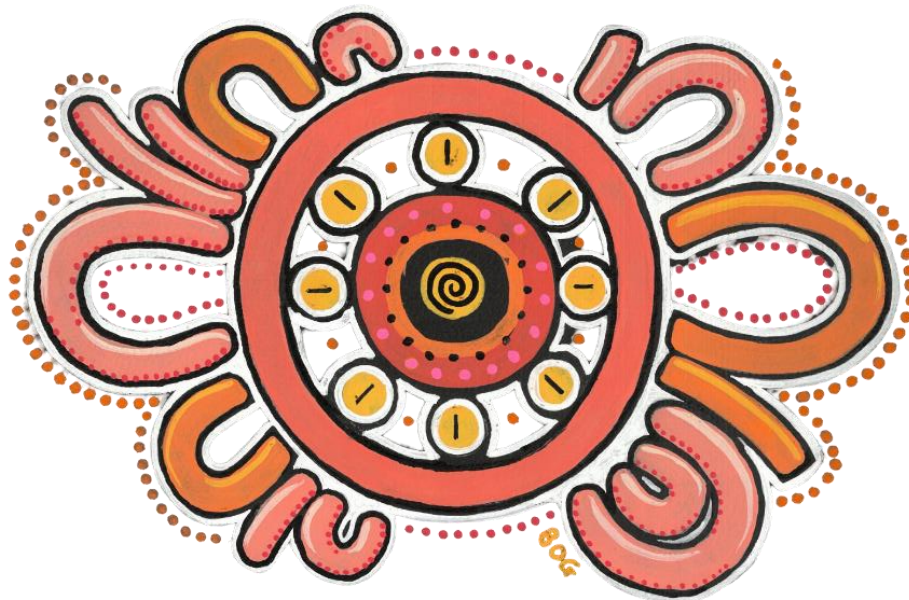




“Our Voices, Our Ways: Primary Prevention of Sexual Violence in First Nations LGBTIQ+SB Communities”
A discussion paper in response to the national literature review



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We acknowledge the lands on which we live, work, and gather. This paper was developed across many First Nations lands, with respect and deep gratitude to Elders past and present, and to all Aboriginal and Torres Strait Islander LGBTIQ+SB people whose strength and resilience continue to guide this work.

Trauma Informed Safety Protocol

The *Our Voices, Our Ways* paper talks about some tough topics that might be upsetting or hard to read. It includes things like sexual abuse, family violence, racism, homophobia, transphobia and different kinds of trauma. It's important to take care of yourself while reading - go slowly, take breaks, and notice how you're feeling. If it brings up strong emotions, talk to someone you trust, and reach out for professional support if you need to: QLife (1800 184 527), 13 YARN (13 92 76), Lifeline (13 11 14), 1800 RESPECT (1800 737 732), Beyond Blue (1300 224 636), Blue Knot Helpline (1300 657 380).

Introduction

This discussion paper responds to a national literature review on the primary prevention of sexual violence for Blak LGBTIQ+SB people. While that literature review provides a foundational analysis of existing research, its limitations are significant and highlight the need for a response grounded in lived experience, cultural knowledge, and community led insight.

Positionality and Accountability

This paper is grounded in a powerful yarning session with seven Blak LGBTIQ+SB clinicians and community workers who have been instrumental in shaping the *Safety, Acceptance, Identity on Country and LGBTIQ+SB* project. Their lived experience, cultural knowledge, and professional expertise have guided every aspect of this work- from challenging the limitations of the literature to envisioning culturally grounded, community-led solutions to sexual violence. We honour and acknowledge the contributions of the following individuals:





Sam Ivancsik

Sam (She/Her) is a proud Wiradjuri cisgendered woman, who identifies as a lesbian. She holds a Social Work degree, lives and works on beautiful Dharawal Country in Wollongong and has been working within the sexual violence field for over a decade, an area she is extremely passionate about. Sam's work is grounded in a strong social justice and human rights approach, using decolonial practices that centres truth-telling and honours the historical experiences of First Nations Peoples in contemporary contexts. She recognises the ongoing impact of social determinants and acknowledges that these experiences are not separate from our lives, they are part of all our stories.

Leslie Purcell (Flowers)

Leslie (She/Him) also known by her gifted name Flowers, is a two spirited Bidjara person living in Rock Hampton in Queensland. Flowers has a Masters of Narrative Therapy and Community Work, in addition to a Diploma of Counselling and Group Work. Flowers has worked in child protection, family support, youth work and counselling. Flowers has an inner passion for healing connected to ways of doing, being and existing.

Rochelle Byrne

Rochelle "Rocky" Byrne (She/Her) is a Ngorabul woman, a parent, grandparent and currently the Executive Officer of 2Spirits. Rocky has worked in various roles spending the last 20 years in Community Services in particular children, young people and families, and has formal education in Human Services. Rocky gets to work alongside folks, families and communities to raise the voices and visibility of our Rainbow mob.

Locky Bygrave

Locky (He/Him) is a proud Kamilaroi/Gamilaroi Queer man with a Bachelor of Social Work (Hons), living and working on Bidjigal country in Sydney. Locky brings clinical experience supporting people impacted by complex trauma, with a particular focus on sexual violence. Guided by First Nations ways of Knowing, being and doing. Locky grounds his practice in a holistic, human rights strengths-based framework that holds country, spirit and healing at the centre while holding a strong position of cultural advocacy.





Annie Monks

Annie (She/Her) is a Queer mixed race women of Indigenous, Italian, English and Irish heritage. She is a Mental Health Social Worker and Sexologist based on Bundjalung Country in Lismore, NSW. She works at the intersection of mental health, sexuality, and justice, centring decolonial frameworks in her practice. Annie's expertise lies in trauma-informed care, where she brings a critical lens to the systemic drivers of sexual violence. Her work is grounded in community, cultural safety, and the belief that healing is possible through collective and compassionate approaches.

Madi Day

Madi Day is a trans Murri who was raised on Dharug Ngurra and who lives and works in the First Nations LGBTQIA+SB community in Sydney. First Nations LGBTQIA+SB people continue the longest running protest to colonialism and carry an unbroken legacy of resistance to attacks on Aboriginal and Torres Strait Islander people, lives and systems of governance and kinship.

Tanieka McPhee

Tanieka (She/Her) is a proud Kaurareg, Murri & SSI cisgendered woman, who identifies as queer. She was born and raised in the tropics of Gimuy. Tanieka is deeply motivated to support community connection and improve wellbeing for our Rainbow mob.

Funding

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Background

On the 2nd of June 2025 space was held to discuss the literature review, guided by the following key questions:

- What are the key gaps or points of tension in the literature that the discussion paper should highlight?
- Which findings from the literature review are the most urgent or impactful to foreground in the discussion paper?
- Are there specific voices or populations underrepresented in the literature that the discussion paper should intentionally centre or advocate for?





- How do we balance academic evidence with lived experience, cultural knowledge, and community priorities?

The yarn brought deep insights from the wider group, centring frontline work, cultural practice, and personal journeys of advocacy, survival, and resistance. Their voices are not supplementary to this paper- they are its foundation. The group seeks to not only identify key gaps, tensions, and opportunities, but also to honour the responsibility of truth-telling, healing, and self-determination in this work. This discussion is a continuation of their leadership and an offering to the broader community and systems that must now be prepared to listen and act.

Purpose and Significance of a Discussion Paper

The literature review, though extensive, lacks the lived experience and cultural context that give true meaning to the subject of primary prevention in First Nations LGBTIQ+SB communities. This discussion paper seeks to:

- Influence policy, program design, and funding priorities.
- Centre the expertise of Blak LGBTIQ+SB people, particularly those working in sexual violence prevention.
- Highlight the urgent need for community-led, culturally grounded prevention strategies.

We speak from a place of love, community accountability, and a desire for change. The urgency of this work demands that our communities are no longer excluded from frameworks that concern our own safety and wellbeing.

Key Gaps and Points of Tension in the Literature

a) Cultural Invisibility and White Normativity

One of the most consistent critiques raised during the yarning session was the overwhelming presence of white normativity throughout the literature review. Participants described how much of the existing research is rooted in white, cisgender, and heterosexual perspectives, failing to account for the complex cultural and social realities of First Nations LGBTIQ+SB communities. This was seen not only in what was included, but also in what was left out - particularly in the omission of queer Blak





relational norms, language, and cultural understandings of harm and healing. The framing of “perpetrator” and “victim,” for example, was flagged as fundamentally incompatible with community understandings that emphasise relational accountability and kinship based responses.

Several clinicians also highlighted the literature continued to reflect a heteronormative lens, even when attempting to be inclusive. Concepts such as gay cruising, drug use in sexual contexts (puff and play), or the realities of intimate partner violence in same-sex relationships were either ignored or framed in ways that felt alienating. Participants noted their lived experiences were either medicalised, misunderstood, or rendered invisible, reinforcing the message their realities were outside the scope of concern in mainstream prevention work. This failure to meaningfully engage with the cultural contexts of queer Blak people means existing prevention models are not only incomplete - they risk being actively harmful.

Finally, there was strong sentiment that if knowledge is not captured in white academic literature, it is often treated as non-existent or invalid. As one participant shared, “*if there’s not academic papers or research behind it, your existence isn’t as important or valid.*” This colonial dynamic of erasure where community knowledge, lived experience, and oral storytelling are dismissed was identified as a core barrier to culturally grounded prevention work. Participants called for a reimagining of what counts as evidence and expertise, advocating that community and cultural knowledge must be treated with equal weight in shaping prevention frameworks, funding decisions, and systemic responses to sexual violence.

b) Conflation of Sexual Violence with Family and Domestic Violence (FDV)

A key concern raised during the yarning session was the conflation of sexual violence with FDV throughout the literature review. Participants noted that while these forms of violence may intersect, they are not the same and must be understood through distinct frameworks. The failure to disaggregate data and discussion on sexual violence from FDV obscures the unique dynamics, contexts, and needs associated with each. For example, sexual violence also occurs outside of intimate partnerships, within hookup culture, or through community interactions - spaces not typically examined in FDV-focused research. As a result, services and policies shaped by FDV-centric models often fail to capture the full spectrum of sexual violence experienced by First Nations LGBTIQ+SB people.

This conflation is not just a matter of academic oversight - it directly affects the support available to survivors. Clinicians shared examples of queer clients being excluded from





services or referred elsewhere because they didn't fit into narrowly defined FDV frameworks. For instance, in cases where both individuals in a same-sex relationship had experienced harm or where harm occurred outside a traditional "domestic" setting, services struggled to respond appropriately. This limited understanding also impacts funding, with programs and interventions primarily designed to respond to FDV being inappropriately applied to contexts of sexual violence, without addressing the specific drivers, impacts, and cultural considerations that differentiate them.

The group also reflected on how this conflation reinforces broader systemic failures. It contributes to gaps in prevention efforts, where the focus on FDV overshadows the need for targeted sexual violence prevention strategies- particularly in queer and trans Blak communities. Participants emphasised prevention approaches must move beyond domestic contexts and include community-based education, safe sexual health access, and culturally informed responses to hookup and online environments. Without these shifts, First Nations LGBTIQ+SB people continue to be underserved, misrepresented, and placed at increased risk by systems that fail to see the full scope of their experiences.

c) The Silence Around Systems Harm

Participants in the yarning session expressed deep frustration at the literature review's failure to adequately acknowledge the harm caused by systems themselves, particularly service systems that claim to support survivors. Many described how health, justice, and social service systems replicate the violence they purport to prevent, especially for First Nations LGBTIQ+SB people. The review, they felt, overlooked how these systems police and pathologise queer Blak bodies through rigid intake processes, punitive service models, and exclusionary practices. As one participant noted, services often impose "coercive control" on clients by demanding compliance with strict conditions - mirroring the very dynamics of control and surveillance they aim to address.

There was specific concern around how mainstream services weaponise complexity to deny access. Survivors who had also used harm, or who presented with co-occurring needs such as substance use or mental health challenges, were frequently excluded from care. One example shared was the refusal of domestic or sexual violence services to support queer individuals who had previously engaged in violence, despite their own history of victimisation. In these cases, participants observed that the system effectively abandons both prevention and healing. Rather than supporting nuanced, trauma-informed interventions, services defer responsibility through referral loops and





risk-averse policies that ultimately leave queer Blak people unsupported and more vulnerable.

This systemic harm is compounded by a lack of cultural safety within both Aboriginal and LGBTIQ+ service spaces. Clinicians shared that in culturally specific services, queerness was often marginalised or rendered invisible, while queer-specific services lacked the cultural responsiveness to work respectfully with mob. The result is a fractured and siloed system that demands individuals choose which parts of their identities are “safe” to reveal in order to access care. This erasure and re-traumatisation by the system itself was named “institutional gaslighting” and was one of the most urgent and painful omissions in the literature review. Addressing sexual violence in our communities requires naming and dismantling these harmful structures, not simply adapting them.

Urgent Findings to Foreground

a) Absence of Disaggregated Data

The absence of disaggregated data on First Nations LGBTIQ+SB people in the literature review was identified as one of the most urgent and foundational gaps. Participants emphasised that without clear, identity-specific data, their communities remain invisible in both research and policy. As one clinician noted, *“It’s like we don’t even exist if we’re not counted.”* Current data collection methods often group First Nations people and LGBTIQ+ people separately but rarely explore the intersection. This means the unique experiences of queer mob, especially those affected by sexual violence are systematically excluded from the evidence base used to design services and allocate funding.

Several participants spoke about how small sample sizes are often used as a justification to exclude First Nations LGBTIQ+SB people from analysis in both national and state level reports. In quantitative research, if a subgroup is deemed too small, it is either statistically “adjusted” out or entirely omitted, which perpetuates a cycle of invisibility. One participant explained that this exclusion has a knock-on effect *“We’re always the smallest number in any study, so we’re always the first to be cut.”* Without disaggregated data, key issues such as prevalence, service access barriers, and community strengths remain undocumented, undermining efforts to develop tailored prevention and response strategies.





This lack of visibility not only affects service provision but also contributes to broader social erasure. When policy makers and service providers look to the data and don't see queer Blak lives reflected, they assume there is no problem, or worse - no population. The group strongly advocated for First Nations LGBTIQ+SB-led research initiatives that are community-controlled and culturally grounded, ensuring data is not only collected ethically but also interpreted with nuance. They emphasised the importance of data sovereignty and the need to shift power into community hands, so that their stories, identities, and solutions are accurately represented and resourced.

b) Colonial Load and Vicarious Trauma

Throughout the yarning session, participants spoke openly about the profound emotional, spiritual, and cultural toll of doing this work- what they referred to as both *colonial load* and *vicarious trauma*. These burdens, they noted, are amplified for Blak LGBTIQ+SB clinicians and community workers who are often holding space for others while navigating their own histories of harm and marginalisation. The literature review, however, was silent on these realities. It failed to name or explore the daily weight carried by frontline workers who live at the intersections of race, gender, sexuality, and trauma, nor did it account for how systemic oppression is embedded in the structures they work within.

One participant discussed the realities of living and working in rural/remote communities naming sometimes individual workers may be “the only one” in their community trained to provide support, working in isolation, and being called on constantly without adequate professional or cultural support. The expectation to show up emotionally, culturally, and clinically is relentless. Many shared that this type of labour is rarely acknowledged, let alone resourced or remunerated properly. Vicarious trauma is not simply about hearing distressing stories; it's about carrying them in one's own body while also holding the historical and ongoing impact of colonisation, including working within Western colonial systems that are still perpetrating harm and abuse on the individuals these clinicians are walking alongside and supporting. The group described this as a “colonial load,” where being a safe person for community means absorbing pain across generations, identities and systems.

Participants called for workforce strategies that specifically recognise and respond to these intersecting burdens. This includes dedicated cultural supervision, flexible working arrangements, trauma-informed organisational policies, and meaningful recognition, financial and otherwise of the extra labour involved. The silence in the literature review around this issue was seen as particularly dangerous because it





mirrors the silence within many institutions. Without acknowledging and addressing colonial load and vicarious trauma, systems will continue to burn out the very workers most capable of leading culturally safe and healing informed sexual violence prevention.

c) Weaponisation of Culture

Participants in the yarning session spoke powerfully about how cultural practices are sometimes weaponised to exclude LGBTIQ+SB mob from full participation in cultural life. This exclusion often stems from the imposition of colonial gender binaries, homophobia, and transphobia introduced through Christian missionary influence and now embedded in community structures. Many shared experiences of being denied access to ceremony, law, or cultural learning because of their sexual or gender identity. Sistergirls and Brotherboys, for example, have been excluded from gendered spaces; trans and non-binary mob denied roles in initiation or kinship systems; and queer young people told that their identities are “not part of culture.” This form of cultural gatekeeping causes deep spiritual and social harm, reinforcing shame, isolation, and a sense of cultural disconnection.

Participants also raised the confronting reality that culture itself can be manipulated to justify or conceal harm. In some instances, reconnection or initiation processes have been distorted to sexually exploit individuals- particularly those seeking belonging after experiences of disconnection. Although such incidents are not widespread, they are serious and remain largely unaddressed due to fears that public discussion will feed into racist, deficit-based narratives about Aboriginal communities. The group stressed that naming these harms is not an attack on culture itself, but rather a call to protect and uphold its integrity. By ignoring these dynamics, the literature review missed a critical opportunity to address how cultural exclusion, when shaped by colonial and discriminatory values, becomes a mechanism of violence. For prevention to be effective, it must include culturally sovereign, community led strategies that embrace the full diversity of Aboriginal and Torres Strait Islander identities.

d) Complexity of Survivor and Perpetrator Identities

A central theme raised in the yarning session was the lack of recognition in the literature review of the complex, overlapping realities of people who have both experienced and used harm. Participants emphasised that the binary framing of “victim” and “perpetrator” does not reflect the lived experiences of many First Nations





LGBTIQA+SB people. In queer Blak communities, where relationships are often interwoven through kinship, survival, and shared trauma, individuals may occupy multiple roles across time and circumstance. One participant described the reality of working with clients in same-sex relationships who had both experienced and caused harm, and how services often failed to respond in nuanced or culturally safe ways. This oversimplification in the literature not only misrepresents people's experiences but also contributes to further marginalisation and service exclusion.

Clinicians shared stories of people being denied support services because they had been labelled as a perpetrator- despite also being a survivor of trauma, violence, or systemic harm. In one example, a person in a queer relationship who engaged in harmful behaviour lost access to counselling services altogether, with no alternative pathways for accountability, healing, or rehabilitation. This zero sum approach was described as harmful and counterproductive. It perpetuates cycles of violence by focusing solely on punitive responses rather than considering the underlying drivers, such as: colonisation, trauma, substance use, or cultural disconnection- that shape people's behaviours. Participants argued for approaches that acknowledge these complexities and prioritise care, healing, and accountability over exclusion such as restorative justice frameworks.

The group advocated for a paradigm shift in how services and systems respond to harm in First Nations LGBTIQA+SB communities. They called for frameworks that allow individuals to be held in both their pain and their responsibility. This includes trauma informed, culturally grounded models that support people to unpack their experiences, rebuild trust, and prevent further harm - without denying them the right to healing. The literature's failure to address this complexity was seen as a major limitation, reinforcing carceral and binary models that do not align with community values or needs. True prevention, participants argued, must involve honest, compassionate responses that honour relational accountability and support healing for all.

Underrepresented Populations to Centre

During the yarning session participants identified the following underrepresented populations within the literature review, which required further consideration moving forward for LGBTIQA+SB sexual violence prevention.

- **Two Spirit and Intersex Mob:**

Participants in the yarning session highlighted the near total absence of Two





Spirit and intersex voices in the literature review, reflecting a broader trend of exclusion from both Blak and mainstream queer policy and research spaces. This invisibility was seen as a significant failure that reinforces erasure and limits the development of inclusive prevention strategies. While the discussion acknowledged that some content on Two Spirit and intersex identities was added late in the review process through advocacy, it was clear that this inclusion was minimal and insufficient. The group stressed that Two Spirit and intersex mob face unique forms of marginalisation, both within Aboriginal and Torres Strait Islander communities where colonial binaries often dominate cultural narratives and within LGBTQIA+ spaces, where race and cultural identity are frequently overlooked. Their exclusion from national data, service design, and policy responses perpetuates a lack of safety, recognition, and resourcing. Participants called for specific, intentional inclusion of Two Spirit and intersex perspectives in all future research, funding, and program design to ensure that these communities are not just acknowledged but empowered to lead.

- **Young People:**

The absence of queer First Nations young people's voices in the literature review was a key concern raised during the yarning session. Participants emphasised that young people are not only among the most vulnerable to sexual violence but also most likely to engage in sexual violence, with research both internationally and nationally seeing a rise in peer to peer sexual harm. Young people hold critical insights into contemporary cultural, relational, and systemic dynamics, especially within schools, online spaces, and peer networks - despite this, their experiences were largely overlooked in the reviewed research. The group reflected on how young people often face exclusion from both mainstream and community spaces due to their sexuality, gender identity, age and lack of power, with little support available to navigate these intersecting pressures. Reports like *Walking Together*, *Catching Dreams* were cited as valuable because they centred youth perspectives on cultural safety and identity based harm, yet even such reports remain underutilised in shaping prevention policy. Participants called for research and program development to prioritise the voices and leadership of queer Blak youth, not only as a matter of inclusion but as essential to designing effective, forward-looking solutions.

- **Remote and Regional Communities:**

Feedback from the yarning session highlighted that access to culturally safe and





inclusive services is severely limited and often non-existent in many remote and regional communities. Participants shared that in some areas, there is only a single service provider attempting to meet all community needs, often without specialist training or support for working with LGBTIQ+SB people. This places enormous pressure and responsibility on individual workers, many of whom carry the cultural and emotional labour of their communities alone. Services are frequently fly-in-fly-out, inconsistent, or ill-equipped to provide gender affirming or queer inclusive care. One participant noted that even accessing basic sexual health care, like PrEP or gender affirming hormone therapy, required long-distance travel and risked forcibly outing people within their communities due to lack of confidentiality or having to use specific LGBTIQ services due to mainstream health services being unable to provide this healthcare. These systemic barriers, largely unaddressed in the literature review, contribute to ongoing isolation, fear, and unmet health and safety needs for queer Blak people in remote regions. Participants called for sustained investment in community-led, place-based service models that reflect local knowledge, build trust, and centre cultural safety for all identities.

- **Trans and Gender Diverse Mob:**

The yarning session revealed a deep concern that trans and gender diverse mob are routinely excluded or erased within both queer and Aboriginal support systems, an issue notably absent from the literature review. Participants shared trans mob are often denied access to services such as women's domestic violence shelters or culturally specific programs due to rigid, binary understandings of gender. Within some Aboriginal community services, colonial gender norms and limited awareness of trans identities create environments where gender diverse people feel invisible or unsafe. At the same time, mainstream queer services frequently lack the cultural responsiveness to work respectfully with Blak clients, leaving trans and gender diverse mob without a truly safe or affirming place to seek support. This dual marginalisation reinforces systemic barriers to care and increases vulnerability to harm. Participants stressed the urgent need for services that are both culturally safe and gender-affirming, and that are co-designed and led by First Nations trans and gender diverse people themselves, to ensure responses are grounded in lived experience and community knowledge





Balancing Academic Evidence with Lived Experience and Cultural Knowledge

Our truths do not always exist in peer reviewed journals. Storytelling, yarning, and cultural practices are valid and powerful evidence bases. This paper argues for an expanded definition of knowledge and authority.

Community and cultural knowledge must sit alongside academic research. Without this, prevention strategies will remain ineffective and harmful.

Our recommendation is that all research, policy and practice work includes:

Cultural governance and leadership

Participants in the yarning session strongly advocated for the inclusion of cultural governance and leadership in all research, policy, and practice related to the primary prevention of sexual violence, particularly within First Nations LGBTIQ+SB communities. This recommendation emerged in direct response to the literature review's failure to reflect culturally grounded perspectives or engage with communities in a meaningful way. Several attendees noted that without cultural leadership, research risks being extractive, misrepresentative, or reinforcing colonial harm. One participant emphasised that *"if people play with cultural fire, they'll get burnt,"* underscoring the need for cultural humility and accountability when engaging with sacred, community based knowledge. The group stressed that cultural governance must not be symbolic it must include decision making power, be grounded in local protocols, and prioritise the voices of those most impacted by the issues at hand. Embedding cultural leadership ensures that prevention strategies are not only ethical and respectful, but also effective, because they reflect the lived realities, strengths, and needs of the communities they intend to serve.

Lived experience advisory bodies

The yarning session made clear that research, policy, and practice in the area of sexual violence prevention must be guided by lived experience advisory bodies particularly those made up of First Nations LGBTIQ+SB people. Participants expressed frustration that the literature review lacked the direct voices and insights of those with personal and professional experience navigating violence, exclusion, and healing. This absence not only weakens the relevance of the findings but perpetuates a pattern of decision making about communities without them. Several contributors highlighted that lived experience is not just anecdotal it is a form of expertise rooted in survival, cultural knowledge, and frontline practice. Advisory bodies, they argued, must have real authority in shaping the direction, language, and priorities of research and policy development. Embedding lived experience ensures that strategies are grounded in





reality, not assumption, and that responses reflect the diversity and complexity of queer Blak lives. Without this inclusion, prevention efforts will continue to miss the mark and risk reproducing the very harms they seek to address.

Community validation and accountability processes

Participants in the yarning session emphasised that community validation and accountability processes must be embedded in all research, policy, and practice related to sexual violence prevention in First Nations LGBTIQ+SB communities. A key part of this call was the recognition of data sovereignty, the right of Aboriginal and Torres Strait Islander peoples to govern the collection, ownership, and use of data about their communities. Participants expressed frustration that much of the existing literature, including the reviewed research, had been developed without proper consultation, transparency, or community control over how data was gathered, interpreted, or shared. This lack of accountability was seen as a continuation of colonial research practices that extract knowledge and personal stories without returning benefit or ensuring respectful representation. Several contributors shared that they are often left out of the loop once research is published, with little opportunity to correct misrepresentations or influence how findings are applied. The group called for structured and ongoing validation processes that centre cultural authority, provide opportunities for communities to review and challenge content, and ensure data is held, interpreted, and disseminated in ways that honour sovereignty and self-determination. Without these mechanisms in place, policy and practice risk reinforcing the very systems of harm they claim to address.

Recommendations

1. Fund First Nations LGBTIQ+SB-led Organisations

- Provide direct funding to deliver prevention programs.

2. National Data Reforms

- Mandate collection of inclusive, disaggregated data.
- Support data sovereignty through community control.

3. Build an Inclusive Service System

- Resource LGBTQ+SB to engage in capacity building across the LGBTIQ and Aboriginal Community Controlled.
- Ensure all services are trans-inclusive and affirming.





- Minimum benchmark training for LGBTIQ organisations on cultural responsive practice and Aboriginal Community Controlled on LGBTIQ+SB responsive practice.

4. Tiered Public Health Response

- Establish primary, secondary, and tertiary interventions that specifically include First Nations LGBTIQ+SB needs.

5. Invest in Workforce and Colonial Load Management

- Acknowledge and remunerate colonial load.
- Provide cultural supervision and healing support.

6. Truth-telling and Healing-centred Practice

- Create spaces for collective healing and dialogue.
- Frame prevention through cultural continuity and community accountability.

Conclusion

There is no prevention without truth-telling. The voices of First Nations LGBTIQ+SB communities have for too long been silenced, sidelined, or extracted without care. This discussion paper has highlighted the deep systemic gaps and cultural tensions that continue to undermine meaningful prevention efforts - most notably, the erasure of queer Blak experiences in national data, research, and policy. Participants called for a shift away from white led inquiry and toward genuine structural transformation that centres cultural governance, lived experience, and community validation. Prevention must start with listening to those who live at the intersections of racialised, gendered, and sexual oppression, and valuing their knowledge not as supplementary, but as central to designing safe and effective systems.

The recommendations from this paper outline a clear, community led path forward. These include funding First Nations LGBTIQ+SB led organisations to deliver culturally grounded prevention programs, and implementing national data reforms that ensure inclusive, disaggregated data collection governed by data sovereignty principles. We must build inclusive service systems that are both queer and Blak, one that affirms trans and gender diverse mob, and recognises the lived complexity of survivor/ perpetrator identities. A tiered public health approach must be adopted, spanning primary prevention to tertiary intervention with culturally specific responses embedded





at every level. Investment is also urgently needed to support the workforce, including acknowledgement of colonial load, cultural supervision, and vicarious trauma supports for First Nations LGBTIQA+SB practitioners who are doing this sacred, heavy work on the frontlines.

This paper is not a conclusion; it is a call to action. Truth telling must be embedded in all responses to sexual violence, not as an afterthought but as a starting point. We must create spaces for collective healing and accountability, and resource prevention work that is framed through cultural continuity and community care. Prevention is sacred work. It must be handled with humility, deep cultural respect, and a commitment to change that is led by those most impacted. The path forward is already known within community - it simply needs to be honoured, funded, and followed.

