



- Participants valued trauma-informed, holistic, and culturally safe care, particularly from LGBTIQ+SB-focused organizations and mental health services.

Key Challenges

- Excessive wait times for appointments and limited availability of services were common issues.
- Many participants felt that their needs as Aboriginal and Torres Strait Islander LGBTIQ+SB individuals were not understood or adequately addressed by the services they accessed.
- There is a strong demand for skilled and informed responses from professionals, emphasizing the need for trauma-informed care and culturally appropriate support.

➤ The use of suicide and threats of suicide as a tactic of coercive control by perpetrators of DFSV

Suicide and threats of suicide are devastating tactics of coercive control often employed by perpetrators of Domestic, Family, and Sexual Violence (DFSV) (Knight: 2024) to manipulate and exert power over Aboriginal and Torres Strait Islander LGBTIQ+ individuals. These tactics are particularly insidious as they exploit the emotional vulnerabilities of victims, leveraging their empathy and concern to maintain control and silence. Coercive control is a sustained pattern of behaviour aimed at dominating and subjugating another individual through psychological and emotional abuse (Knight: 2024).

Suicide threats are used as coercive control in a number of ways, including by

- Emotional manipulation, whereby perpetrators may threaten self-harm or suicide to manipulate victims into compliance. This creates guilt and responsibility, making the victim feel they must stay in the abusive relationship to prevent the perpetrator from harming themselves.
- Isolation and threats of suicide can trap victims in emotional dependency, making it difficult for them to seek help or leave the abusive environment.
- In Aboriginal and Torres Strait Islander communities, cultural values emphasising relational connections and collective well-being can heighten the impact of suicide threats. Perpetrators may exploit these values, knowing their actions burden the victim's sense of responsibility to their family and community.
- LGBTIQ+ individuals, particularly Aboriginal and Torres Strait Islander individuals, face heightened stigma and discrimination due to their sexual orientation, gender identity, and cultural background. Perpetrators may use threats of suicide to instill shame and guilt, further damaging the victim's self-esteem and hindering their ability to seek help.
- Perpetrators use threats of suicide to silence victims and deter them from reporting abuse. Victims may fear that speaking out will trigger the perpetrator's threats, allowing the abuse to continue unchecked.

According to the findings from the National Survey of LGBTQIA+SB Experiences and Attitudes Toward Sexual Violence (Slater et al., 2024a and 2024b), significant insights were obtained from Aboriginal and Torres Strait Islander participants concerning the coercive control tactics utilised by perpetrators of sexual violence. They include:

Use of Force and Threats:

- Perpetrators frequently use or threaten the use of force to commit sexual violence, including unwanted touching, oral sex, and rape.
- This tactic was reported across all gender categories, with cisgender men and women, trans individuals, and non-binary participants experiencing coercive control through physical force.

Exploitation of Power:

- Perpetrators often exploit positions of power to commit sexual violence, particularly in cases of unwanted sexual comments, touching, and image-based abuse.
- This tactic was prevalent across all gender identities, highlighting the role of power imbalances in coercive control.

Targeting Due to Gender or Sexuality:



- Many participants reported being targeted for sexual violence due to their gender identity or sexual orientation, which is a form of coercive control rooted in discrimination and prejudice.

Manipulation and Pressure:

- Verbal pressure was a common tactic used by perpetrators to coerce victims into unwanted sexual acts, including fondling, kissing, and oral sex.
- This tactic was reported across all gender categories, with cisgender women and non-binary individuals being particularly affected.

Image-Based Abuse:

- Perpetrators used coercive tactics to take and share intimate images or videos without consent, often exploiting power dynamics or using verbal pressure.

Impact on Aboriginal and Torres Strait Islander LGBTIQ+ Individuals:

- Coercive control tactics contribute to significant psychological harm, including feelings of shame, fear, and helplessness, which can lead to mental health issues such as depression, anxiety, and suicidal ideation.
- Heightened mental health challenges, including anxiety, depression, and PTSD.
- Increased feelings of guilt and shame, particularly in cultural contexts where community and family ties are deeply valued.
- Barriers to help-seeking, as victims may fear judgment, retaliation, or disbelief from service providers, especially if those services are not culturally safe or inclusive of LGBTIQ+ identities.
- Risk of self-harm or suicide, as the ongoing abuse and manipulation can push victims to the brink of despair.

The coercive control tactics inflicted upon Aboriginal and Torres Strait Islander LGBTIQ+SB individuals are not only deeply distressing but also underscore the urgent necessity for trauma-informed care delivered by culturally sensitive and LGBTIQ+SB safe services. These interventions are vital for addressing the profound impacts of coercive control and for empowering Aboriginal and Torres Strait Islander LGBTIQ+SB victim/survivors to navigate the complex barriers that often hinder them from disclosing their experiences and seeking the support they truly need.

➤ Opportunities to enhance prevention and early intervention efforts to reduce deaths by suicide in the context of DFSV victimisation and perpetration

The purpose of these opportunities is to enhance prevention and early intervention efforts to reduce deaths by suicide resulting from DFSV in the Aboriginal and Torres Strait Islander LGBTIQ+SB community.

1. Culturally Safe and Trauma-Informed Care

- Opportunity: Develop and implement culturally safe, trauma-informed care within Aboriginal community-controlled services and other support organizations.
- Action: Train staff in these services to address the unique needs of LGBTIQ+SB individuals, including understanding intersectional experiences of trauma, discrimination, and sexual violence.
- Reference: (AIHW-FDSV, 2019; DSS, 2023; Johnson et al., 2023a and 2023b)

2. Address Adverse Childhood Experiences (ACEs)

- Opportunity: Focus on early intervention to address ACEs, which are strongly linked to mental health issues and suicide risk.
- Action: Provide targeted support for children and families experiencing abuse, neglect, or household dysfunction, with a focus on breaking cycles of intergenerational trauma.
- Reference: (Felitti et al., 1998a; Thapa et al., 2024)

3. Increase Access to Mental Health Services

- Opportunity: Improve access to mental health services, particularly in rural and remote areas where services are scarce.



- Action: Expand telehealth services and ensure mental health professionals are trained in LGBTIQ+SB-specific and culturally appropriate care.
 - Reference: (DSS, 2023; AIHW-FDSV, 2019)
4. Combat Stigma and Discrimination
- Opportunity: Address stigma and discrimination related to sexual orientation, gender identity, and DFSV, which contribute to feelings of shame, isolation, and underreporting.
 - Action: Launch public education campaigns to challenge homophobia, transphobia, and victim-blaming attitudes, and promote acceptance and understanding of LGBTIQ+SB identities.
 - Reference: (LivingWell, n.d; Lifeline, n.d; Johnson et al, 2023a and 2023b)
5. Community-Led Education and Awareness
- Opportunity: Increase positive social modelling and education about social and emotional well-being in schools and communities.
 - Action: Partner with Aboriginal and Torres Strait Islander organizations to deliver programs that teach children and families about healthy relationships, consent, and coping mechanisms.
 - Reference: (DSS, 2023; WCHNSA, n.d)
6. Strengthen Support Networks
- Opportunity: Build strong support networks, especially family support, within the community to reduce social isolation and provide emotional and practical support.
 - Action: It is essential to promote peer support programs and community-driven initiatives that enhance connection and inclusivity for LGBTIQ+SB individuals. Additionally, it is important to ensure that these initiatives incorporate opportunities for family involvement and support.
 - Reference: (AIHA, 2024a; Watarrka-Foundation, 2025; Johnson et al., 2023a and 2023b)
7. Improve Help-Seeking Pathways
- Opportunity: Address barriers to help-seeking, such as fear of not being believed, shame, and concerns about confidentiality.
 - Action: Create safe spaces and anonymous reporting options within culturally appropriate governance models to encourage individuals to seek help.
 - Reference: (AIHW-FDSV, 2019; DSS, 2023)
8. Early Identification of Mental Health Issues
- Opportunity: Implement screening tools for early identification of depression, anxiety, and suicidal ideation in community health settings.
 - Action: Use tools like the Kessler Scale and PHQ-4 to assess mental health and provide timely interventions.
 - Reference: (ABS-Kessler, 2012; QxMD, 2016)
9. Targeted Support for LGBTIQ+SB Individuals
- Opportunity: Develop programs specifically for LGBTIQ+SB individuals that address body awareness, healthy sexual behaviours, and coping strategies.
 - Action: Partner with Aboriginal and Torres Strait Islander LGBTIQ+SB individuals and families to co-design these programs, ensuring cultural relevance and inclusivity.
 - Reference: (DSS, 2023; Salter et al, 2024a)
10. Bystander Intervention Training
- Opportunity: Equip community members with skills to intervene safely in situations of abuse or violence.
 - Action: Develop bystander intervention programs tailored to the Aboriginal and Torres Strait Islander LGBTIQ+SB community, focusing on empowering individuals to act in situations of risk.
 - Reference: (University et al, 2024)
11. Address Social Determinants of Health
- Opportunity: Tackle underlying social determinants such as poverty, housing instability, and unemployment, which exacerbate mental health challenges and suicide risk.
 - Action: Invest in programs that improve access to education, employment, and stable housing for the community.



- Reference: (AIHW-SDH, 2024; NIAA-IHPF, 2020; Thapa et al., 2023)

12. Collaborative Partnerships

- Opportunity: Strengthen collaboration between sexual violence services, LGBTIQ+SB organizations, and Aboriginal community-controlled services.
- Action: Develop integrated service models that address the unique needs of the community and provide holistic care.
- Reference: (DSS, 2023; Slater et al., 2024a and 2024b)

13. Promote Peer-Led Initiatives

- Opportunity: Empower LGBTIQ+SB individuals to lead peer support programs and advocacy efforts.
- Action: Train peer workers to provide support and guidance, leveraging their lived experiences to connect with others in the community.
- Reference: (Slater et al., 2024b; Dudgeon et al, 2018; Carroll et al., 2020; Langton et al., 2020; Prentice et al., 2016)

14. Increase Awareness of Suicide Risk

- Opportunity: Raise awareness about the link between DFSV, mental health issues, and suicide risk within the community.
- Action: Develop targeted campaigns and resources to educate the community about warning signs and available support services.
- Reference: (AIHW-SV; Project, 2023)

15. Expand Research and Data Collection

- Opportunity: Conduct further research to understand the specific needs and experiences of the Aboriginal and Torres Strait Islander LGBTIQ+SB community.
- Action: Use this data to inform evidence-based prevention and intervention strategies.
- Reference: (Salter et al., 2024a and 2024b; AIHW-FDSVATSI, 2024)

16. Service Collaboration to improve healing support

- Opportunity: Increasing collaboration among legal systems, DFV services, health, mental health, Aboriginal Community Controlled Services, and LGBTIQ+SB organisations to improve care for Aboriginal and Torres Strait Islander LGBTIQ+SB individuals
- Action: Training staff in trauma-informed care and cultural competency. Addressing systemic barriers such as homophobia and transphobia within services. Increasing accessibility and reducing wait times for critical services. Providing tailored support for Aboriginal and Torres Strait Islander LGBTIQ+SB individuals, including Sistersgirls and Brotherboys.
- Reference (Langton et al., 2020; AIHW-FDSV 2019; Prentice et al., 2016; Salter et al., 2024a and 2024b; AIHW-FDSVATSI, 2024; DSS, 2023)

17. Overcoming the barriers to disclosure and help-seeking

- Opportunity: Provide Aboriginal and Torres Strait Islander LGBTIQ+SB people with the necessary support to overcome the intersectional barriers that they face to disclose and help-seeking.
- Action:
 - a. Provide culturally safe and inclusive support services that understand the unique experiences of Aboriginal and Torres Strait Islander LGBTIQ+ individuals.
 - b. Educate communities and service providers about the dynamics of coercive control and the specific ways it manifests in DFSV situations involving LGBTIQ+ individuals.
 - c. Empower victims through trauma-informed care that validates their experiences and provides pathways to safety and healing.
 - d. Challenge societal stigma surrounding LGBTIQ+ identities and sexual violence to create environments where victims feel safe to disclose abuse and seek help.
- Reference: (Johnson et al., 2023a and 2023b; AIHW-FDSV, 2019; DSS, 2023; DSS, 2022; LivingWell, n.d; Hegarty et al., 2020; RIRCSA, 2017; Salter et al., 2024b; Prentice et al., 2016; AIHW-FDSV Summary, 2024)



By actively addressing these opportunities, we can significantly enhance prevention and early intervention strategies aimed at reducing the elevated risk of suicide among Aboriginal and Torres Strait Islander LGBTIQ+SB individuals who are impacted by domestic and family violence. Strengthening these efforts is crucial to foster a supportive environment that prioritizes mental health and well-being within these communities.

➤ Any Other Related Matters

Attached to this submission as Appendix 1 is a Policy Evidence Summary: 'A rapid review on the LGBTIQ+ Sistersgirls' and Brotherboys' trauma and trauma-informed care in Queensland, 2024.' This document may be useful in the development of Trauma Informed Care Training for Aboriginal and Torres Strait Islander LGBTIQ+SB people.

Conclusion

Black Lorikeet Consultant, under the leadership of Dr. Vanessa Lee-Ah Mat, sincerely appreciates the opportunity to contribute to this vital parliamentary submission. We are enthusiastic about the prospect of further engaging with the Parliamentary Inquiry into Suicide Related to Domestic, Family, and Sexual Violence in Australia, as we believe our insights can play a meaningful role in this important conversation.

If you have any questions or would like to explore this topic further, please do not hesitate to connect with Dr. Vanessa Lee-Ah Mat, Principal of Black Lorikeet Consultant. We look forward to collaborating and supporting efforts that drive positive change.



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Principal, Black Lorikeet Consultant

19 November 2025



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Policy evidence summary:

Development of a whole-of-government Trauma Strategy for Queensland

A rapid review on the LGBTQIA+ Sistersgirls' and Brotherboys' trauma and trauma-informed care in Queensland, 2024.

AUTHORS: Vanessa Lee-Ah Mat (PhD), Black Lorikeet Cultural Brokering Consulting and L. Wilo Muwadda, CQU.

What is this research about?

Introduction:

In 2024, the Queensland Mental Health Commission engaged the expertise of Dr. Vanessa Lee-Ah Mat (PhD), who invited L. Wilo Muwadda, and Jan Breckenridge, to provide a rapid review, in a format applicable to policy makers, of academic and grey literature to:

- Identify the key findings on the LGBTQIA+ Sistersgirls and Brotherboys trauma and trauma-informed care, with a particular focus on the Queensland (QLD) context.
- Interpret the key findings from the literature and explain their applicability to a whole-of-government trauma strategy for Queensland.
- Leverage the research findings to propose options for reform such as specific strategic directions, priorities, elements, and considerations.

The acronym LGBTQIA+SB is used throughout this paper as an umbrella term to refer to Lesbian, Gay, Bisexual, Transgender, Intersex Queer plus Sistersgirl and Brotherboy and other sexualities, gender and bodily diverse people and communities. Appendix 1 provides a list of LGBTQIA+SB terminology adopted from the QLD Human Rights Commission.

Background:

The Queensland Mental Health Commission is leading work to develop a whole-of-government Trauma Strategy for QLD. The development of the strategy is a direct response to recommendation 6 of the Mental Health Select Committee Inquiry into the opportunities to improve mental health outcomes for QLD. The development of the strategy is also identified as a priority action within Shifting Minds: the QLD Mental Health, Alcohol and Other Drugs, and suicide prevention strategic plan 2023-2028 and Every Life: the QLD Suicide Prevention Plan 2019-2029 Phase Two. Specifically, the Queensland Mental Health Commission has commissioned a series of policy evidence summaries, including a review on LGBT+ Sistersgirls and Brotherboys trauma and trauma-informed approaches in Queensland, Australia.

The policy evidence summaries are critical to ensuring that the Trauma Strategy for QLD is grounded in a contemporary evidence base. These summaries will contribute to the whole-of-community perspective on direction, intent, and priorities for consideration towards enriching and shaping the Trauma Strategy for QLD.

Summary of Review Methods

This review examined peer-reviewed and grey literature published in the last 20 years in English with a particular focus on trauma and trauma-informed care of the LGBTQIA+ Sistersgirls and Brotherboys population. Studies from Australia, Canada, New Zealand, the United Kingdom and the United States have been included in this review. The search terms covered broad concept areas and narrowed down to Queensland: approaches to LGBT+ trauma-informed care (+in QLD), social determinants and LGBT+ trauma (+in QLD), trauma identified by Indigenous LGBT+ sistersgirls and brotherboys (+in QLD), intersectionality plus trauma plus trauma-informed care.

The context for this research

In the foreword of the guide, 'Trauma-Informed Care and Practice: A guide to working with Aboriginal and Torres Strait Islander peoples', Professor Judy Atkinson explained that the word 'trauma' is said to derive from the Greek word 'wound' (State of QLD (Metro South Hospital and Health Service), 2019, p. 4). Silva (2014) identifies trauma as an experience of extreme stress or shock that is or was, at some point, part of life, and when a person experiences trauma, they tend to disassociate themselves from the present moment as the brain tries to make sense of the how and what that has led to the trauma. The traumatic wounding may come from singular or multiple injuries or harm. A single injury or harm includes a car accident or natural disaster resulting in post-traumatic distress. Whereas multiple trauma wounds include domestic and family violence, sexual violence, sexual exploitation, assault, etc., resulting in complex trauma (State of QLD (Metro South Hospital and Health Service), 2019). A trauma experience can lead to mental illness, alcohol/substance disorders, self-harm and/or suicide-related behaviours (Heim et al., 2010). People accessing mental health and other services may have multiple unresolved traumas from across their past life span, and this information is captured and recorded in government-held data sets.

Under *The National Mental Health and Suicide Prevention Agreement* (Cmwh of Australia, 2022: p.7 and p.25), the Australian LGBTIQ+ Sistergirl and Brotherboy population have been identified within the priority populations criteria. The priority population under this Agreement are those at higher risk of mental ill health and suicide resulting from vulnerability caused by social, economic, and environmental circumstances. [Reference: The Commonwealth of Australia (Commonwealth of Australia, 2022). The Agreement encourages a whole-of-government approach to improve mental health and well-being outcomes and to reduce suicides in vulnerable populations, including the LGBTIQ+ Sistergirl and Brotherboy population. The Agreement also specifies that services should be delivered to this cohort in a culturally and locally appropriate way. However, there is currently no reliable national data on rates of suicide and self-harm among LGBTIQ+ communities in Australia (AIHW, n/d), meaning that there is insufficient evidence to support the need for trauma-informed services.

In Queensland, the Australian Institute for Suicide Research and Prevention (AISRAP), note that the Queensland suicide register does seek to identify LGBTIQ+ suicide deaths but instead relies on police reports and coronial findings. Without efficient government-held data, there is insufficient evidence to inform policy intended to support a population group and, more specifically, provide trauma-informed care for the LGBTIQ+ Sistergirl and Brotherboy population group (Leske et. Al., 2022; Commonwealth of Australia, 2021).

This review aims to examine LGBTQIA+ Sistergirls and Brotherboys trauma and trauma-informed care, with a particular focus on the Queensland context.

The key findings

Overview:

The intersectional needs of LGBTIQ+SB community in Queensland is complex. The needs have been changing for the past '20 years', as noted by Wishart et al. (2020, p. 331), who argues that globally, 'there has been a considerable shift in the socio-political acceptance of individuals' who identify as LGBTIQ+SB. Wishart et al. (2020, p. 331) insist that 'legislative changes generate significant public and political debate (e.g. the 2017 Australian Same Sex Marriage Plebiscite)', the nature of which could be considered to be a traumatic experience for many LGBTIQ+SB individuals. In 2016 Queensland dropped the age of consent for anal sex from 18 to 16 years old. Arguably the age of consent for this particular practice had stood for so long because of dominant heterosexual perspective on appropriate sexual practices (Legal & Committee, 2023). This change also mark a significant progression in Queensland for the rights to equity across the board for the LGBTIQ+SB community, which has created space for government reports such as this one to advocate for appropriate health service provision through policy about the complexity of trauma and associated mental health experienced by LGBTIQ+SB individuals.

This Report documents the historical praxis of social change essential for influencing the evolution of policy and legislation for the well-being of LGBTIQ+SB living in Queensland, Australia. The experience of trauma within the

lives of LGTIQ+SB citizens is and should be a concern to all Australians. Magruder et al. (2017, p. 1), in their article, *Trauma is a public health issue*, argue that ‘exposure to trauma is pervasive in societies worldwide’, and the essence of their argument is that ‘A public health framework is critical for understanding risk and protective factors for trauma and its aftermath operating at multiple levels of influence and generating opportunities for prevention’. Magruder et al. (2017) reaffirm the view of leading scholars that the complexity of trauma managed by a public health framework must provide policy at multiple levels to address socioeconomic and sociocultural issues relative to trauma. To do so enhances our understanding of both foreseen and unforeseen consequences that may impact on an individual's life (Crosby, 2016; Hyer & Sohnle, 2014; Zhu et al., 2020). To develop appropriate health and government responses to trauma experienced by the LGBTIQ+SB community in Queensland, Levenson et al. (2023), in their article *Trauma-Informed and Affirmative Mental Health Practises With LGBTQ+ Clients*, insist that by implementing a trauma lens ‘...clinicians can improve clinical case conceptualization and effective treatment strategies for LGBTQ+ clients.’ (p. 134).

The reviewed literature has been themed as per the headings below:

Theme - Trauma-Informed Care

Responses in Queensland, Australia to address trauma within the LGBTIQ+SB community are inadequate, as highlighted by *the Inquiry into the opportunities to improve mental health outcomes for Queenslanders: Report No. 1, 57th Parliament / Mental Health Select Committee*, (Queensland Parliament Mental Health Select Committee, 2022) and (Dominey-Howes et al., 2016).

Theme – Discrimination

– Homophobia

In 2005, Flood and Hamilton undertook a mapping exercise across various databases and self-completion interviews on homophobia with 24,718 respondents in Australia. In their summary, they define homophobia as “the unreasoning fear or hatred of homosexuals and to anti-homosexual beliefs and prejudices... a term of social description for everyday emotional tension about sexual identity that is widespread among homosexuals.” [Ref. Number] By implication, all those who are homophobic display unethical or discriminatory behaviour towards the LGBT+ population. Flood and Hamilton's study concluded that two-thirds of the Australian population rejected the view that homosexuality is immoral. Coupled with this conclusion, the study by Flood and Hamilton found Queensland and Tasmania as the most homophobic states in Australia, although when focusing on men only, the Northern Territory was cited as the most homophobic.

– Transphobia

The Justice Connect (accessed 29/02/2024) website provides a clear definition of discrimination and transphobia with links to other States and Territories. The website Diversity in Queensland Schools by the Department of Education (accessed 29/02/2024) provides links to various legislations (Anti-Discrimination Act 1991 (Qld), Sex Discrimination Act 1984 (Cwlth), Sex Discrimination Amendment Act 2013, Information Privacy Act 2009 (Qld), Education (General Provisions) Act 2006) from the Commonwealth and Queensland. The website provides a statement acknowledging that ‘schools must provide all students who identify as same, sex attracted, intersex or transgender access to high quality schooling...’ However, after undertaking a word search for the key recommended words [sex, sexuality, gender, gender diversity, gender inclusion, intersex, sexual orientation, LGBT, lesbian gay bi-sexual, transgender, transphobia, homophobia] it is clear this commitment or the suggested wording is not replicated, more generally, calling into question whether these legislations actually support the provision of high quality schooling to students who identify as same, sex attracted, intersex or transgender, or LGBTIQ+SB. These legislations influence every aspect of Queensland society. The paper by Brenton on the Parliament of Australia website (accessed 29/02/2024) argues that representation is a set of procedures or rules that select people to formulate and legislate for the people or population in an accountable way. Without adequate representation of Trans people at the policy level language that reflects transphobia will not be eradicated.

Theme - Suicide and Suicide Ideation

Understanding suicide ideation within all the intersections of the Australian LGBTIQ+SB communities is a difficult proposition for activists, advocates, health professionals and government departments. Warr et al. (2020) determined that, while several studies note the risks of suicide ideation, associations between stressors placed on LGBTIQ people and attempted or completed suicide remain unclear. A paper published by Skerrett (2014) noted that sexual orientation is seldom recorded at death in Australia, and to date, there have been no studies on the relationship between those who have died by suicide and sexuality or minority gender identity in Australia. (p. 25) However, data does exist for Queensland as noted by Leske et al. (2019, p. 6) who state, '39 deaths by suicide in persons identified as LGBTIQ from 2016 to 2018'. Leske et al. (2019) adds that, ASRs...[Age-standardised Suicide Rates]...were highest in males living in remote locations, followed by males living in regional locations, females living in remote locations, males living in metropolitan areas, females living in metropolitan areas, and females living in regional locations. (p. 6) Leske et al. (2019), also found that, The regions covered by Queensland Health's Hospital and Health Services with the highest ASRs have the lowest numbers of suspected suicides (e.g. North West Queensland), while the regions with the lowest ASRs have the highest numbers of suspected suicides (e.g. Metro North and Metro South). (p. 6) The complexity of suicide and suicide ideation is across the board for the Queensland population and the experience of suicide and suicide within the LGBTIQ+SB community is unknown except for the number of deaths in this period.

Theme - LGBTIQ+SB Identification

Peer-reviewed evidence indicates that current statistics for LGBTIQ+SB data are of a low standard in Queensland, and Australia. According to Wilson et al. (2020, p. 1), the estimate of the male Sexual Minority Population (SMP) is around '3.6%' and the females stand at '3.4%'. Furthermore, Wilson et al. (2020, p. 1), note the mathematical model revealed 'larger numbers and higher sexual minority people in the younger age groups, and smaller numbers and percentages in the oldest age group'. The data sources (Wilson et al., 2020) used for these estimates were compiled from 'two representative national household surveys...in 2012 and 2016' conducted by the Australian Bureau of Statistics (ABS) and should be considered dated.

Theme - LGBTIQ+SB data linkage

The AIHW Suicide and Self-Harm Monitoring website (accessed 18/02/2024) report that the two key administrative datasets used by the AIHW to report on rates of suicide and hospitalised self-harm, the National Mortality Database (NMD) and the National Hospital Morbidity Database (NHMD), do not include information on LGBTIQ+SB status. Data linkage brings together two or more different sources to allow for the identification of distinct entities between datasets and within datasets. It can be used to determine how many times an LGBTIQ+SB is admitted to hospital, the type of care they receive, services accessed (mental health, social-emotional wellbeing, etc) and where applicable their mortality rate (State of QLD (QLD Health), 2020). According to the State of QLD (QLD Health), 2020:8, the datasets that are available for linkage in health, include Queensland Hospital Admitted Patient Data Collection, Queensland Perinatal Data Collection, Death Registration data, Emergency Department Collection, National Hospital Cost Data Collection, Community Integrated Mental Health Application, Queensland Ambulance Service. This Review could not find a separation of the LGBTIQ+SB population in any data sets of these QLD data sets.

#Theme - LGBTIQ+SB Youth

In Queensland there is minimal linked data separating LGBTIQ+SB youth across the various data sets, as youth have been clustered as youth and separated by select demographic variables including /or race/ethnicity. There is minimal data in the area of:

- **Mental Health** – Queensland offers a variety of Queensland based services in the LGBTIQ+SB mental health and wellbeing space that are predominantly available in south-east Queensland. With exception to Queensland Council for LGBT Health who offer services across Queensland to Indigenous and non-Indigenous LGBTIQ+SB.

QLife although a national service is assessable across Queensland through their phone and webchat support with their partner organisation in Queensland, Our Partners and Diverse Voices LGBTIQ+ Health Australia, 2021, p 17-18.

Relationships Australia Queensland (accessed 26 Feb 2024) provide a Rainbow program that has involved training their staff since 2009 on how to be more competent and confident working with LGBT clients. The services offered include counselling and social emotional wellbeing program. However, their annual report (Relationships Australia QLD, accessed 26/02/2024) does not demonstrate a comparison across multiple regions or services offered making it challenging to determine the quality of work. Headspace, a government funded initiative set up by the Howard government as a type of triage for youth (ABC, 2019). Their annual report demonstrates little evidence of effectiveness to LGBTIQ+SB youth or youth in general and has failed on five key performance indicators in past evaluations (Kisely, et.al., 2023).

- **Education** – The Queensland Government Policy and Procedure Register, Department of Education, website (accessed 26/02/2024) has a diversity and inclusion policy for staff, there was little to suggest the LGBTIQ+SB students were given acknowledgement for their minority and vulnerable positioning throughout various other policies. This is concerning considering the lack of data collected and shared about the LGBTIQ+SB population across other platforms. A 2018 report by Howard, (a Systematic Framework for Trauma Aware Schooling in Queensland) made no reference to LGBTIQ+SB youth, however, the framework is a valid starting point for continued implementation of trauma informed care across Queensland.
- **Homelessness** – There was no data to be found in our search that separates LGBTIQ+SB and/or LGBTIQ+SB youth in homelessness in Queensland State data. The AIHW does not separate LGBTIQ+SB in their youth data set at a national level either although they highlight that youth nationally are experiencing high levels of homelessness with Queensland having the third highest number of youths attending specialist homeless services (AIHW, 2024, accessed 26/02/2024). A recent web fact sheet on the Brisbane Youth Service site, (accessed 26/02/2024) stressed that youth homelessness is at crisis point, however, again there is no separation of LGBTIQ+SB population. The Brisbane Youth Service also stress that a large proportion of crowd surfers are under the age of 25. Without the separation of LGBTIQ+SB data all assumptions of LGBTIQ+SB homelessness is just that an assumption, however, when you look at the correlation between homelessness, youth and incarceration one can begin to draw conclusions of sexual violence and/or physical violence (AIHW, 2024, accessed 26/02/2024; Brisbane Youth Service accessed 26/02/2024).
- **Incarceration** – Nationally, 812 youth were in detention during the June quarter of 2023, and 306 in Queensland (with Queensland having the highest number of youths in detention at that time). Estimates per 10000 youth in detention place Queensland second to Northern Territory. However, there is no separation of LGBTIQ+SB youth population (AIHW b, accessed 26/02/2024)

Theme – Seniors

- **Aged Care** - The AIHW, 2023 (accessed 29 Feb 2024), identify in their web report 'Older Australians who identify as lesbian, gay bisexual, transgender or intersex, argue that there is no data on the number of LGBTIQ+SB population aged care. The AIHW, 2023, points out that the Aged Care Act 1997 has designated the term 'special needs' for some groups of people. This includes LGBTIQ+SB, older Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds. What this means is that at a national level there is no clear way to identify LGBTIQ+SB seniors entering aged care. The use of language in Legislation sets a standard to policy makers and service providers and if used incorrectly can send a negative message. The article by Richardson, 2022, on LGBTIQ+ seniors fear of Aged Care in Queensland emphasises that many LGBTIQ people entering aged care are anxious that they may face discrimination, while others were referring to aged care as unwanted spaces due to the possibility of reigniting trauma or to go 'back in the closet'.
- **Homelessness** - There is currently no national information about the rates of senior LGBTIQ+SB homelessness (AIHW, 2023) and at the State level the Queensland Housing Act 2003, copyrighted 2024, made no mention of necessary service provision for the LGBTIQ+SB population.

Theme - Rural LGBTIQ+SB

The current Queensland Government has the *Queensland public sector LGBTIQ+ steering committee*, which provides perspectives on LGBTIQ+ views, advocates for the inclusion of the LGBTIQ+ population and advises government policy for the public sector. Most policies for mental health are a whole-of-government approach that identifies the diverse intersectionality within Queensland's population.

- **Suicide Ideation and Suicide and Trauma-Informed Care** - Self-harm is much higher in rural regions for young people LGBTIQ+SB people, and data that identifies their access to services is low or unavailable (Hillier et al., 2010). Nonetheless, Bowman et al. (2020) have identified that virtual online services offer opportunities to connect with rural LGBTIQ+SB populations and provide vital mental health and trauma-informed care.
- **Homophobia and Transphobia** - Dwyer et al. (2015, p. 2), identifying complicated relationships between police and LGBTIQ+SB people within rural communities, argue that 'further research to examine how policing happens with rural LGBTIQ people to ensure more accountable policing policies and practice, and to highlight the complexities of localised, rural policing contexts that can both support and marginalise LGBTIQ people.' The phenomena of self-internalisation of homophobia (an internal form of trauma) are an issue for rural LGBTIQ+SB people who are isolated from LGBTIQ social groups because they live in predominantly heterosexual rural societies (Bowman et al., 2020; Dahl et al., 2015; Morandini et al., 2015).
- **LGBTIQ+SB data linkage** - Data for the LGBTIQ+ community inequalities nationally requires improvement. Saxby (2022, p. 290) argues that 'To provide ongoing monitoring of these inequalities, there is a pressing need for robust and high-quality data that captures information on...[Sexual and Gender Diverse]...SGD populations alongside key demographic, health, social and economic dimensions.'

#Theme – Aboriginal and Torres Strait Islander LGBTIQ+SB

According to the State of Queensland (Queensland Health) (2022, p. 33) publication, *Better Care Together: A Plan for Queensland's State-funded Mental Health, alcohol and other drug services to 2027 in Priority 3 Delivering improved services with First Nations Peoples*, it identifies that 'Aboriginal and Torres Strait Islander peoples experience higher levels of morbidity from psychological distress, mental illness and self-harm.' However, the priority does not give detail about the intersectionality of Aboriginal and Torres Strait Islander LGBTIQ+SB population.

- **Trauma** - Phelan (2023), quoting (Black et al., 2015), Carman et al. (2020), Leonard and Metcalf (2014), and Markwick et al. (2014), identified the following evidence of trauma experiences by, Aboriginal and Torres Strait Islander LGBTIQ+SB,

Research shows that Indigenous LGBTIQ+ people experience a) higher incidents of moderate to severe mental health issues such as depression, anxiety, posttraumatic stress, self-harm, suicidality and suicide rates (particularly in trans youth; b) higher incidents of substance abuse, and comorbid mental health and substance abuse, c) higher rates of poverty, higher rates of food insecurity and financial stress, higher rates of unstable employment or unemployment, insecure housing and homelessness c) increased probability of violent victimisation, and lower social capital.' (p7).

Nasir et al. (2018, p. 4), in a cross-sectional study on Aboriginal people living in remote, regional, and metropolitan Australia, found 'The most common diagnoses were post-traumatic stress disorder (PTSD), phobias and major depressive disorder.' Nasir et al. (2021) argue that Aboriginal and Torres Strait Islander people in central-eastern Australia are more likely to experience potentially harmful traumas and develop PTSD than other Australians. Intergenerational trauma is identified within Aboriginal and Torres Strait Islander LGBTIQ+SB communities, particularly with youth (Carlson et al., 2021; Soldatic et al., 2022; Uink et al., 2020).

- **Discrimination – Racism** - Racism perpetrated toward Indigenous LGBTIQ+ women by teachers and other students in school (Sullivan et al., 2023). Liddel-Hunt et al. (2023, p. 76) identified that Indigenous LGBTIQ research 'Participants also had to come to terms with what it means to be an Aboriginal person within a settler colonial context, including having to contend with ongoing prevalent negative stereotypes and racism.' The

forms of external and internal racism are causal factors for trauma upon trauma experienced by Aboriginal and Torres Strait Islander LGBTIQ+SB individuals and their communities.

- **Discrimination – Homophobia and Transphobia** - According to Dudgeon et al. (2015, p. 2), ‘The discrimination and subsequent trauma for Aboriginal and Torres Strait Islander sexuality and gender diverse populations is the same as that of other Aboriginal and Torres Strait Islanders, but they also suffer specific discrimination as people identifying as sexuality and gender diverse.’ Soldatic et al. (2023, p. 3) states that within broader LGBTIQ+ communities and First Nation families ‘phobic and racist behaviours, abuse and acts of physical and sexual assault...[and]... older relatives and extended family often reported to be more likely to be LGBTIQSB + phobic than younger family members’ (sic).

Theme -Lesbians, Bisexual Women and Trans Women

– Historically

Initially inherited from the British empire, the anti-homosexuality laws were in place in Queensland from the mid 1890’s until their repeal in the early 1990’s (Carbey, 2010). The history of traumatic memories for older lesbian, female bi-sexual and trans women has been perpetuated by other key nation blaming issues, such as the AIDS epidemic which has left the scarring of peers dying from HIV and/or AIDS related conditions (DCRC Knowledge Translation Program, n/d). Similarly to the whole LGBTIQ+SB population people who identify as lesbian, female bi-sexual and trans women have experienced some form of discrimination throughout Australia’s history.

– Intimate Partner Violence

In Campo and Tayton (2015, p2) a study in Victoria found that lesbian women were more likely to report having been in an abusive same-sex relationship. This debunks the social myth of the dominant view of men being perpetrators and women as victims therefore requiring specialised services to address the needs of this population. Carlton et al (2015, p5), insists that gender roles and assumptions about LGBTIQ+SB relationships effects the way that intimate partner relationships are viewed by domestic violence service providers. In the State of Queensland (2024) Domestic and Family Violence Protection Act, the preamble on page 13 concurs that the Parliament of Queensland recognises,

7. Domestic violence is most often perpetrated by men against women with whom they are in an intimate partner relationship and their children; however, anyone can be a victim or perpetrator of domestic violence.

8. Domestic violence is leading cause of homelessness for women and children.

Further into the State of Queensland (2024) Domestic Violence Act, p32., the LGBTIQ+SB population are described as ‘...persons have characteristics that may make them particularly vulnerable to domestic violence... people who are lesbian, gay, bisexual, transgender, or intersex...’ This type of wording does not encourage empowerment in service delivery, nor does it align with the definition of terminologies put forward by the QLD Human Rights commission, appendix 2.

What does this research mean for policymakers

This section of the review presents the gap in the research to show what it means to policymakers. The themes have remained the same so that easy linking back to the Key Findings and forward to Options for Reform can be followed:

Theme - Trauma-Informed Care

Queensland Government policy for a trauma-informed response strategy does not identify the critical causes for inadequate care. They are identified in peer-reviewed literature and reports as a lack of equal Treatment with a ‘blindness to difference’, which indicates homophobia and transphobia beyond cognitive dissonance (Dominey-Howes et al., 2016, p. 9) and a lack of appropriate funding (Queensland Parliament Mental Health Select Committee, 2022).

Theme – Discriminating Behaviours

- **Homophobia**- In 2022, Richards compiled an ‘LGBTIQ+ parliamentarians in Australian Parliaments: a quick guide’ from a range of sources that included the Parliamentary Handbook, websites, biographies and statements by parliamentarians, and State and Territory parliamentary libraries. From these findings, Richards identified that although Queensland had 93 State MPs, there were zero LGBTIQ+ identified. However, in the Federal Parliament and the House of Representatives, there are two from QLD who identify as LGBTIQ+.
- **Transphobia** - The following table identifies the different legislations that have been indicated to support transgender and the LGBTIQ+SB population. For two of the legislations, the results from Word Search using Adobe AI and Queensland Government word search show no association, which tells us that it is not clearly articulated where the legislation addresses discriminating behaviours for the LGBTIQ+SB community in the broader Queensland society. A word search was put into the below legislation with the results. Word Search using Adobe AI and Queensland Government word search. Words included - sex, sexuality, gender, gender diversity, gender inclusion, intersex, sexual orientation, LGBT, lesbian, gay, bisexual, transgender, transphobia, and homophobia.

Legislation	Result
<i>Anti-Discrimination Act 1991</i> (Qld) https://www.legislation.qld.gov.au/view/html/inforce/current/act-1991-085	Anti-Discrimination Act 1991
<i>Sex Discrimination Act 1984</i> (Cwlth) https://www.legislation.gov.au/Details/C2016C00880	The Sex Discrimination Act 1984 aims to eliminate discrimination based on sex, sexual orientation, gender identity, intersex status, marital or relationship status, pregnancy, potential pregnancy, breastfeeding, or family responsibilities (<i>Sex Discrimination Act 1984</i> (Cwlth) accessed 29/02/2024).
<i>Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) Act 2013</i> www.comlaw.gov.au/Details/C2013A00098	The definition of discrimination on gender identity is provided in section 5B of the Sex Discrimination Act 1984, as amended by the Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) (Sex Discrimination Amendment Act 2013, accessed 29/02/2024).
Legislation - Information Privacy Act 2009 (Qld) https://www.legislation.qld.gov.au/view/html/inforce/current/act-2009-014	No results found
Legislation - Education (General Provisions) Act 2006 https://www.legislation.qld.gov.au/view/html/inforce/current/act-2006-039	No results found

Theme - Suicide and Suicide Ideation

The evidence found about records capturing data on a person's sexual orientation not being recorded at the death of an individual is a clear gap in statistical data needed to respond to suicide and suicide ideation prevalence within the community. However, the methods used to obtain suicide data about LGBTIQ+SB by (Leske et al., 2019) in their report are not straightforward, though the section about the police reports indicates it is likely the identification of sexuality and/or gender came from those reports, which include police talking to friends and family.

Theme - LGBTIQ+SB Identification

Mathematical data modelling is necessary because the ABS has an irregular tickbox standard, including sexual minority or trans identification.

Theme - LGBTIQ+SB data linkage

LGBTIQ+SB status is unavailable in any linked datasets in Queensland. Nor is LGBTIQ+SB status available nationally, meaning that overall QLD and the National level of Government unlinked administrative datasets have not been enumerated in the Census of Population and Housing from the Federal to the State level (AIHW, 2023). This creates a barrier to the allocation of services to adequately support the LGBTIQ+SB population across QLD social services and health.

#Theme - LGBTIQ+SB Youth

- **Mental Health** - Mandatory regulation to support service provision for LGBTIQ+SB youth should be a prerequisite. A full public audit is necessary on services like Headspace, focusing on their triage approach and the difference between them and other triage operating services. This would enable the QLD government to determine what gap Headspace service is providing and where QLD can save resources.
- **Education** – whole-of-community training is required to reduce transphobia and homophobia in LGBTIQ+SB youth.
- **Homelessness** - In general, Mission Australia's National report on their Youth Survey 2023 highlights issues affecting young people nationwide. Although this data is not State or Territory-specific, or LGBTIQ+SB-specific, it does paint a picture of the issues impacting youth today (McHale et al., 2023) and offers QLD a baseline of which to start to address the needs for effective service provision.
- **Incarceration** – police, correctional services personnel, services, policy makers and the LGBTIQ+SB community need to come together to determine a safe means of LGBTIQ+SB identification and support.

Theme – Senior

- **Aged Care**- Improve data collection for LGBTIQ+SB seniors across all aged care and housing legislation in Queensland with the LGBTIQ+SB population would enable a baseline for service provision.
- **Homelessness** - Data collection for this population should be mandatory and linked to funding agreements.

#Theme – Aboriginal and Torres Strait Islander LGBTIQ+SB

- **Discrimination – Response** - Liddelow-Hunt et al. (2023, p. 71) insist there is a critical 'need for an intersectional approach that will capture the interconnectedness of Aboriginal and Torres Strait Islander and LGBTQ+ identities and the layered effects of trauma and discrimination (Dudgeon et al., 2015).
- **Trauma Response** - The literature guides trauma-informed care to be culturally sensitive, integrates Aboriginal and Torres Strait Islander LGBTIQ+SB worldviews and identifies post-generational trauma caused by historical racism and phobic behaviours (Dudgeon et al., 2015; Roy et al., 2015; Soldatic et al., 2022; Uink et al., 2020). Additionally, governments can support trauma-informed care and practice guidance within policy and programs that create safe spaces (Dudgeon et al., 2018; Madireddy & Madireddy, 2022; Uink et al., 2020).

Theme - Rural LGBTIQ+SB

- **Suicide Ideation and Suicide and Trauma-Informed Care** - Phone and internet connectivity in rural areas across Queensland needs to be reviewed and updated so that the rural LGBTIQ+SB populations can access vital mental health and trauma-informed care on-line.

- **Homophobia and Transphobia** – Further research is required to understand the relationship between police and LGBTIQ+SB people within rural communities, to identify the complexities of localised, rural policing contexts that can both support and marginalise LGBTIQ people.
- **LGBTIQ+SB data linkage** – See the #theme on data linkages above.

Theme -Lesbians, Bisexual Women and Trans Women

Lesbians, Bisexual Women and Trans Women experience intimate partner violence similarly to heterosexual women.

There is an invisibility of Lesbians, Bisexual Women and Trans Women relationships in policy and practice. Service providers lack an awareness and understanding of the experiences of Lesbians, Bisexual Women and Trans Women intimate partner violence (Campo and Tayton, 2015; State of Queensland (2024) Domestic and Family Violence Protection Act)

Options for reform

To be considered a diverse and inclusive State, all Queenslanders need to provide a space where LGBTIQ+SB citizens also feel safe, supported, and valued to bring themselves to work and to know that they can walk safely amongst society free of discrimination. The key findings section of this paper has drawn out the evidence to support the policy gaps. In 2017, the State of Queensland Public Service Commission (accessed 26/02/2024) released a strategy document to align and complement existing sector-wide and agency-based inclusion and diversity frameworks for the public sector. The options for reform presented in this document are not only focused on the public sector because to be a truly diverse and inclusive State of the LGBTIQ+SB population requires a whole-of-government and society approach. Beginning this section with the definition of trauma reminds the reader of the unpacked issue; this is followed by recommendations for Options for Reform, which align with the theme headings from the key findings and what the research means for policymakers.

Definition of Trauma

What is trauma?

Psychological and SEWB trauma are complex in their variables, and defining trauma within this article will use the terms and definitions developed by,

- leading institutes such as the American Psychiatric Association; and
- leading scholars on LGBTIQ mental health and SEWB; and
- leading First Nations Psychologists and Psychiatrists in Australia for cultural meaning.

There are four ways to define trauma within criterion A, according to the American Psychiatric Association (2013), **Diagnostic and Statistical Manual of Mental Disorders: DSM-5 (DSM-5)**,

exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways: 1) directly experiencing the traumatic event(s), 2) witnessing, in person, the event(s) as it occurred to others, 3) learning that the traumatic event(s) occurred to a close family member or close friend (in cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental), or 4) experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse). Note: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work-related. (American Psychiatric Association, 2013, p. 271)

Theme - Trauma-Informed Care

Developing policy that employs a whole-of-government inclusion for a primary health care approach (Anderson et al., 2001) on trauma-informed government responses, which includes training in anti-homophobia and specific

LGBTIQ+SB education for health care professionals (Levenson et al., 2023) about trauma-informed responses for mental health. Furthermore, United Nations literature on the human rights of Queensland's LGBTIQ+SB population should be included, which provides guidelines for affirmative action within trauma-informed health service delivery (Elze, 2019) for LGBTIQ+SB Queenslanders.

- Policy that directs an increase in funding for mental health across Queensland, including appropriate funding for trauma-informed care service provision for LGBTIQ+SB Queenslanders, 'time for us to invest in the mental health system' (Queensland Parliament Mental Health Select Committee, 2022, p. 1).
- In Potter, 2021, full details are provided on trauma-informed follow-up safety for LGBTIQ+SB patients /clients, which requires a whole-of-government approach (Potter, 2024).
- The Toolkit provided by Ahmed et al. (accessed 2024) identifies the risk factors that contribute to LGBTIQ+SB mental health problems and the microtraumas and microaggressions experienced by LGBTQ and race and ethnic minorities of the LGBTIQ+SB population and treatment recommendations rather than clinical.
- Appendix 2 provides an example on how the principles of trauma-informed care can be applied to the LGBTQ+ population.

Theme – Discriminating Behaviours

The following two legislations have been identified as research gaps in policy due to lack of LGBTIQ+SB inclusion, therefore requiring updates to include the transgender population and the whole of the LGBTIQ+SB:

- *Information Privacy Act 2009* (Qld) <https://www.legislation.qld.gov.au/view/html/inforce/current/act-2009-014>
- *Education (General Provisions) Act 2006* <https://www.legislation.qld.gov.au/view/html/inforce/current/act-2006-039>

Theme - Suicide and Suicide Ideation

- Develop a policy to include quantitative, qualitative, and mixed methods research approaches to create a statistical and social understanding of barriers and enablers and phenomena unique to the LGBTIQ+SB population that address underlying trauma associated with suicide ideation and suicide experienced by LGBTIQ+SB Queenslanders.
- Quantitative research will develop the extent of trauma within the communities and capture statistical data on phenomena such as suicide and suicide ideation clusters (Benson et al., 2022) and support the government in developing strategically informed responses to trauma that are cost-effective. Quantitative research identifies the prevalence of suicide ideation, suicide, and underlying trauma in specific intersections of the Queensland population, which gives the number of people with this experience. Furthermore, research must be done to understand the prevalence statistics within the intersections of male, female, trans, race, etc., of the broader LGBTIQ+SB community to ascertain risk factors and the percentages within each intersectionality.

Theme - LGBTIQ+SB Identification

- This anomaly of insufficient evidence-based research must be critically addressed to address health issues for LGBTIQ+ communities so that appropriate funding can be directed toward socio-economic, cultural and health disparities that exist within this population of Queensland.
- Tick boxes for gender and sexuality are recommended to be placed within Queensland government policy to guide the inclusion of LGBTIQ+SB socioeconomic experiences within social research to build and compile evidence-based data that informs government strategies for trauma and mental health.
- Appropriate research and datasets that reflect the LGBTIQ+ population's socioeconomic, cultural and health standing are essential for government responses in policy and action (Saxby, 2022; Urwin et al., 2021; Wilson et al., 2020).

Theme - LGBTIQ+SB data linkage

- The ABS, 2020 (accessed 24/02/2024) has developed a standard for sex, gender, variation, variations of sexual characteristics and sexual orientation variables for national collections. These variables can be adjusted for the use across QLD health and social services linked data sets.

#Theme - LGBTIQ+SB Youth

- A full independent audit is needed across Queensland to identify how each region resources and supports LGBTIQ+SB youth and their families. From there, a regulatory body would enable accountability of the resourcing and support for service provision to the LGBTIQ+SB youth population.
- A better understanding of trends and characteristics of LGBTIQ+SB youth in Queensland would enable support staff, policymakers, case workers, service providers, etc., to determine the best way to support LGBTIQ+SB youth and their families in Queensland (AIHW,2023).
- To effectively adopt a whole-of-government approach to addressing the trauma of LGBTIQ+SB youth requires a universal approach with LGBTIQ+SB youth and their families. The National Resource Centre for Mental Health Promotion & Youth Violence Prevention (n/d) suggests guiding principles contributing to a QLD Whole of Community Approach framework.
- The State of Queensland 2024 (accessed 28/02/2024) Education (General Provisions) Act 2006 is a downloadable document available to the public. Upon utilising the Adobe word search tool, the words relating to LGBTIQ+SB identification such as 'minority', 'diversity', 'inclusion', 'vulnerable', 'LGBT', 'lesbian', 'gay', 'bi-sexual', 'intersex', 'queer', 'sistergirl', 'brotherboy', and none of the words were captured by the word search tool. The word 'youth' is referred to six times after reading the document. The State of Queensland 2024 (accessed 28/02/2024) Education (General Provisions) Act 2006 requires a more gender-diverse, inclusive document. This update would affect Queensland's Education departments, schools, and services.
- Queensland Education should consider a Parents and Citizens framework to collaborate with LGBTIQ+SB families and teaching staff.
- The **State of Queensland 2021 (accessed 28/02/2024) Youth Justice Act 1992** is a downloadable document. From the Adobe word search tool, the words relating to LGBTIQ+SB identification such as 'minority', 'diversity', 'inclusion', 'LGBT', 'lesbian', 'gay', 'bi-sexual', 'intersex', 'queer', 'sistergirl', 'brotherboy', and none of the words were captured by the word search tool. The word 'vulnerable' does appear; however, it is not used alongside LGBTIQ+SB identification. The State of Queensland updated 2024 (accessed 28/02/2024). The Youth Justice Act 1992 requires an update to include all sexes and genders, minorities, etc., across Queensland society.

Theme – Seniors

The national and Queensland state databases for Age Care and Housing do not contain LGBTIQ+SB fields (AIHW, 2023; AIHW, 2024; McNair, Andrews et al. 2017, Andrews and McNair 2020). Therefore, they require an update.

#Theme - Women

The Domestic Family Violence Protection Act 2012 needs to be updated with the LGBTIQ+SB community and their families, service providers and policy makers to include LGBTIQ+SB fields to effectively protect (State of Queensland (2024) Domestic and Family Violence Protection Act) so that it adequately supports the needs and the intersectionality of being a lesbian, bi-sexual, and trans women / men in an intimate partner violence relationship .

The reforms for Rural and Aboriginal and Torres Strait Islander LGBTIQ+SB align with the lack of data in State data sets and the reforms suggested throughout this section on Options for Reform.

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Appendix 1

Definition of terms

Adopted from Queensland Human Rights Commission. LGBTIQ terminology <https://www.qhrc.qld.gov.au/your-rights/for-lgbtq-people/lgbtiq-terminology> accessed 26/02/2024

Bisexual -	A person emotionally, physically, and/or sexually attracted to males/men and females/women. This attraction does not have to be equally split between genders and there may be a preference for one gender over others.
Brotherboys –	Brotherboy is the term used by First Nations Aboriginal and/or Torres Strait Islander Trans Men in Australia to identify themselves formally.
Cisgender -	A person whose gender identity and biological sex assigned at birth align (e.g., a person who was born as male identifies as a man).
Gay -	Individuals who are primarily emotionally, physically, and/or sexually attracted to members of the same sex and/or gender. More commonly used when referring to men who are attracted to other men and can be used as an umbrella term to refer to a broad array of sexual orientation identities other than heterosexual.
Gender expression -	How people express their gender identity, for example, in how they dress, the length of their hair, how they act or speak, and their choice of whether or not to wear make-up.
Gender identity -	A person's internal sense of being male, female, or something else.
Gender nonconforming -	People who do not follow other people's ideas or stereotypes about how they should look or act based on the female or male sex they were assigned at birth.
Intersex -	Individuals born with a reproductive/sexual anatomy that does not fit the typical definitions of male or female; frequently "assigned" a gender at birth, which may differ from their gender identity later in life.
Lesbian -	Female-identified people who are attracted romantically, erotically, and/or emotionally to other female-identified people.
Nonbinary -	A person who identifies as both genders and uses the pronouns they, them, their, and our.
Questioning -	Individuals who are uncertain about their sexual orientation and/or gender identity.

Sexual orientation -	The desire for intimate emotional and/or sexual relationships with people of the same gender/sex, another gender/sex, or multiple genders/sexes.
Sistergirls –	Sistergirl is the term used by First Nations Aboriginal and/or Torres Strait Islander Trans Women in Australia to identify themselves formally.
Transgender -	A general term for a person whose gender identity/expression is different from that typically associated with their assigned sex at birth. A transgender person “transitions” to express gender identity through various changes (e.g., wearing clothes or adopting a physical appearance that aligns with their internal sense of gender). Sexual orientation varies and is not dependent on gender identity.
Trans man	A man with trans experience.
Trans woman	A woman with trans experience.
Two-spirit -	An inclusive term explicitly created by and for Native American communities (American Indians and Alaska Natives) to recognise individuals who (a) express their gender, sexual orientation, and/or sex/gender roles in indigenous, non-Western ways using tribal terms and concepts and/or (b) define themselves as LGBTQ and Intersex in a native context. This term is used throughout Indigenous Australian people as well.
Other terms -	Youth also may use other terms to describe their sexual orientation and gender identity, such as homosexual, queer, genderqueer, non-gendered, pansexual, and asexual.

Note: Always check with the LGBTIQ+SB person what pronouns are best suited.

Appendix 2

The example below demonstrates how the principles of trauma-informed care can be applied to the LGBTQ+ SB population. This is an American framework, and to create a Queensland version would require First Nations and non-Indigenous LGBTQ+SB people and families, as well as policymakers, service providers and government personnel, at the table.

