

“Identity and wellbeing among Australian Indigenous LGBTQA+ youth”

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Abstract

Introduction: Considerations of the health care needs of Indigenous LGBTQA+ young people are a rapidly emerging area in health care and research. Yet, very little information is available on the wellbeing of groups of youth living at this intersection (i.e. being both Indigenous and identify as LGBTQA+. In Australia, Indigenous (i.e. Aboriginal and Torres Strait Islander) people who identify as LGBTQA+ report increased risk for suicidality, psychological distress, homelessness, and drug and alcohol abuse (Healing Foundation, 2015). These trends are mimicked internationally among Native American LGBTQA+ youth (Bostwick et al., 2014). Underlying these symptoms is a reported sense of being "invisible" within health and social services. That is, Aboriginal and Torres Strait Islander LGBTQA+ people anticipate and experience racism from LGBTQA+ communities, and heterosexism from their Indigenous communities (Healing Foundation, 2015; Rosenstreich & Goldner, 2010). Theoretically, such exclusion could lead to constructions of 'otherness' stemming from two separate communities.

Methods: This talk will present findings from several in-depth narrative interviews with Aboriginal and Torres Strait Islander LGBTQA+ young people (17-25 years) from across Australia. Interviews focused on youths' experiences of mental health and social support services, their wellbeing, and their experiences of living within the intersection of being Indigenous and LGBTQA+.

Results: Initial thematic analysis, conducted by two of the authors from the Indigenous and Indigenous LGBTQ+ communities, indicates seven main themes; 1) positive family responses to being LGBTQ+ as a protective factor; 2) the relative occurrence of mental health issues 3) the importance of inclusivity in both LGBTQ+ specific and Indigenous specific services, 4) being made to feel excluded from both LGBTQ+ and Indigenous communities 5) the importance of client-practitioner confidentiality when accessing health care, 6) fear over rejection from Indigenous communities and related 'code-switching', and 7) the importance of knowing other Indigenous LGBTQ+ young people.

Conclusions: Initial findings suggest a diverse range of experiences related to the social emotional wellbeing and mental health of Indigenous LGBTQ+ young people, which in some ways parallel international trends. Findings will be discussed in terms of the ways in which family members, community members, and health services can support Indigenous LGBTQ+ young people.