

Meeting the health needs of Indigenous LGBTQ+ youth

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Understanding the multiple identity groups of Aboriginal and Torres Strait Islander LGBTQ+ young people can assist in meeting their health care needs, according to the authors of a Perspective published online today by the *Medical Journal of Australia*.

Aboriginal and Torres Strait Islander LGBTQ+ young people occupy three intersecting identities, which, when considered separately, are each linked to risks for [poor health](#), wrote the authors, led by Dr. Bep Uink, a Research Fellow at the Kulbaradi Aboriginal Center at Murdoch University in Perth. "These increased health risks do not indicate inherent vulnerability, but rather, are outcomes of discrimination, marginalization, racism, transphobia, and homophobia. The risks for poor physical health and social emotional wellbeing among Aboriginal and Torres Strait Islander peoples are well documented," they wrote.

"Within Australia, LGBTQ+ individuals experience heightened suicidality, serious assault, homelessness and psychological distress compared with their heterosexual, cisgender peers.

Young people not only experience [health risks](#) associated with their [development phase](#)—for example, heightened risk of psychopathology, physical injury and emotion dysregulation—but are also often unaware of health services available to them or have fears around confidentiality. LGBTQ+ young people, in particular, report feeling isolated from [health services](#). The health outcomes for someone with these intersecting identities remain largely unknown."

Research is emerging identifying the health concerns of people who are both Aboriginal and Torres Strait Islander and LGBTQ+, although this work is so far limited to adults. The evidence in adults also points to a set of health-related concerns which are unique to being Aboriginal and Torres Islander and LGBTQ+.

"Some individuals move off Country in search of more accepting communities or to access gender-affirming care," Uink and colleagues wrote.

"However, moving off Country can lead to feelings of dislocation due to losing connection to Country, which can then precipitate illness. Arguably, Aboriginal and Torres Strait Islander LGBTQ+ young people find it harder to move off Country because of reduced financial and personal resources. Support and service in remote areas is also scarce."

Uink and colleagues have suggested a range of actions health practitioners can take when working with this group, including:

- include an LGBTQ+ status question on intake forms; services can also use an open-ended question format for young people to describe their gender, rather than tick-boxes of "male," "female," or "other";
- provide visual displays of support in waiting rooms, such as displaying a rainbow pride flag and other pride flags alongside

Aboriginal and Torres Strait Islander flags;
and

- establish mechanisms for Aboriginal and Torres Strait Islander LGBTQ+ young people to provide service feedback (eg, asking patients from this group how the service can best meet their needs).

"The omission of young people from previous research into the [health](#) and wellbeing of Aboriginal Torres Strait Islander and LGBTIQ+ people also remains a pressing concern," Uink and colleagues concluded.

"Further research with young people is needed if practitioners and services working with [young people](#) are to effectively and appropriately work within an intersectional framework."

Three of the four authors of the study are Aboriginal LGBTQ+.

More information: Bep Uink et al. The time for inclusive care for Aboriginal and Torres Strait Islander LGBTQ + young people is now, *Medical Journal of Australia* (2020). [DOI: 10.5694/mja2.50718](#)

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