



Consultation paper: 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.

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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 LGBTIQ+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 LGBTIQ+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 consultation papers 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* (Cmwth 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 marks 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 LGBTIQ+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.” [Flood and Hamilton, n.d.] 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 LGBTI 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 LGBTI 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 LGTIQ+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 LGBTQI+ identified. However, in the Federal Parliament and the House of Representatives, there are two from QLD who identify as LGBTQI+.
- **Transphobia** - The following table identifies the different legislations that have been indicated to support transgender and the LGBTQI+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 LGBTQI+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
Anti-Discrimination Act 1991 (Qld)	Anti-Discrimination Act 1991
Sex Discrimination Act 1984 (Cwlth)	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).
Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) Act 2013	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).
Information Privacy Act 2009 (Qld)	No results found
Education (General Provisions) Act 2006	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 LGBTQA+ 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 LGTIQ+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-lgbtqi-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.

