

Article

'We Want to Help but We Don't Know What to Do': Service Providers Working with Indigenous LGBTIQ+ Youth in Australia

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Abstract: Access to adequate and appropriate service provision has a direct positive impact on health and wellbeing. Experiences of inaccessible, discriminatory, and culturally unsafe services and/or service providers are considered a root cause for the health inequalities that exist among Indigenous queer youth. Experiences of discrimination and cultural inappropriateness are commonplace, with Indigenous queer youth noting issues related to access to services and treatment, stereotyping, and a lack of quality in the care provided, which discourage Indigenous people from accessing care. This paper examines the perspectives of Indigenous LGBTIQ+ youth and health service providers to identify what challenges, obstacles and opportunities are currently being faced and what could be implemented to improve the health and wellbeing outcomes for Indigenous LGBTIQ+ youth in the future.

Keywords: indigenous; service providers; LGBTIQ+; aboriginal; youth; health; wellbeing



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1. Introduction

While Aboriginal and Torres Strait Islander (hereafter Indigenous) LGBTIQ+ service provision have been topics of academic examination over the past several decades [1–7], there has been limited discussion on how the intersection of these two identities impact one's experiences with service providers. Research on LGBTIQ+ service provision has been primarily focused on white Western discourses [1–4] with little literature that explores the perspectives of LGBTIQ+ people of colour, and an equally low amount that considers the context of Indigenous LGBTIQ+ peoples in so-called Australia [8]. While there has been little research on the intersection of Indigenous LGBTIQ+ youths, research into LGBTIQ+ people and Indigenous people similarly shows inadequate service provision for both groups. Research indicates that LGBTIQ+ individuals have mixed opinions on the current state of service provision for LGBTIQ+ people, especially pertaining mental health services [5–7,9]. Evidence suggests a lack of training and programs that are aware and sensitive of LGBTIQ+ identities. One study indicates that within the United States, only 12.6 percent of state-approved mental health facilities have implemented LGBTIQ+-catered programs, despite the identified need and positive impacts of said programs [7]. Another study of intersex individuals displays the impacts of this absence of LGBTIQ+-sensitive mental health programs, with the largest portion of participants, 30 percent, rating their mental health treatment experience as neutral or mixed [6]. Comparatively, 19 percent viewed their experience

as very good or good, 23 percent rated mental health services as bad or very bad, and 28 percent selected N/A [6].

The literature on LGBTIQ+ people of colour's experiences with service providers more broadly emphasises the challenges in accessing LGBTIQ+ services that are catered to them, being critical of the lack of focus on intersectionality, and how their cultural and/or raced identity informs their experience [10–12]. This can be attributed to socio-political racism within the LGBTIQ+ community—the evasion of race-based discussions that results in a belief that racism is not present within the community [11,13]. Outside of the service provision context, more explicit forms of racism, particularly racial microaggressions, have also been reported within the LGBTIQ+ community [10,13,14]. Research on LGBTIQ+ people of colour indicate that they feel a sense of discomfort from white LGBTIQ+ individuals, and consequently an expectation for LGBTIQ+ people of colour to assimilate in order to be accepted within mainstream LGBTIQ+ spaces [14]. Sexual racism is also commonplace, which manifests in the expressions of exotic desires for LGBTIQ+ people of colour—with perpetrators either fetishising or sexually rejecting people of colour based on racial stereotypes and traits [10,11,15–17]. Mainstream LGBTIQ+ services thus need to be more proactive in addressing the power imbalance within LGBTIQ+ spaces and deliver services in a culturally/racially aware and sensitive manner [10,11,18]. In this context, cultural awareness refers to the acknowledgement of cultural differences and its impacts on one's lived experiences, and cultural sensitivity refers to the practices of respecting other cultures and analysing how one fits into the cultural/racial power dynamics of society in relation to others [19].

Though limited, there has also been some research into Indigenous LGBTIQ+ service provision focusing on the intersectionality of LGBTIQ+ and Indigenous identities within a health services context [18,20–23]. While not conducted within an Australian context, Green-smith's [21,22] research on Canadian Indigenous LGBTIQ+ people's experience of LGBTIQ+ services highlighted that while advocacy for multicultural diversity by non-Indigenous LGBTIQ+ services attempts to promote inclusion, this act alone is usually tokenistic and does not adequately represent Indigenous populations. On the contrary, the emphasis on diversity reinforces white Western normativity by leaving Western and, therefore, predominantly white structural apparatuses unchallenged [22]. Often, attempts at diversity inclusion by non-Indigenous LGBTIQ+ organisations only extend to superficial displays, with little action to actively combat the systemic racism that acts as barriers for LGBTIQ+ people of colour and Indigenous LGBTIQ+ people in accessing services [18,20,22]. In employing discourses of diversity, service providers, especially LGBTIQ+ service providers, are also prone to frame it around non-whiteness rather than the inclusion of everyone [22]. This use of ethnicity not only reinforces whiteness as the norm, but also excludes Indigenous people by grouping them into the 'ethnic' category without consideration for the unique colonisation histories that informs their lived experiences [20,22–24]. Within Australia, white settlers' employment of state agencies and Christian churches to forcibly remove Indigenous children from their families and communities has informed the disadvantages that Indigenous individuals still continue to experience [25]. The intergenerational trauma which resulted from a history of dislocation, genocide, violence, and forced assimilation has caused present-day Indigenous communities to be especially vulnerable to physical and mental health issues, suicide, homelessness, and more [25]. For Indigenous LGBTIQ+ people, the impacts of discrimination based on their sexuality and/or gender identity further marginalises them, which also increases their vulnerabilities [25].

Similarly, research conducted in the country now known as Australia has highlighted the lack of health services that catered to Indigenous LGBTIQ+ peoples, despite the identified need for comprehensive health care for the group as they are at risk of having poor health and wellbeing outcomes [26]. Hope and Haire [23] found in their research with Indigenous same-sex attracted men that they experience barriers in accessing LGBTIQ+ catered health services due to the racism they felt they received. The reluctance or inability to identify with and feel comfortable with the broader LGBTIQ+

community and related service providers is perpetuated by the perception that PrEP, and by extension LGBTIQ+ catered services, are targeted at middle-class, Caucasian gay men [23]. Further the participants in Hope and Haire's research raised concerns surrounding 'coming out' and accessing Indigenous health services due to the stigma within their own Indigenous communities towards HIV and homosexuality [23]. While Indigenous-catered services such as Aboriginal Medical Services (AMS) offer sexual health services and medicine, these are often framed by heterosexism and cisgenderism, and additionally, Indigenous LGBTIQ+ people hold fears and anxiety around confidentiality in these spaces due to the community-based and, therefore, highly localised nature of these services [27,28]. Indigenous LGBTIQ+ individuals in general believe that they need to repress their sexuality and/or gender orientation in Indigenous communities [20,28]. Due to this, some move off Country in search of sexuality and/or gender-affirming communities and services, at the expense of feeling dislocation and losing connection to their Indigenous community [20,29]. There exists a seemingly dichotomous relationship between LGBTIQ+ identity and Indigenous identity, with young Indigenous LGBTIQ+ people feeling pressured to choose between these two identities, despite both informing their lived experience and sense of self [8,20]. The inadequacies of Indigenous LGBTIQ+ service provision in Australia is emblematic of and perpetuates this dichotomous notion, as Indigenous LGBTIQ+ people feel they must choose between the culturally sensitive care of Indigenous community-controlled health services, or the sexuality and gender diversity awareness that LGBTIQ+ catered services provide [20].

The division between LGBTIQ+ identities and Indigenous communities impacts on Indigenous LGBTIQ+ peoples' health and wellbeing [20,27]. Indigenous LGBTIQ+ peoples may feel the need to hide their sexual orientation and/or gender expression to continue engaging with their Indigenous community, or alternatively, attempt to integrate into LGBTIQ+ spaces that does not recognise nor represent their cultural identity [28]. In either scenario, the services they access are inadequate to meet their needs, with Indigenous services being under-resourced and causing fears of being outed or ejected from their communities, and LGBTIQ+ services not considering how to include and cater to Indigenous lived experiences [23]. In alliance with the findings from Greensmith [21,22], the division of Indigenous LGBTIQ+ population's identities is displayed, with the lack of spaces and health services that facilitate the coexistence of their intersecting identities rendering them invisible in the health and wellbeing care landscape thusly reinforcing poorer health outcomes [20,24,27].

This literature exhibits the limited nature of the inquiry into the topic, and how the lack of focus on the intersection of identities has resulted in barriers in accessing services for Indigenous LGBTIQ+ people. This paper aims to expand on the current research on Indigenous LGBTIQ+ provision, specifically investigating the perspectives of Indigenous LGBTIQ+ young people and LGBTIQ+ service providers focusing on Indigenous LGBTIQ+ health and wellbeing. The challenges, obstacles, and opportunities in Indigenous LGBTIQ+ service provision will be analysed to ascertain how service providers can implement services that will improve Indigenous LGBTIQ+ health and wellbeing outcomes. Due to the absence of literature and research specifically on the intersection of Indigenous LGBTIQ+ individuals, this paper will only focus on the participants' intersection as Indigenous and LGBTIQ+ individuals, and will not highlight the two identity statuses of the participants separately.

2. Materials and Methods

This article analyses data from two separate workshops, one with Indigenous LGBTIQ+ youth living in New South Wales (NSW) Australia, and the other with service providers from the Greater Sydney Area. The participants of the youth workshop all identified as Indigenous and as LGBTIQ+. The participants in the service provider workshop were

predominantly non-Indigenous, one participant self-identified as being Indigenous. Both workshops took place via Zoom due to COVID-19 restrictions in Australia at the time.

As discussed above, the limited research available within the Australian context with an explicit foci on Indigenous LGBTIQ+ youth meant that the approach taken within the research overall was guided by the principles of grounded theory [30,31]. Even though grounded theory is a Western methodological approach to theoretical development, one of its core strengths is that it enables the development of collaborative knowledge production between academic researchers and identifying community members. This is particularly important for this project, as the project is built upon the principles of Indigenous data sovereignty, involving Indigenous queer researchers and Indigenous community research partners [32–34]. Grounded theory offers the opportunity for knowledge practices and data generation processes to be led by Indigenous research knowledge processes that foreground Indigenous storytelling, ‘yarning’, a unique form of Indigenous cultural dialogue processes of engagement, learning and knowledge collaboration [33,34].

The findings presented in this paper were generated by the final round of workshops within the last phase of a larger state-wide project that investigated the lived experiences of Indigenous LGBTIQ+ youth focusing on their health and wellbeing. Rather than focusing on a ‘deficit’ understanding of Indigenous LGBTIQ+ health and wellbeing, the overall aim of the project was to explore and examine the core positive practices of Indigenous LGBTIQ+ young people that they implemented to develop supports and positive identity transformations for their own long-term wellbeing. Therefore, the project took a strengths-based approach that stressed wellbeing rather than just disease, deficit, mental illness, drug and alcohol addiction and loss. This is one of the unique features of this study as, historically, most research has sought to document issues such as poor mental health and the development of chronic conditions associated with social isolation, low self-esteem and wellbeing (see for example Jones et al. [6]). The study was funded by the Australian National Health and Medical Research Council (NHMRC) under its Targeted Call 2018 Indigenous Social and Emotional Wellbeing Funding Round (Grant ID: 1157377). In line with Indigenous research mandates as outlined by the NHMRC, participants who identified as Indigenous LGBTIQ+ youth were remunerated for their time at all phases of their involvement.

Early phases of the research included interviews with, and an online survey of, NSW Indigenous LGBTIQ+ young people. All phases of the research process have been co-designed and co-led by Indigenous LGBTIQ+ people. The aim of these workshops was to share the findings from the narrative interviews with Indigenous LGBTIQ+ youth with the three primary stakeholder groups—Indigenous LGBTIQ+ youth, Indigenous community Elders and leaders, service providers whose mandates are to support youth, LGBTIQ+ and Indigenous wellbeing. As a result, the core findings were presented in the first hour of the workshops. The second hour of the workshops involved asking participants to identify pathways forward to establish levels of responsibility in supporting Indigenous LGBTIQ+ youth. The outcome of suggested strategies and recommendations from the workshops will provide the basis of the development of a state-wide roadmap to support Indigenous LGBTIQ+ youths in the coming years ahead, which is currently under construction for broad-scale consultation in New South Wales, the target area of this study. In line with Indigenous research practices, deep listening strategies were employed across each of the workshops. This was confirmed by participants in each of the workshops who indicated that the engaged and collaborative approach taken within the workshops made them feel valued and listened to, validating the decolonizing ethical principles of the research project.

For this paper, discussions from both workshops were first analysed separately and then comparatively across the different workshop stakeholder groups. Both workshops were initially thematically analysed to allow for concepts and themes to emerge for each stakeholder group, including cross checking to the previous data generated at earlier stages of the project with in-depth narrative interviews (conducted in 2019/2020)

and qualitative survey responses (conducted 2021). Comparative analysis then drew out points of shared understanding and points of differentiation, as discussed below in the Findings Section of this paper. The method of analysis for each stakeholder workshop was abductive, starting with some pre-defined concepts that emerged from the first phases of the research project but also allowing themes to emerge during analysis, particularly in regards to drawing out the nuance in the second half of the stakeholder workshops with its future orientation for supported action and change [30]. Analysis used different levels of open, axial, and selective coding as foundational techniques to interrogate the text [30,31]. The research team initially read through the transcripts to open up the text and identify broad themes that lead to more in-depth examination for each stakeholder group. This worked as a process of data validation as it enabled cross-member checking of the emergent themes across the researchers and community partners involved in the project. This was particularly critical as a core component of developing a roadmap for the future, while being attentive to potential areas of shared imagining that will enable Indigenous LGBTIQ+ youth to achieve their future aspirations with appropriate service provisioning, supports and actions. Themes were organised into categories, identifying key relationships and linkages between cases (participants) and concepts [30,31]. Using an iterative approach, the themes and categories built on each other and generated higher levels of abstraction and concepts, researchers constantly referring back to the interviews to ensure emerging themes maintained a close relationship to the original analysis generated by the prior rounds of concept building.

This article has been reviewed by Indigenous LGBTIQ+ people on the project's First Nations research governance group, and the NSW Aboriginal Health and Medical Research Council's (AH&MRC) Human Research Ethics Committee (HREC). The project received ethics approval from the AH&MRC (HREC Ref. 1536/19) on 27 August 2019. All quotes by Indigenous LGBTIQ+ youth in this article were reviewed and approved for publication by each of the participants article in acknowledgement of their ownership and control of their own stories. The project's working name reflects this ownership: 'Dalarinji', a Gadigal word for 'Your Story'. The data shared in this article has been de-identified to ensure anonymity for the participants and the service providers.

3. Findings from the Workshop with Indigenous LGBTIQ+ Youth

In the workshop, participants expressed that they felt that there were little-to-no spaces where they could be their whole self, including within LGBTIQ+ health and wellbeing services, and Indigenous health and wellbeing spaces. They expressed that they felt this was due to the mainstream LGBTIQ+ community being white dominated. Indigenous LGBTIQ+ young people believed that there was a lack of inclusion and diversity that allows them to feel completely safe within LGBTIQ+ spaces, with instances where participants have their intersectional identity accepted without question being rare. Those who were regularly engaged with the mainstream LGBTIQ+ community indicated that they did so in sacrifice of connection to culture.

"When it comes to like, me accessing mental health services, I could pretty easily access services. But it's like, how culturally safe they are. A lot of the time like, one thing is being trans and finding a psychologist that's like, around that, then finding someone that's like, safe for mob . . . [You] open yourself up to violence by putting to this like, white supremacist space sometimes".

(Indigenous LGBTIQ+ young person 1)

The insufficiencies in health and wellbeing service provision are reflected in the experiences of Indigenous LGBTIQ+ young people [8,20,27,35] and are detailed in this section. The sense of vulnerability due to the lack of spaces that validate both of their identities is especially concerning due to the needs of Indigenous LGBTIQ+ youth to find spaces where the young Indigenous LGBTIQ+ people belong and feel safe to facilitate

wellbeing [27,35]. Consequently, there was a need for participants to look around multiple wellbeing facilities to see which was culturally safe for them to utilise which impedes them from receiving support and care. The problem of inadequate service is further accentuated by the lack of consultation and representation of young people in the planning and development of their services on a local, state, and federal level, with a very small number of participants having been consulted.

“You’re expected all the time to give your time for nothing, you know what I mean?... It almost like, undervalues what people have to say. And so like, yea, I think one thing like, paying young people to come give their voice. Or like, some sort of incentive, you know?”

(Indigenous LGBTIQ+ young person 2)

Participants declared that on the extremely rare occasion where they are consulted, they are expected to give their time without remuneration or indication of how it will benefit them, which causes them to feel undervalued. LGBTIQ+ services’ inadequacies in the inclusion of Indigenous LGBTIQ+ young people have thus created barriers in their access to said services.

LGBTIQ+ services are seen to be framed around whiteness, so while there was a consensus that they are easily able to access LGBTIQ+ services, there was a lack of understanding of how the participants’ Indigenous identity informs their experience of wellbeing within these services. Participants indicated that they often had to educate LGBTIQ+ service providers on living with Indigenous experience, which leads to a loss in confidence in the service providers. This creates the perception that Indigenous LGBTIQ+ people are wasting their time and money to educate people that refuse to do their own research, instead of participants being able to receive the appropriate help they need. Oftentimes, these services are oblivious to the fact that Indigenous LGBTIQ+ clients are dissatisfied with the need to educate service providers. While there was an acknowledgement that LGBTIQ+ services do make attempts to be inclusive of people of colour, they often forget to focus on the Indigenous community and the unique emotional and sexual health needs of the population.

“How do you know what the community wants unless you consult with them about it? And it’s like, a huge thing, like, it kind of has to come from that point if it wants to be sincere for me, or even if it wants to work. You know, cos how do you serve community without knowing what they need, and how can you go into a community like, tell them what they want? You know, it doesn’t work like that. Umm, I think, yea, when it comes to it, I expect consultation and to be a part of it. And maybe not like, volunteered part of it but actually be like, consulted as a part of a community”.

(Indigenous LGBTIQ+ young person 1)

Instead of specifically including indigeneity within their programming or advertisements to properly support Indigenous service users, LGBTIQ+ organisations are inclined towards inaction due to the existence of ethno-specific, or in this case Indigenous specific organisations, that are considered as specialised towards addressing racism and Indigenous service users [22]. While the intention is to support the LGBTIQ+ community more generally, the delegation of Indigenous clients to Indigenous-led organisations disconnects mainstream services from Indigenous people and centralises whiteness and Western health and wellbeing care practices [22].

The participants shared that they were often sent away from LGBTIQ+ organisations and referred to Indigenous-based organisations. This frames Indigenous people as unworthy of care, or even too difficult or complex to be given care unless they assimilate into white queerness and leave behind their experiences of indigeneity [20–22]. Participants conveyed that Indigenous-led organisations also displayed several inadequacies that impact their ability to benefit from the services that they provide, impeding on the maintenance of their wellbeing. While Indigenous-led health services, particularly Aboriginal Medical Services

(AMS), are meant to cater to the needs of the Indigenous community, there are at times non-Indigenous workers employed there who do not understand the experiences of Indigenous people and need to be educated by the participants on Indigenous lived experiences, histories and contemporality. This is attributed to tight constraints, low funding, high demand for services, and consequently, a lack of resources to train and find appropriate and qualified staff members [36]. One participant particularly shared that their local AMS was extremely under-resourced during the COVID-19 pandemic, with only two doctors on staff, which led to excessively long wait times due to the clinic being walk-in only. Furthermore, Indigenous services are often not versed in LGBTIQ+ issues and utilising Indigenous-led services again reinforces the dichotomy of the participants' LGBTIQ+ and Indigenous identity. Again, the lack of capacity has impeded on the participants' ability to access adequate services.

Participants highlighted that the absence of an intersectional focus reinforces the idea that Indigenous LGBTIQ+ young people must choose between spaces that are safe for them as a LGBTIQ+ person, or as an Indigenous person. Consequently, there was much expressed dissatisfaction when it comes to LGBTIQ+ services' cultural awareness and sensitivity. Participants spoke about their disappointment in the lack of representation of Indigenous LGBTIQ+ people in the LGBTIQ+ landscape, particularly in entertainment media.

"I'm tired of seeing like, 'Rabbit-Proof Fence' narratives ... I kinda want to see mediocrity celebrated in black communities cos like, we're allowed to be mediocre ... and like, our experiences don't have to always be a fairy tale. Like, it's important for like, trans people to see trans people getting married on film and good experiences. But I really wouldn't mind just seeing like, another trans girl have a yarn with her mum. Cos yea, that representation isn't there. I think representation is a huge thing. It's like that balance of not tokenising or glamorising a situation".

(Indigenous LGBTIQ+ young person 1)

As expressed, participants are unhappy with solely being represented through 'Rabbit-Proof Fence' narratives, referencing the 2002 film which depicts the struggles and trauma of Indigenous children who were part of the Stolen Generation [37]. The lack of deviation from 'Rabbit-Proof Fence' narratives can cause Indigenous people to be interpreted as being broken, traumatised, and perpetual victims of colonisation, which is not indicative of their identity and experiences. Participants also believed that the lack of Indigenous LGBTIQ+ representation meant that their existence was not normalised, which causes difficulties in coming out and perpetuates misunderstandings and discrimination against their identities. While they acknowledged that there have seen more recent media representations of Indigenous LGBTIQ+ individuals, such as in the Australian TV show 'All My Friends Are Racist' [38], the reaction to this representation was mixed. Some perceived it as over the top, others saw it as representative of their animated youth psyche. Participants agreed that moving forward, there needs to be more representations of Indigenous LGBTIQ+ people that reflect the multifaceted nature of their identity and lived experiences, normalising their existence through the portrayal of everyday life mundanity instead of focusing on traumas and tokenising tropes. This will help to improve their wellbeing by validating their identity and mending the dichotomous understanding of LGBTIQ+ and Indigenous identities. Furthermore, the framing of the Indigenous LGBTIQ+ population around tropes and traumas also inform the focus of LGBTIQ+ organisations, which has negatively impacted Indigenous LGBTIQ+ young people's satisfaction with LGBTIQ+ spaces and services [18]. Participants expressed their disappointment at the lack of LGBTIQ+ services or events that focuses on celebrating Indigenous communities, such as with parties or hangouts. Instead, LGBTIQ+ organisations are solely focused on helping them to overcome their problems or address their traumas, leaving them little opportunities to engage in

positivity-focused entertainment, which again perpetuates the notion of trauma being central to their existence.

Further, participants recommended education for the non-Indigenous and non-LGBTIQ+ population as a possible solution for service improvement. Participants believed that education will help to destigmatise and normalise the existence of LGBTIQ+ individuals, which will help to facilitate coming out, as well as accessing health and wellbeing services. This includes actions on both the micro and macro scale. On a micro scale, calling out instances of casual homophobia and cisgenderism, and having discussions around why such actions are harmful will help to progress the attitudes surrounding the LGBTIQ+ community. The promotion and sharing of LGBTIQ+ Indigenous experiences and stories will also help to normalise their existence and be useful for fellow Indigenous LGBTIQ+ people who are questioning their identity. On a macro scale, participants raised the idea of changing school curriculum to include LGBTIQ+ sex education, as well as resources on LGBTIQ+ personal development and identity exploration, all of which will support questioning young people in navigating their identity within educational institutions [39].

“I want the whole curriculum changed. Like, it was just ridiculous, we didn’t even address that [gay sex] was a possibility. We didn’t even talk about orgasms or pleasure. It was just purely, you know, you need to be careful not to get pregnant and you should use a condom, and like, don’t get assaulted. And that was like, the extent of our education. And, you know, if I have had resources on questioning or on how to talk to my family about it or, you know, that I might not be the gender I was assigned at birth, like, that would’ve made a huge difference. But I had to go out and find those things myself... You know, you want the school to give you everything that’s correct and safe, and that’s gonna make you, you know, your wellbeing okay and not actually detrimented because of this curriculum”.

(Indigenous LGBTIQ+ young person 5)

Due to the shortcomings of LGBTIQ+-specific and Indigenous-specific (non-LGBTIQ+) services, participants expressed a desire for services and supports that cater to their intersection as LGBTIQ+ and Indigenous individuals. These identities are intrinsically linked and cannot be considered separately [39]. Participants spoke highly of the rare occasions where they can engage in LGBTIQ+ Indigenous spaces, expressing a great sense of belonging and joy. Having the chance to connect with other Indigenous LGBTIQ+ young people through the workshop was regarded in the same positive light, with participants highlighting its value due to the scarcity of opportunities to do so. As such, when asked about recommendations on how LGBTIQ+ organisations can better cater to Indigenous LGBTIQ+ young people’s wellbeing, there was a great emphasis on the creation of dedicated LGBTIQ+ black spaces.

“Being LGBTIQ+ has kind of like, taken me away from my culture, and I’m still finding my way back to culture. And yea, it’s so great to be in a room full of black and LGBTIQ+ mob”.

(Indigenous LGBTIQ+ young person 3)

The participants wanted more promotion of activities and events that facilitate connection making and community building with fellow Indigenous LGBTIQ+ young people which is a key aspect to improving their health and wellbeing [20,27,29]. Explicitly, they hoped for a space that is framed around positive aspects of their community, instead of organisations being solely focused on dealing with traumas, issues, and violence.

“I remember a few years ago, after Mardi Gras ... I went to one of [the] after-parties, and it was a purely black, LGBTIQ+ space. And it was the best time that I have ever had in my life. Like, it was amazing. And just having, just a black LGBTIQ+ space just to be ourselves and have a good time, and be with mob, it was amazing. And it was great”.

(Indigenous LGBTIQ+ young person 4)

Overall, the participants in the workshop were clear about their health and wellbeing needs and how they can be addressed by service providers. They expressed that ideally, services would employ Indigenous LGBTIQ+ providers that have the same or similar lived experiences and understand the complexity of navigating being LGBTIQ+ and Indigenous. In addition to this, there was a great emphasis on staff training and education, with participants highlighting that LGBTIQ+ services must ensure their staff are trained in both LGBTIQ+ and Indigenous awareness and appropriateness. This will alleviate the burden on clients having to educate service providers on what it means to have a LGBTIQ+ and Indigenous lived experience. Participants expressed that adequate training also means that service providers must be able to acknowledge how their intersectional identities define their lived experience, but not assume a universal experience and pigeonhole the causes of their problems. In other words, Indigenous LGBTIQ+ service providers need to provide individualised care that appropriately balances the consideration of how their identity informs their lived experiences. Another pivotal suggestion is the involvement and/or representation of Indigenous LGBTIQ+ young people in the development and feedback of services that cater to them, ensuring that they have a voice in the improvement and maintenance of their own health and wellbeing. Finally, the participants amplified the need for Indigenous LGBTIQ+ dedicated spaces and Indigenous LGBTIQ+ service providers highlighting this as critically important to their sense of identity, as well as being a key factor for their health and wellbeing.

4. Findings from the LGBTIQ+ Service Providers

There is a consensus between participants in the Indigenous LGBTIQ+ workshop, and the participants in the service providers workshop that LGBTIQ+ services have not catered towards the intersectional identity of LGBTIQ+ Indigenous people, with mainstream LGBTIQ+ services usually being framed around whiteness or appealing to a 'general' LGBTIQ+ population. Service providers thus revealed their organisations' lack of readiness to provide services that are specifically targeted at Indigenous LGBTIQ+ young people—with the use of language and culturally appropriate action being considered inadequate. While a small number of the service providers noted that they have had experience working with Indigenous LGBTIQ+ people, the conversation tended to pivot towards talking about their provision toward the mainstream LGBTIQ+ community, or of general frameworks catered towards people of colour.

"I've worked with young people who are navigating their diverse bodies, sexuality and gender, and how they reconcile it with their religiosity and faith. And in my experience, what I hope to do is I [unclear] cultural humility, that I'm not the expert of people's lives, people are the experts of their lives. And I try to find, especially this expectation of coming out, my curiosity is who they'd prefer to invite to come into their lives rather than this public, Western idea that in order to reclaim your sexuality or gender or identity, it has to be a public performance, as opposed to, you know, who are the people that are precious in your life to invite in".

(Service provider 1)

Due to the tendency toward the white normativity of these services, including staff demography, there is a hesitancy to take steps towards incorporating Indigenous support—with worries of cultural insensitivity creating a stasis in mainstream LGBTIQ+ health and wellbeing services. The hesitancy was also evident in organisations who are already attempting to incorporate cultural learning and development, with the progress of decolonising services being impeded by the questioning of whether their training is adequate in providing staff with cultural knowledge.

"[Culturally sensitive service provision] is something that we're always grappling with, like, are we ready to do this work? Like, are we positioned to do this work?"

And I guess that there's always a, yea, there's like a desire but there's that feeling of like, I guess like, not being the best positioned or, you know, that hesitancy of do-ing the work but like, not getting it right. I think that like, white fragility, or that fragility in general, can really be a blockage".

(Service provider 2)

The display of perpetual uncertainty around building the capacity for Indigenous LGBTIQ+ people exposes the deep-rooted whiteness within mainstream LGBTIQ+ organisations, which prevents the Indigenous LGBTIQ+ population from receiving appropriate care. The service providers also acknowledged that this inadequacy has had an impact on Indigenous LGBTIQ+ clients, creating distrust between providers and clients, and causing them to seek services at other facilities.

"So I know that the organisation I'm working with now has a long way to go with [Indigenous LGBTIQ+ service provision] because I don't think, you know, the language that you use and all that kind of support you're talking about, the way you present yourself and the way you ask questions [are adequate]".

(Service provider 3)

However, the service providers expressed that the inadequacies of services are not only perpetuated by the organisations themselves, but also Australia's systems and institutions as a whole. For the services that are targeted at the general population, which Indigenous LGBTIQ+ can access, the service providers expressed that they felt the criteria were too demanding on the individual, which in turn excluded many of the people they are supposed to support. This frames Indigenous LGBTIQ+ clients as being too complex to be helped unless they can meet these strict criteria. One participant specifically mentioned housing as a service that is particularly responsible for these difficult standards, which perpetuates discrimination due to Indigenous LGBTIQ+ individuals being disproportionately impacted by barriers that would prevent them from meeting the strict criteria [20,24]. These barriers limit Indigenous LGBTIQ+ people from accessing services that can improve their wellbeing.

"Thinking about the ways that we do homelessness... it demands so much from our clients in terms of where they've got to be at before we could help them. So, we're excluding so many people with so many people with complexities. And of First Nations people that I've worked with being told, not because they're First Nations, but because of a lot of other issues that we know that First Nations people and we know that LGBTIQ+ people face at a much disproportionate level, about the clients being too complex and so therefore falling through the gaps. And if we're meant to be closing the gap, obviously our system aren't ready and aren't right because of their inherent white supremacy".

(Service provider 2)

In regard to building the future capacity to support Indigenous LGBTIQ+ clients, the service providers emphasised collaboration between different LGBTIQ+ services, including Indigenous LGBTIQ+ organisations, as a possible solution to progress towards readiness. This involves working together to create a baseline of cultural competency that needs to be established to integrate indigeneity into LGBTIQ+ organisations. Participants agreed that currently, services are incentivised towards fostering a sense of competition with one another for resources.

"I think often organisations are placed in that position of competing for funding or trying to take over certain realms of work. And if we can work, where we can shoulder up, people who are doing good work, rather than, yea, that competition, we're gonna have greater partnerships".

(Service provider 4)

This sense of ‘competition for funding’ discourages the sharing of information, knowledge, and resources, which isolates LGBTIQ+ services from one another and causes them to perceive the task of building the capacity for the Indigenous LGBTIQ+ population as an individual endeavour. The individualistic framing of the task reinforces the sense of hesitancy in organisations as they are overwhelmed by the amount of work that needs to be achieved. Service providers thus conveyed that collaboration between organisations means that they will be able to effectively create a framework around supporting Indigenous LGBTIQ+ individuals by dividing up the work and highlighting each organisation’s strengths. The move away from competitiveness also means that resources can be centralised to support the Indigenous LGBTIQ+ community, preventing wastage of resources. Service providers also emphasised establishing strong, strategic partnerships with Indigenous LGBTIQ+ organisations, such as the BlaQ Aboriginal Corporation, seeking guidance and training from them to ensure that their Indigenous capacity building is culturally appropriate.

Service providers also proposed taking a collective and cultural approach to supporting Indigenous LGBTIQ+ youths’ wellbeing. The service providers understood the importance of community within Indigenous culture, as well as Indigenous LGBTIQ+ people’s potential disconnection with community due to their queerness. One participant highlighted that the stigma of gay and bisexual men, and by extension the stigma of the LGBTIQ+ community, within Indigenous communities stemmed from experiences of intergenerational trauma and sexual abuse by men during the Stolen Generation [40]. As such, participants expressed that to provide Indigenous LGBTIQ+ clients with the best care and improve their wellbeing, they must also connect with the clients’ family and community to educate them on LGBTIQ+ awareness and destigmatise negative connotations of the LGBTIQ+ community. This means going beyond only supporting Indigenous LGBTIQ+ individuals, but also engaging and involving their network and kinship to help facilitate understanding and connection, which is also crucial to their wellbeing [27,35]. The approach will also help to decolonise service organisations by stepping away from the Western framework of individualistic care.

However, it was acknowledged that such an approach is not always possible or appropriate for the client, echoing the need to continue to maintain individualised care. There was also a lack of consensus on who was responsible for educating the wider Indigenous community on LGBTIQ+ issues. Service providers acknowledged that putting the burden of educating the community on young LGBTIQ+ people was too emotionally and mentally demanding, especially because they are also trying to navigate their own issues and explore their identity.

“Some of the [Indigenous] uncles will say, okay, I’m willing to learn, I want to understand now how to connect to my [LGBTQ+] grandchild, for instance. But they, and a lot of them, have been through so much and they’ve come to the point where they’re realising they have to change, and that’s magic . . . So that actual practical ideas about you teach someone, a young person, to know when it’s okay to say something, or to actually broach the conversation to see is this person willing to learn. And then you put the burden on yourself and the young person, that you’ve become a teacher. Like, you’re still learning about yourself but then you have to do all this work to educate the people around. I mean, it’s a bit much”.

(Service provider 3)

Yet, there was a hesitancy for service providers to take up the responsibility of engaging and educating community due to feelings of inadequacy and fears of their white identity overstepping cultural boundaries. Despite the commitment to supporting Indigenous LGBTIQ+ people and decolonising mainstream LGBTIQ+ organisations, the service providers rarely considered employing Indigenous LGBTIQ+ staff, nor involving Indigenous LGBTIQ+ people in the development and feedback of their support services. While the suggestion of employing Indigenous LGBTIQ+ staff was brought up by one service

provider participant, who identified as Indigenous, there were uncertainties around the gesture being tokenistic by pigeonholing all LGBTIQ+ Indigenous clients to them. This service provider expressed the concern that the entire burden of Indigenous LGBTIQ+ support will be put onto the Indigenous LGBTIQ+ employees, which in turn can possibly make the workplace an unsafe space for them.

“It’s a conversation that comes up a lot, that, you know, we need Indigenous and First Nations people in organisations as a resource, as someone who is an option for people accessing service, whether it be mental health or physical health or whatever it is, to access. But I also know that, I feel like it walks that fine line of organisations being like, so we’ve hired the [Indigenous staff], and now every black person that comes through, we’re gonna just go straight to [them]”.

(Service provider 5)

The above quoted service provider mentioned that they were the only Indigenous person working within their mainstream LGBTIQ+ organisation. A demonstration of the lack of Indigenous voices that help to develop LGBTIQ+ Indigenous support within LGBTIQ+ services. The Indigenous service providers spoke of their lack of confidence in LGBTIQ+ services’ in employing staff with Indigenous knowledge and lived experiences without restricting their work to only Indigenous-related duties. There was a general absence of discussion around increasing Indigenous staff within mainstream LGBTIQ+ services during the workshop which exhibits a concerning lack of awareness on how to incorporate Indigenous staff adequately and appropriately into mainstream LGBTIQ+ organisations. However, there was discussion of connecting with local Indigenous community and/or Elders, though it was not clear how they would approach this and many of the service providers raised concerns regarding their capacity to do so. There was a suggestion of connecting with Indigenous organisations. Service providers also believed that having a dedicated, culturally safe Indigenous LGBTIQ+ space for young people to socialise, connect, and hang out would also be beneficial, again there was issues raised in capacity to provide this.

Although the collaboration with Indigenous organisations is highlighted, this leaves the potential for the work surrounding building capacity to be offloaded onto Indigenous organisations due to their ‘specialised’ status, while the mainstream LGBTIQ+ organisations preserve the white status quo [21]. While the approach to consider working with Indigenous LGBTIQ+ specific organisations is a step in the right direction, it is not enough to eliminate the separation of queerness and indigeneity, as the structure of these organisations will still be rooted in whiteness. Furthermore, despite these Indigenous organisations representing the interest of their community, service providers have not considered the important step of consulting those who will utilise their services, in this case Indigenous LGBTIQ+ young people. The lack of consideration to include Indigenous LGBTIQ+ young people in the process of support development exposes the service providers’ unawareness of their deficient knowledge of the health and wellbeing needs of Indigenous LGBTIQ+ youth, or how LGBTIQ+ services perpetuate Indigenous exclusion from the LGBTIQ+ community. Only one participant raised the possibility of consulting LGBTIQ+ Indigenous individuals to inform their service provision. However, this was mentioned within the context of being performed during service provision, not within the planning, development or evaluation periods.

Overall, the service providers workshop revealed a lack of experience regarding the support of Indigenous LGBTIQ+ populations. While there was a keen desire amongst the service providers to do more in the future, the conversation surrounding the current state of Indigenous LGBTIQ+ service provision displayed an evident lack of competency to help LGBTIQ+ Indigenous clients with their current capacity. Although the service providers acknowledge they are not ready, there is perhaps a lack of awareness on how much of an impact that has on Indigenous LGBTIQ+ young people. While there was a general sense of goodwill and willingness to make changes to accommodate for the health and wellbeing

needs of Indigenous LGBTIQ+ peoples, there still seems to be an unconscious tendency to move away from incorporating indigeneity into the organisations themselves nor involving Indigenous individuals in the capacity building process.

5. Discussion

The findings of these workshops confirm and expand on the limited available research and the potential role of service provision in supporting the social, emotional and cultural wellbeing of young Indigenous LGBTIQ+ people [20–24,27]. Importantly, as the comparative focus of examining the two different stakeholder groups, Indigenous LGBTIQ+ young people to that of LGBTIQ+ service providers' perspectives suggests, there is a continuum of similarities and differences in their understanding and expectations of Indigenous LGBTIQ+ service provision. Taken together, the comparative findings provide a holistic image of the challenges, obstacles and opportunities in Indigenous LGBTIQ+ support and service provision within the NSW context.

Both Indigenous LGBTIQ+ young people and service providers discussed the inadequacy of services in accommodating the intersectional identity of Indigenous LGBTIQ+ young people. In line with Uink et al. [20] and Hope and Haire's [23] research findings, young Indigenous LGBTIQ+ participants expressed their dissatisfaction at LGBTIQ+ services being unable to provide them supports and services that are culturally safe. The lack of knowledge of cultural awareness and sensitivity were especially highlighted, with both groups agreeing that the white normativity of LGBTIQ+ services has resulted in the exclusion of Indigenous LGBTIQ+ peoples and in particular, Indigenous LGBTIQ+ youth. The perpetual system of whiteness is especially evident within the service providers' discussion.

There is an overwhelming sense of stasis, with services feeling as though they lack capacity to cater to Indigenous clients due to service providers positionality of whiteness and, therefore, feel as though they lack capacity to respond that supports cultural safety and Indigenous wellbeing. Yet, they are hesitant to make progress towards implementing Indigenous-catered support, engaging with Indigenous people, and incorporating Indigenous staff into their organisations, often due to fears of applying culturally insensitive actions. While there is a need to be culturally sensitive when attempting to decolonise organisations, the lack of progress and willingness to take up responsibility leaves Indigenous LGBTIQ+ people within the margins of society. This directly impacts Indigenous LGBTIQ+ young people when accessing services, dissuading them from accessing LGBTIQ+ service providers due to fears of being within unsafe spaces and/or not receiving appropriate supports. This is also perpetuated by their dissatisfaction from having to waste time and resources to locate appropriate services, and/or educate providers on Indigenous experiences. Such experiences of inadequate services also support and reinforce the findings of Greensmith [21,22], which highlights white LGBTIQ+ service providers' unintentional yet damaging framing of Indigenous clients as too complex to be provided specified care through their inclination towards inaction and unwillingness to challenge their organisation's white normativity.

The white framing of mainstream LGBTIQ+ service providers is further exhibited in the difference in the recommendations for improvements between Indigenous LGBTIQ+ young people and service providers. Echoing Uink et al. [20] analysis of the insufficient information available on Indigenous LGBTIQ+ young people's experiences of wellbeing, Indigenous LGBTIQ+ young participants discussed their lack of input in services, with service providers not seeking their consultation to help develop support that focuses on their intersectional identities. Again, while there has been research on the service provision of Indigenous people, the general LGBTIQ+ population [5–7], and LGBTIQ+ people of colour [10–12], there is little on service provision that considers the perspective of Indigenous LGBTIQ+ individuals. As such, their recommendations to improve their health and wellbeing focused heavily on facilitating safe spaces for and representation of Indigenous LGBTIQ+ people. This includes suggesting that organisations have Indigenous

LGBTIQ+ people involved in the process of service development and feedback, as well as employing Indigenous LGBTIQ+ people who understand their lived experiences and intersection to provide them culturally appropriate and LGBTIQ+-aware support. They also expressed the need for Indigenous LGBTIQ+ people on the boards of these services to ensure that they are represented in decision-making processes.

Service providers, on the other hand, did not consider involving the Indigenous LGBTIQ+ community in the improvement of their service provision to ensure that it was accessible and safe. As stated previously, there was little discussion of employing Indigenous LGBTIQ+ staff within the organisations, nor was there much mention of consulting Indigenous LGBTIQ+ individuals to seek their perspective on current service provision. The focus was instead on collaboration with other LGBTIQ+ services to centralise resources into developing Indigenous-catered support. However, this still leaves the white framework of these organisations unchallenged and is severely lacking in the perspectives and input of Indigenous LGBTIQ+ individuals. While collaboration with Indigenous services is also emphasised in the findings and previous research [20,24], this is insufficient in facilitating a sense of inclusion for the Indigenous LGBTIQ+ community and perpetuates a degree of separation between indigeneity and queerness within these organisations.

Another similarity between Indigenous LGBTIQ+ young people and service providers' recommendations is their emphasis on education and community connection as means to improve Indigenous LGBTIQ+ health and wellbeing. However, there were different focuses on which group they were to target for education and connection. Indigenous LGBTIQ+ young people expressed the need for the wider population to be educated on the LGBTIQ+ Indigenous lived experience, as well as the need for a general integration of LGBTIQ+ knowledge and representation into society. Participants believed that this can be achieved through integrating LGBTIQ+-related sexual and personal development education within school curriculum, as well as having more diverse representation of Indigenous LGBTIQ+ individuals within media and storytelling to exhibit their multifaceted lived experiences. LGBTIQ+ individuals' dissatisfaction with schools' provision of LGBTIQ+ knowledge, particularly, has been documented in previous research [6,41,42]. Schools often only provided a heteronormative perspective on sexual and sexuality education, which was mostly inappropriate and/or irrelevant for LGBTIQ+ experiences [41,42]. This notion of inappropriate school education was especially evident in Christian schools [42], reflecting the experience of one of the participants in the current study. Unfortunately, schools have made little progress in developing appropriate information for LGBTIQ+ students [41], which emphasises the participants' expressed desire for education catered to LGBTIQ+ individuals, including Indigenous LGBTIQ+ youths.

With the perspectives of Indigenous LGBTIQ+ young people and LGBTIQ+ service providers considered, the obstacles and opportunities in improving Indigenous LGBTIQ+ health and wellbeing can be extrapolated, providing a framework for future approaches to building the capacity within LGBTIQ+ services and facilitating safe spaces for Indigenous LGBTIQ+ young people. Most evidently, the white normativity and fragility of LGBTIQ+ service providers have continued the inadequate intersectional services and exclusion of Indigenous LGBTIQ+ young people. This, and by extension the deep-rooted whiteness of mainstream LGBTIQ+ spaces, is one of the biggest obstacles when it comes to Indigenous LGBTIQ+ inclusion and wellbeing. However, despite the insufficiency in the scope of Indigenous inclusion and uncertainties within the service providers' discussion of developing Indigenous-catered support, there was a general sense of goodwill and desire for change, an eagerness to collaborate and share responsibility in facilitating change, as well as a willingness to support Indigenous people in leading said change. Indigenous LGBTIQ+ young people similarly show a keenness to be involved within the process of developing support catered to them, so long as they are not exploited and are fairly compensated.

To begin working towards building capacity, there needs to be a shift not only in the language, but also the mindset, to be more inclusive of Indigenous LGBTIQ+ young people. Per the recommendation of Indigenous LGBTIQ+ young people, LGBTIQ+ service providers should not only frame their wellbeing around connection with the Indigenous community, but also connection and inclusion within the mainstream LGBTIQ+ community and services. To facilitate this, their responsibility is to seek the input of Indigenous LGBTIQ+ people in the development and feedback of future service provision and to be transparent about how said feedback is being implemented within the organisation. This will ensure that the Indigenous LGBTIQ+ community can hold services accountable, as well as break the stasis in Indigenous LGBTIQ+ service provision. LGBTIQ+ service providers must also be more proactive in building the capacity for Indigenous service provision within their organisation by employing Indigenous LGBTIQ+ staff, as well as working towards providing non-Indigenous staff with cultural training to achieve cultural proficiency that allows all staff to be able to support Indigenous clients. As suggested by service providers, the implementation of a collective approach to service provision that encourages community connection will be another beneficial change that bridges the dichotomous relationship of Indigenous LGBTIQ+ young people's queerness and indigeneity. The suggestion of collaboration between LGBTIQ+ service providers is also instrumental, allowing for more resources to be dedicated to Indigenous LGBTIQ+ service development and for providers to share the responsibility of facilitating change. While there is much to do in building the capacity for Indigenous LGBTIQ+ young people in LGBTIQ+ services, the desire for change by both parties provides an opportunity for progress within the near future.

6. Conclusions

This paper discussed the perspectives of young Indigenous LGBTIQ+ people and LGBTIQ+ service providers on Indigenous LGBTIQ+ wellbeing, highlighting the implications of their similarities and differences. The findings contribute to the limited research on Indigenous LGBTIQ+ service provision. It is evident that white normativity is heavily ingrained within mainstream LGBTIQ+ spaces, consequently rendering Indigenous LGBTIQ+ people invisible and leaving them little opportunities to connect—resulting in poorer social and emotional wellbeing. This white normativity is also evident in LGBTIQ+ service providers workshop, impeding on the progress of culturally sensitive and appropriate service provision. LGBTIQ+ service providers should aim to be inclusive of Indigenous LGBTIQ+ in the future, including hiring Indigenous LGBTIQ+ staff and involving Indigenous LGBTIQ+ people in the development and feedback of service provision, and ultimately working with and advocating for dedicated Indigenous LGBTIQ+ services and spaces.

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