

# IMAGINED POSSIBILITIES OF SEXUAL HEALTHCARE THAT MEETS THE NEEDS OF SEXUALLY AND GENDER DIVERSE ABORIGINAL AND TORRES STRAIT ISLANDER YOUNG PEOPLE

## Authors:

McCormack H<sup>1</sup>, Morris J<sup>1,2</sup>, Harrington T<sup>1</sup>, Whybrow B<sup>1</sup>, Dickson M<sup>3</sup>, Mooney-Somers J<sup>4</sup>, Aggleton P<sup>5,6,7</sup>, Lafferty L<sup>1,5</sup>, Haire B<sup>1,8,9</sup>

<sup>1</sup>Kirby Institute, UNSW Sydney, <sup>2</sup>Strong Spirit Aboriginal Services, <sup>3</sup>Poche Centre for Indigenous Health, University of Sydney, <sup>4</sup>Sydney Health Ethics, University of Sydney, <sup>5</sup>Centre for Social Research in Health, UNSW Sydney, <sup>6</sup>School of Sociology, The Australian National University Canberra, <sup>7</sup>UCL Institute for Global Health, London, <sup>8</sup>School of Population Health, UNSW Sydney, <sup>9</sup>Australian Human Rights Institute, UNSW Sydney

## Background:

Aboriginal and Torres Strait Islander young people who are Lesbian, Gay, Bisexual, Trans, Queer or otherwise sexuality and gender diverse (LGBTQ+) are implicitly recognised within several overlapping priority populations identified in state and federal STI and HIV strategies. However, limited research has documented the unique sexual health needs, experiences, or preferences of members of these specific populations. This qualitative study explored understandings of these issues to inform the development of age and culturally appropriate health promotion and sexual health services.

## Methods:

Aboriginal peer researchers conducted semi-structured interviews with 10 LGBTQ+ Aboriginal and Torres Strait Islander young men, women and non-binary people aged 16-29 years and based in New South Wales, Australia. Interviews incorporated questions about service access, positive and negative experiences, self-determined priorities for healthcare, and self-care strategies. Led by a queer female Aboriginal researcher, we conducted a strengths-based, inductive thematic analysis to understand issues of most importance in sexual healthcare for our participants.

## Results:

Drawing on the concept of 'imaginaries', we explored how LGBTQ+ Aboriginal and Torres Strait Islander young people imagined sexual healthcare that would meet their individual and cultural needs. The dominant imaginary identified centred on respect, representation, and the as-yet-unrealised possibility of sexual healthcare designed by and for people who shared the intersection of First Nations and LGBTQ+ experience. We identified individual-level, service-level, and societal-level factors that influenced how possibilities were imagined by participants, including relationships, identity, accessibility, and experiences of racism.

## Conclusion:

There is a dearth of published qualitative literature conducted with members of these populations and our study fills an important gap. Analysing the imaginaries constructed by LGBTQ+ Aboriginal and Torres Strait Islander young people of empowering, culturally safe future sexual healthcare that is 'for them' provides insight into how services can best be tailored to improve sexual health outcomes for

this population.

**Disclosure of Interest Statement:**

This study was funded by the Australian Government Department of Health. No pharmaceutical grants were received for the development of this study.