COVID-19 LGBTIQ+ FAMILY VIOLENCE PREVENTION PROJECT: PREVENTION IN THE PANDEMIC

FINAL REPORT

Centre for FAMILY RESEARCH and EVALUATION

A division of drummond street services wellbeing for life

Gender & Disaster Pod
An initiative of WHGNE, WHIN & MUDRI

Respect Victoria
Preventing Family Violence

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CFRE respectfully acknowledges the Kulin Nation as Traditional Owners of the land where we deliver our services. We acknowledge Aboriginal and Torres Strait Islanders as the first people of Australia. Sovereignty was never ceded, and they remain strong in their connection to land, culture and in resisting colonisation.

The Centre for Family Research and Evaluation would also like to thank the many LGBTIQ+ community members and service providers who contributed their time, experiences and insights to inform this project and contribute to learnings around LGBTIQ+ family violence prevention in disaster contexts. In addition, we would like to thank our project partner the GAD Pod for their collegiality and support.

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Centre for FAMILY RESEARCH and EVALUATION

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EXECUTIVE SUMMARY

OVERVIEW

Between June and September 2020, drummond street's Centre for Family Research and Evaluation, in partnership with The GAD Pod were funded by Respect Victoria to deliver an LGBTIQ+ family violence prevention research project. The project was commissioned by Respect Victoria in response to the COVID-19 pandemic, an unprecedented disaster which is having a dramatic impact on peoples' lives worldwide, with early reports that the social and economic impacts are exacerbating imbedded social inequalities.

Responding to a gap in knowledge around the impact of disasters on marginalised communities, this project, **Prevention in the Pandemic,** sought to build knowledge around the impact of the COVID-19 pandemic on LGBTIQ+ people, with a particular focus on LGBTIQ+ family violence. It was designed to assist in the ongoing development of family violence primary prevention policies, programs and resources aimed at addressing LGBTIQ+ family violence in disaster and emergency situations, including pandemics such as COVID-19.

The Centre for Family Research and Evaluation and The GAD Pod partnered for this project, bringing together expertise in LGBTIQ+ family violence research and service delivery and gender and disaster expertise respectively. The research comprised a rapid desktop review and consultations with LGBTIQ+ people and LGBTIQ+ family violence sector professionals.

The aims of the research were:

- To understand some of the ways in which COVID-19/pandemics affect the drivers and risk factors of LGBTIQ+ family violence
- To gain insight into the impact of the COVID-19 pandemic response on LGBTIQ+ people, including for those with intersectional identities, with a particular focus on intimate, familial, caring and domestic relationships
- To prioritise engagement with LGBTIQ+ people with varied intersections of experience and identity including; gender, sexuality, race, disability, health vulnerabilities, age and experience of sex work.
- To produce key findings and recommendations to inform the development of resources for publication by Respect Victoria and other agreed forums.

Overall, nine focus groups and ten interviews were conducted with 42 participants. This included 29 LGBTIQ+ community members and 13 sector professionals.

SAMPLE OF 42 LGBTIQ+ PEOPLE AND SECTOR PROFESSIONALS

29 LGBTIQ+ Community members:

GENDER*	15 cis women, 10 gender queer or non-binary people, 3 cis men and 3 trans men
SEXUALITY*	11 queer, 7 bisexual, 6 gay, 5 lesbian, 4 pansexual, 2 sexual
AGE	55% (16) were between 18 and 33 years of age; 24% (7) were young adults aged 18-25 years of age
LOCATION	75% (22) metropolitan areas; 24% (7) regional areas
OTHER DEMOGRAPHICS	1 Aboriginal or Torres Strait Islander 10 People of Colour 4 People on a temporary visa 10 People with immunocompromised health 16 People with a disability

*As some participant responses did not fit exclusively into one subgroup, their responses have been reflected in more than one category

13 Sector Professionals:

NO. OF AGENCIES	7 agencies
SECTORS	LGBTIQ+, family violence, young people, disability and sex worker insights

LIMITATIONS

Due to safety concerns of participants, the sample did not specifically include community participants that had experienced or used family violence.

KEY FINDINGS

- COVID-19 and the related restrictions have impacted on LGBTIQ+ peoples' everyday lives, including intimate, family, caring and domestic relationships. Individuals' experiences have been influenced by a complex interplay of personal, relational, community and structural factors which allow for multiple and compounding forms of discrimination.

- Social inequalities, highlighted and amplified through the COVID-19 pandemic and related restrictions, provide the context in which LGBTIQ+ family violence exists. Dismantling embedded hierarchies of power, such as homophobia, transphobia, racism, ageism, ableism and gender inequality, is key to all family violence prevention efforts, including LGBTIQ+ family violence.

Structural findings- LGBTIQ+ people at heightened risk

- LGBTIQ+ young people are facing multiple layers of disadvantage and risk during the COVID-19 pandemic. Many have been impacted economically, and for those needing to return to homes where family members are unsupportive of their gender or sexual identity, there is increased risk of family violence.
- Within LGBTIQ+ communities, trans and gender diverse people face particular vulnerabilities, which have been highlighted through COVID-19 and the related restrictions. Increased community surveillance, restrictions on access to gender affirming medical services, isolation from communities and job losses amongst communities who already face extensive workplace discrimination, were some of the key issues raised for Trans and Gender Diverse (TGD) communities.
- LGBTIQ+ people who have faced job loss have been significantly impacted by COVID-19, with many experiencing related mental health challenges and new power dynamics, including dependence in family, intimate partner and other domestic relationships. In this context, the protective nature of increased Centrelink payments for some have been noted in improving their economic security.
- Temporary migrants, international students and sex workers unable to access government supports, were highlighted as particularly at risk of financial vulnerabilities.
- LGBTIQ+ people with immunocompromised health and/or a disability have faced heightened levels of isolation due to increased risks associated with leaving the home and reduced access to formal supports. In many cases this has increased strain or dependence on family, intimate partner and other domestic relationships. At a time when many LGBTIQ+ people have felt significantly disconnected from their networks of support, these additional risk factors have had a significant impact on people's individual health and wellbeing.

Services

- LGBTIQ+ services are responding to a wide variety of risk factors including increased financial distress, mental health distress, use of Alcohol and Other Drugs (AOD), social isolation, increased relationships conflict (including for at risk youth) and a range of other individual and family level risk factors, which have been exacerbated by COVID-19 and the associated restrictions. The accumulation of these risk factors can increase the risk of family violence. While services have been responding through the provision of telehealth and other supports, a coordinated policy response is required. This response should not only address the intersectional drivers of family

violence but also the individual level risk factors which are increasing family violence risk across the board.

- There are multiple barriers for LGBTIQ+ people being able to access services, including in relation to accessing LGBTIQ+ services, which are under-resourced and have long waitlists; and, mainstream family violence services, which are often not inclusive of LGBTIQ+ identities and experiences. These barriers reduce access to much needed services for LGBTIQ+ people at risk of family violence.
- Service providers, including LGBTIQ+ specialist agencies are adapting and evolving their service delivery to respond to COVID-19 restrictions. Processes, policies and protocols to ensure privacy and safety of clients have been developed, in conjunction with responses to build skills and resources to engage and support target cohorts, such as LGBTIQ+ young people. Learnings within this space should be used to inform the development of primary prevention initiatives, in addition to supporting ongoing service delivery and future disaster planning, response and recovery.
- There are a number of identified strengths of telehealth provision, most significantly the increased accessibility for people from regional areas and people with a disability. Whilst acknowledging that telehealth services are not a suitable option for all people in all circumstances, these learnings raise the importance of ongoing telehealth options for service delivery into the future.

Community

- The magnification of social inequalities has been experienced by LGBTIQ+ people since the beginning of the pandemic, including significant experiences of racism and community surveillance based on people's LGBTIQ+ identity. These adverse community experiences highlight pervasive patriarchal norms such as heteronormativity, cisnormativity and racism, which provide the context within which family violence and other forms of violence and discrimination against minorities occur.
- Whilst a level of isolation has been an almost universal experience, opportunities for community connection via online platforms and social networks have been enormously valuable in providing opportunities for LGBTIQ+ peoples' connection with friends, family and community, whilst adhering to COVID-19 restrictions. The increased opportunities to connect with LGBTIQ+, disability and neuro-diverse groups and communities were highlighted in this context.

Individual/Relationship

- Social isolation was almost a universal theme explored across the community and sector consultations. People spoke about isolation from friends, family and the LGBTIQ+ community, with some participants speaking about the added isolation of living alone or being a new migrant, without family nearby or established support networks. Others spoke about the impact of social isolation on their domestic relationships and the additional pressure, strain and conflict this was having,

particularly when layered with other issues such as job loss, financial distress and increased mental health distress.

- The mental health issues, isolation and financial loss experienced by LGBTIQ+ communities as a result of the pandemic have been exacerbated by the notably higher rates of pre-existing mental health issues, experiences of stigma, limited social networks and workforce participation in industries significantly impacted by COVID-19. The increased risk for already vulnerable communities highlights the pervasive impact of patriarchal structures and norms which fail to recognise and value LGBTIQ+ people families and communities.
- COVID-19 and the related restrictions, have had various impacts on intimate relationships, including increased relationship tension for many and changes in relationship dynamics, particularly for those dealing with employment loss. Where someone in a family/relationship had lost their job, changed power structures and examples of gender roles relating to traditional notions of breadwinner and housekeeper relationships were highlighted. For others, particularly young people, job losses resulted in them moving back with family of origin, in many cases increasing their risk of family violence.

RECOMMENDATIONS

Community Level Recommendations

Recommendation 1– Respect Victoria's primary prevention messaging during and post COVID-19 should include the acknowledgement that family violence can occur in all relationships, including towards LGBTIQ+ people in families of origin and within LGBTIQ+ intimate relationships.

Recommendation 2 – Respect Victoria's community level primary prevention campaigns should be developed to challenge patriarchal norms such as heteronormativity, cisnormativity, gendered norms, racism, ableism and ageism. These campaigns should be elevated during disaster situations.

Recommendation 3 – Respect Victoria should commission research and resource development specifically for sex and gender diverse young people and their families, given the significant vulnerabilities many LGBTIQ+ young people face.

Recommendation 4 - Respect Victoria should commission resource development based on the findings of this research. Resources should include clear messaging for individuals and families around managing the additional stressors in relationships as a result of COVID-19 – including the exacerbation of existing issues such as surveillance and other forms of social discrimination, and new stressors such as job loss, financial insecurity, and isolation from families of choice. These resources should include clear and targeted messaging around help seeking for LGBTIQ+ communities, including where to go for wellbeing, relationship and family violence support.

Recommendation 5- Respect Victoria should explore integrating primary prevention initiatives with broader service responses, using a coordinated systems approach. This would enable prevention messaging and activities aimed at shifting norms, attitudes and behaviours to accompany service system responses that ensure people's basic needs are being met within a disaster context. Respect Victoria should use its position to advocate for the diverse needs of marginalised groups who have been impacted

by COVID-19, finding ways to work with and across government to address risk factors which increase rates of family violence.

Service Delivery Recommendations

Recommendation 1 – There is a need for evidence-based, sustainably resourced, service delivery and family violence prevention funding pre, during and post disaster, including during pandemics such as COVID-19. Critical funding for LGBTIQ+ services, including specific LGBTIQ+ family violence service delivery should be resourced in conjunction with, not at the expense of, primary prevention work.

Recommendation 2 - There is a need to consider LGBTIQ+ people in disaster relief and recovery, including in the provision of safe accommodation for LGBTIQ+ young people, trans and gender diverse people and LGBTIQ+ migrants and refugees.

Recommendation 3 – Intersectional training and resources should be made available to professionals in a range of mainstream health, mental health and family violence services, to ensure they are responsive to the needs of all minority and marginal groups, including LGBTIQ+ people.

Recommendation 4– Telehealth options and other initiatives which have been effective under COVID-19 should be adequately resourced into the future, including investment in the development of resources, policies and protocols to ensure safe and confidential practices. Initiatives that have been effective under COVID-19 should be maintained, expanded or further developed.

Recommendation 5 – Future funding should be invested in the recovery phase of the COVID-19 pandemic to support individuals and communities who have been the most heavily impacted, including LGBTIQ+ young people.

Structural/Policy Recommendations

Recommendation 1 - Government adopt an intersectional approach to inform the development and implementation of family violence prevention policy, programs and resources.

Recommendation 2 - Government, in partnership with researchers and family violence agencies, continue to develop a more expansive primary prevention family violence framework that is inclusive of LGBTIQ+ family violence.

Recommendation 3 – Government should apply an intersectional lens to disaster response, recovery, mitigation and preparedness policies, programs and services. This should include consideration of the impacts of measures aimed at reducing the economic, social and health-related costs of disasters on marginalised groups, including LGBTIQ+ people.

Recommendation 4 - Disaster response, recovery, mitigation and preparedness should consider the needs of marginalised communities and should find ways to mitigate and address risk factors which increase the risk of family violence. Comprehensive recovery frameworks should look at mitigating financial distress to ensure that basic needs are able to be met, in addition to addressing the impacts of increased mental health distress, social isolation, increase drug and alcohol use, etc. These measures should accompany primary prevention initiatives which challenge broader patriarchal norms, attitudes and behaviours within society.

PREVENTION IN THE PANDEMIC

BACKGROUND

The coronavirus pandemic is an unprecedented disaster that is having a dramatic and lasting impact on people's everyday lives and the operations of key social processes and institutions. What is clear from the emerging data is that in many countries, including Australia, the social and economic impacts of the pandemic are exacerbating existing inequalities. As a consequence, the impacts of the pandemic in Australia are likely to be much greater on members of marginal and minority populations including the aged, the young, women, LGBTIQ+ communities, First Nations people, refugees and migrants, and people with disabilities.

A growing body of research and policy, in Australia and internationally, has begun to address the impact of COVID-19 restrictions on family violence. This includes a dramatic increase in reporting of family violence globally. In April, the United Nations Secretary-General António Guterres, appealed for governments to address the 'horrifying global surge in domestic violence' as a result of lockdowns enforced to try and control the spread of the virus (Toesland, 2020, Bishop 2020).

In Australia, the federal government reported that google searches for domestic violence support had increased by 75% on previous years (Sullivan, Doran, & Dalzell 2020). Emerging Australian studies into family violence, including a Monash University survey to assess the impact of COVID-19 restrictions on the work of family violence practitioners in Victoria, found emerging complex needs (Pfitzner et al. 2020). Eighty-six per cent of practitioners reported an increase in complexity of women's needs. A number of practitioners also noted that restrictions presented new challenges, including difficulties assessing situations remotely and communicating safely with women who were confined to their homes and under constant surveillance by perpetrators (Pfitzner et al., 2020). While these reports do not explicitly present sexual and gender identity diverse disaggregated data, it is likely that the increases in violence they document will include incidents of LGBTIQ+ family violence.

At the time of this report, Equality Australia's survey of the impact of COVID-19 restrictions on LGBTIQ+ Australian's lives was the only research that included population level data related to LGBTIQ+ people's experiences of family violence (Equality Australia, 2020b). This survey found that nearly 5.5 % (n=132) of the 2,429 respondents reported currently living with someone they feared may be violent, abusive or controlling toward them, with trans and gender diverse people accounting for 39% of those 132 people. Of the 132 people who reported feeling at risk of family violence, 28.8% (n=38) indicated that they lived with a spouse or partner, and 38.6% (n=51) that they lived with their parents (with or without other family members)]. The Australian Federation of AIDS Organisation (2020), reporting on the COVID-19 findings of the Flux study, found that LGBTIQ+ young people and trans and gender diverse people were over-represented among those who feared or had experienced violence from someone they lived with.

Studies and reports from International and Australian LGBTIQ+ professional and community organisations document increased incidents of LGBTIQ+ family violence, including violence from family members and intimate partners during COVID-19 lockdowns (Bishop 2020; ILGA Europe 2020; Rhone-Adrien 7 May 2020). Bishop (2020) argues that for LGBTIQ+ people at heightened risk of family violence mandatory COVID-19 lockdowns further increases their social isolation and dependency, both emotional and financial, on those using or experiencing violence. At the same time, LGBTIQ+ people are increasingly isolated from their friends and support networks who provide a sense of belonging and worth that may reduce their vulnerabilities and risk of abuse (AFAO 2020; Bishop 2020).

STRUCTURE OF THIS REPORT

This project aims to explore risk and protective factors for LGBTIQ+ family violence using an ecological model for understanding COVID-19 impacts and their interplay with domestic, familial and intimate relationships. The report uses both qualitative data from consultations and a desktop review to draw conclusions and make recommendations to inform the ongoing development of primary prevention policies, programs and resources, aimed at reducing the risk and drivers of LGBTIQ+ family violence in disaster and emergency situations.

Following a detailed outline of methodology, demographics and limitations, the report frames LGBTIQ+ family violence within a socio-ecological model, which is then utilised as a structure for the analysis. The findings and themes are identified and discussed, as they relate to individual and relationship; community and service delivery; and structural and system level factors. As relevant, risk and protective factors related to LGBTIQ+ family violence are also identified throughout each section.

METHODOLOGY

The project involves a mixed methods design that involves:

- A desktop review of resources produced by LGBTIQ+ organisations and policies, programs and resources developed by mainstream national and international legal and health bodies (e.g. UN, WHO) addressing the impact of COVID-19 on LGBTIQ+ people and the primary prevention of LGBTIQ+ family violence.
- Qualitative research through in-depth focus groups and interviews with LGBTIQ+ community members, asking them about the impact of COVID-19 and accompanying restrictions on their everyday lives, including their familial, domestic and intimate relationships and access to FV and support services when needed.
- Consultation with representatives from LGBTIQ+ organisations about the impact of COVID-19 on the provision of family violence related services by LGBTIQ+ specific agencies; and, with Victorian LGBTIQ+ services about the impact of COVID-19 on their LGBTIQ+ clients and in particular those seeking assistance for matters relating to FV.

DESKTOP REVIEW

According to the Terms of reference, the review was limited in scope and focused on:

- Resources produced by LGBTIQ+ organisations; and
- Policies, programs and resources that focus on or include the effects of COVID-19 on LGBTIQ+ people and communities developed by mainstream Australian and International legal and health bodies such as Equality Australia, the UN and WHO.

The review included research, policy documents, media articles and postings (blogs and website materials). A selection of content search terms were used alone and in combination including: *LGBT; LGBTI; gay, lesbian, trans, gender diverse; family violence; intimate partner violence; family violence prevention; intimate partner violence; disaster; emergency, COVID-19; pandemic.*

Searches were conducted over a three week period in June 2020 using the following search engines and sites: *Google; Google scholar; Wikipedia; APO (Analysis and Policy Observatory); Human Rights Organisations (United Nations, UNESCO, UNFPA, WHO, Human Rights Campaign); LGBTI organisations, international and Australian (ILGA, The Trevor Project US, Stonewall UK, Terrence Higgins Trust UK, OutRight, LGBT Foundation UK; Rainbow Health Victoria, AFAO, ACON, ThorneHarbor, Drummond Street Services, Equality Australia, VGLRL, QuAC, National LGBTI Health Alliance); Government agencies (DVRC, Victoria, FSV, AIHW, Queensland Police, Global Collaboration: Societies of Evidence-based Policing , Magistrates Court Victoria), Media (ABC Online, The Conversation, TIME, The Guardian, NBC, EUROMED); Australian Family Violence and Related Services (Respect Victoria, In Touch: Multicultural Centre Against.*

Additional articles and related materials were added over the course of writing and finalising the Desktop review.

CONSULTATIONS

Across July 2020, nine focus groups and ten interviews were conducted with 42 participants. This included 29 LGBTIQ+ community members and 13 sector professionals.

Interviews were conducted if they were specifically requested by a participant, when any perceived risk was identified in the intake discussion or to respond to the availability of a number of sector participants.

Engagement process

Marketing and community engagement for consultation with the LGBTIQ+ community and sector occurred concurrently.

The marketing strategy for LGBTIQ+ community recruitment was twofold:

1. The broad promotion of the consultations through services, groups and family violence prevention networks to anyone who identified as LGBTIQ+; and

2. Targeted marketing to recruit from target cohorts through drummond street services programs and external groups and services.

The identified target cohorts for the project were:

- Aboriginal and/or Torres Strait Islander people
- People of colour
- People with a disability
- Sex workers
- Young adults (18-25)
- Immunocompromised people

The engagement for focus groups and interviews with the LGBTIQ+ community and sector utilised stakeholder relationships with key community groups and services, including:

- Aboriginal Community Controlled Organisations i.e. VACCA, Djirra
- drummond street services' Queerspace practitioners
- drummond street services' 'The Drum' Invisible program for Queer and Trans People of Colour (QTPOC) young people
- drummond street services and Queerspace Facebook pages
- LGBTIQ+ service organisations, including mental health and family violence services
- LGBTIQ+ community groups
- Sex worker support and advocacy groups
- Disability support and carers services
- Services for multicultural communities

For recruitment into the sector consultations, relevant industry networks and newsletters were also utilised for promotion.

Intake Process

In order to ensure diversity within the community consultations, participants were initially recruited to the six target cohorts identified: Aboriginal and Torres Strait Islander people, People of Colour, People with a disability, Sex workers, Young adults (18-25), Immunocompromised people. Each potential participant took part in a 10-15 minute intake process, in which the project information was shared, demographic data was collected, availability was discussed, and the individual made an informed decision about their participation in the project. During this process, demographic information was collected relating to:

- The impact of COVID-19 on their lives
- Year of birth
- Local Government Area
- Gender, including trans/cis identity
- Sexuality
- Intersex Variation
- Person of Colour (POC) identity
- Aboriginal and Torres Strait Islander identity
- Sector of employment or study
- Income bracket (pre covid-19and current)
- Disability
- Whether they were immunocompromised

- Immigration status

Focus group and interview times were set in response to participants' availability and were all completed via secure Zoom meetings or on the phone using Skype for Business.

The demographic data collected during the intake process was used to highlight gaps in representation and to inform further affirmative engagement for the community focus groups.

The invitation to participate in the sector consultations was taken up by 13 participants from various LGBTIQ+ family violence, mental health and research agencies. The intake process for the sector focus groups and interviews, included the collection of information about the services they worked for, with the aim of including representation from sector professionals with insight and experience relating to all aspects of LGBTIQ+ family violence, including primary prevention, early intervention and tertiary responses. The practitioners involved in the consultation process (who have asked not to be identified) also contributed specialist insights around family violence, mental health, parenting, family support, housing, disability and specific issues relating to young people.

This report refers to 'service providers' and 'sector participants' to refer to these participants and utilises their diverse practice expertise to inform the findings and recommendations, including primary prevention strategies.

Focus Groups & Interviews

Focus groups ran for 60 to 90 minutes and interviews approximately 30 to 45 minutes. Participants who were not being paid for their time, were remunerated through the provision of a $50 Coles Myer Group gift certificate which was posted to their nominated address. All participants gave informed consent to participate in the research. Consultation questions are attached in Appendix A.

Data Analysis

Audio files of the focus groups and interviews were transcribed verbatim. Coding was then undertaken using NVivo software by two of the researchers using Grounded Theory (Glaser & Strauss, 1967). This framework was applied to both focus groups and interviews.

Data analysis relating to intimate, domestic and familial relationships was informed by Victoria's Family Violence Prevention Act 2008. As such, the report discusses domestic relationships including family relationships, intimate partner relationships, carer relationships and share house relationships.

Demographics of LGBTIQ+ community participants

The following provides an overview of the participant demographics provided by LGBTIQ+ community members during the intake process. Demographic information was provided by 29 participants.

Demographic information was not collected from sector participants, who were engaged to provide insights into the project based on their professional and service delivery expertise.

Gender

Participants were asked about their gender identity and whether they identified as transgender or cisgender. As can be seen in Figure 1, 51% of participants were cis women (15 total), followed by a number of non-binary, trans men, genderqueer/fluid and cis male participants. 44% of participants identified as genderqueer, non-binary or transgender. As some responses from trans participants did not fit exclusively into one of these categories, e.g. "transgender butch", their responses are reflected in more than one subgroup. There were no trans women or intersex people represented in the focus groups or interviews.

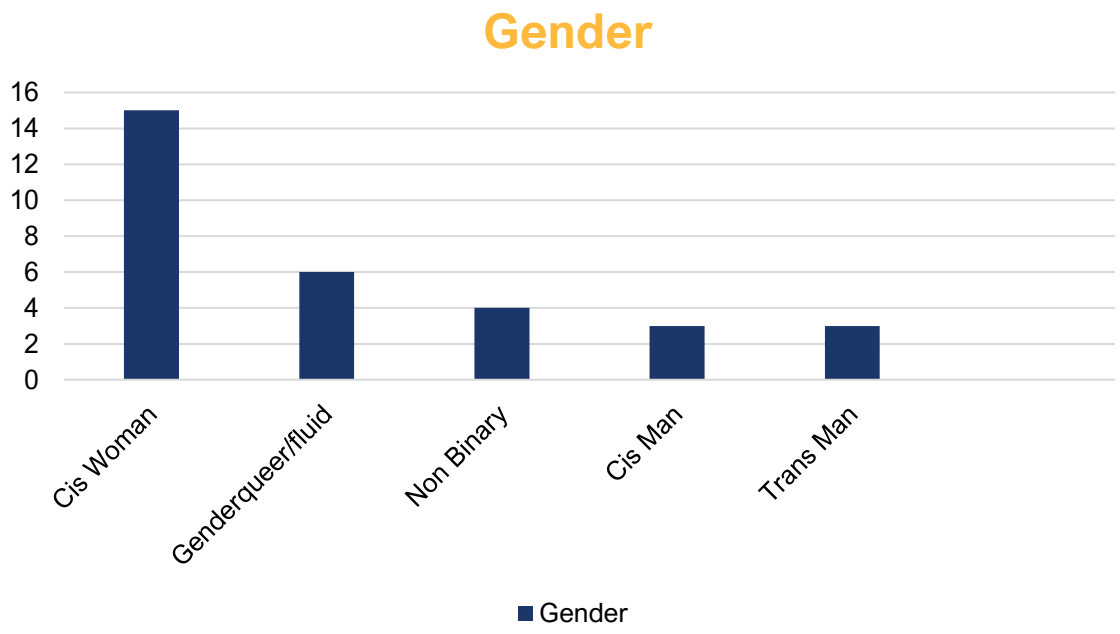

Figure 1. Participants gender

Sexual Orientation

Sexual orientation was categorised into six subgroups: Queer, Bisexual, Gay, Lesbian, Pansexual, Asexual. See Figure 2. Overall, the largest number of participants described themselves as "Queer". As some participant responses did not fit exclusively into one of these subgroups, their responses are reflected in more than one category, e.g. "Pansexual/Asexual".

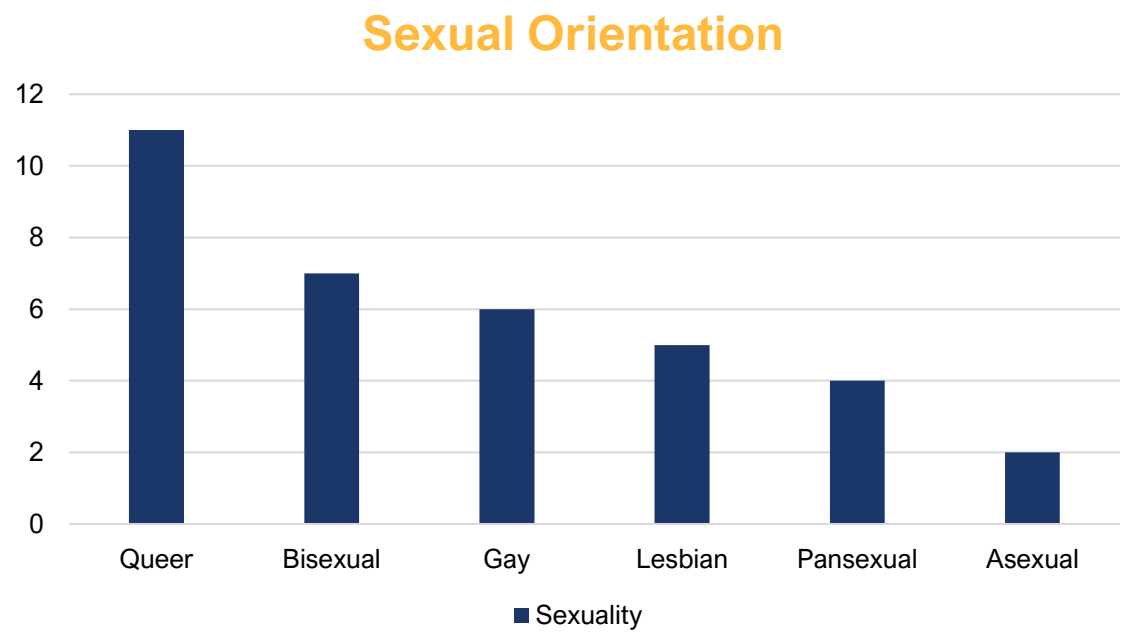

Figure 2. Participants Sexual orientation

Age

58% of the participants were between 18 and 33 years of age. As can be seen in Figure 3, there was a smaller number of 49-64 year old participants and only three participants over 50 years. There were seven young adults aged 18-25 which was a target group.

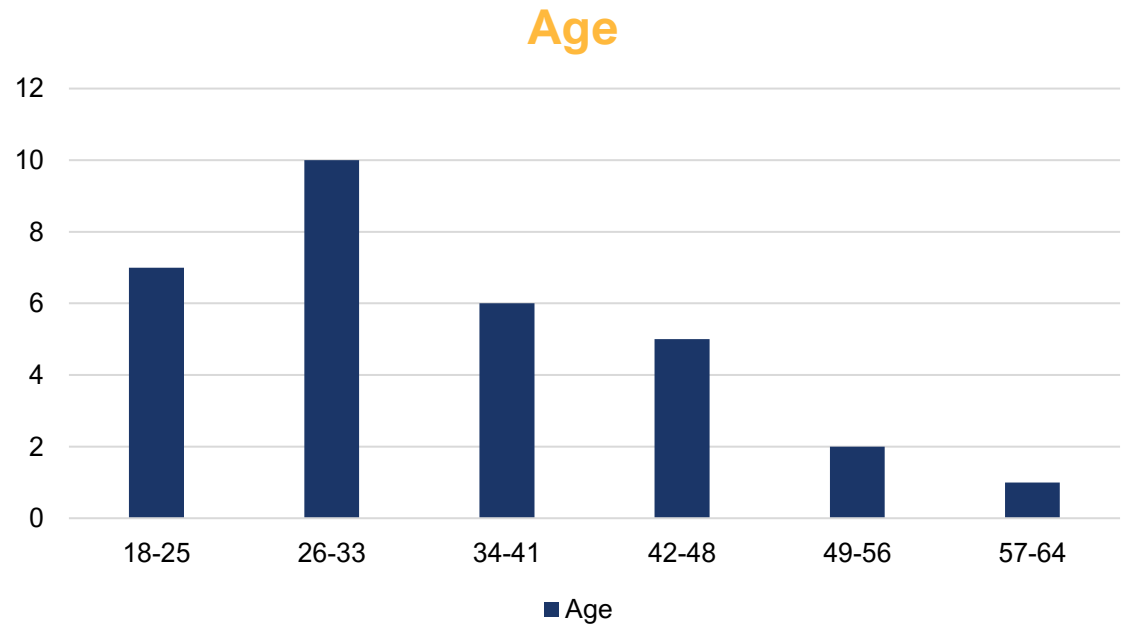

Figure 3: Age demographics

Household Income

There were inconsistencies in responses to questions about income, with a large number of participants not giving a number value or choosing not to respond at all. Of those participants who responded, there was representation across income brackets, ranging from those on a government supports to those with a combined income of over $100,000.

34% of participants (10) were receiving Centrelink, including JobSeeker, JobKeeper and Disability Support Payments at the time of interview or focus group. Six or 20% of participants reported that their income had decreased through reduced employment, loss of employment altogether, or moving onto JobKeeper payments as a result of the COVID-19 restrictions. Participants with lost income included those in health, media, construction and sex worker industries.

Sector of Employment or Study

Participants worked across a range of professions and sectors. 31% of participants worked in the Health and Social Services sector citing diverse areas such as disability support work or health administration.

Please note that while only one sex worker was engaged in the consultations as a community member, a number of sex work advocates and professionals contributed in the sector interviews and focus groups which is reflected in the findings.

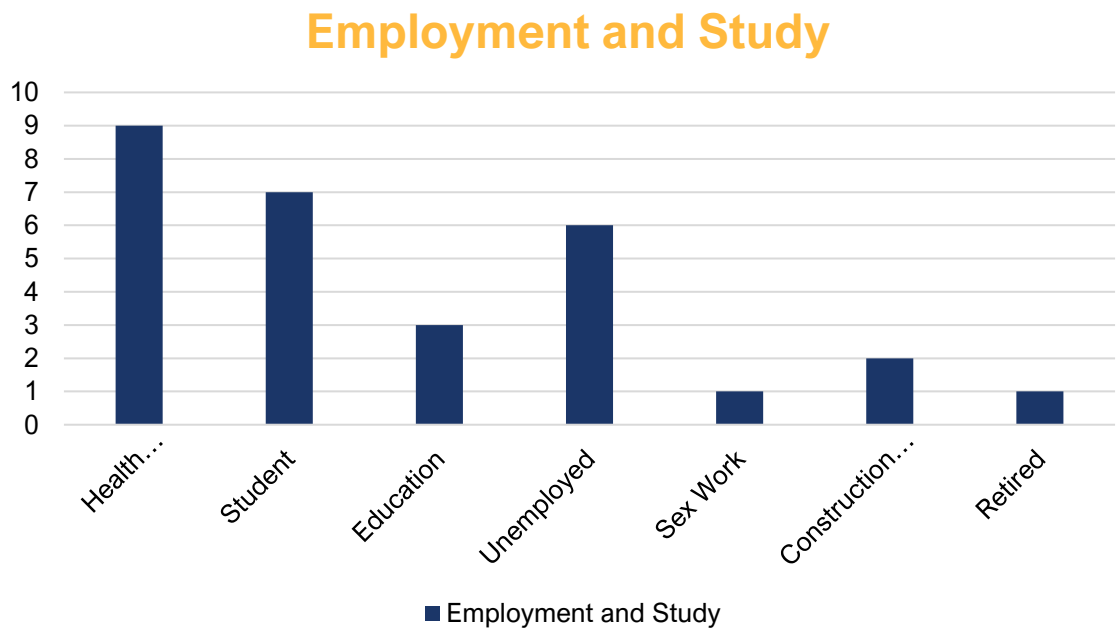

Figure 4. Employment and Study demographics

Other Demographics

Participants were also asked about other ways in which they identified. Figure 5 shows that overall, whilst there was some representation from a number of other community cohorts, there

was a notable gap in representation of Aboriginal and/or Torres Strait Islander communities with only one participant from this group. More than half (16) of the participants were people with a disability.

Postcodes were used determine whether people were from metropolitan (75%) and regional (24%) areas. While the majority of participants were from Victoria, there were two participants from NSW, one from the ACT, one from Tasmania and one who was homeless. It is noteworthy to stipulate that at the time of the consultations there was little differences between the states' and territories' restrictions on everyday life designed to limit the spread of COVID-19.

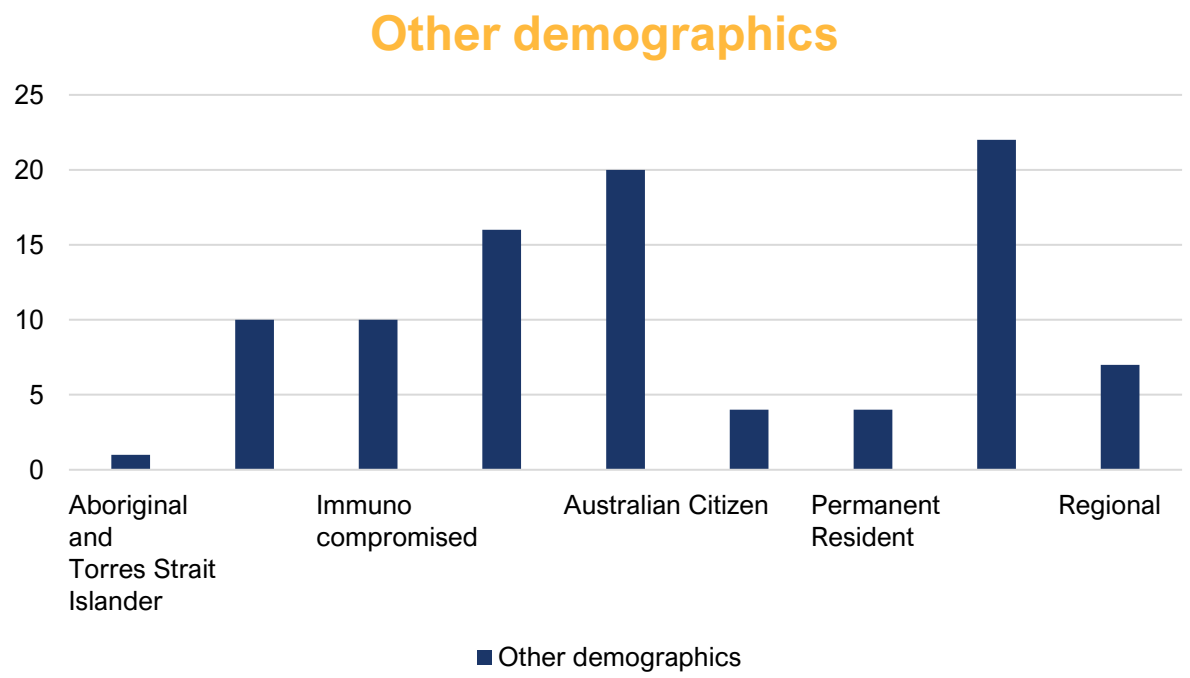

Figure 5. Other demographics

LIMITATIONS

There were several limitations in the methodology:

1. The sampling procedure was not random but relied to a large degree on stakeholder relationships with specific organisations and on a snowballing technique.
2. Within this sampling pool and identified target cohorts, participants self-selected. Self-selection can result in bias as it is unlikely that the sample will be representative of the LGBTIQ+ population.
3. While there was a concerted effort to recruit from different cohorts and communities, there were two communities that were missing from the community participants. These included:
    a. People with intersex variations
    b. Trans women
4. Only one participant in the consultations identified as Aboriginal.
5. Community participant's discussions of their home life, intimate, family and care relationships have likely been impacted by the online and phone format of the consultations, especially if there was no ability for privacy. As such, detail around relationship challenges are likely to have been minimised for some.
6. In order to ensure the safety of the focus groups, community participants were asked not to share details of family violence experiences. If these were mentioned during the intake process, participants were invited to participate in an interview, where there was opportunity to explore family violence in more detail.
7. The sample did not specifically include participants that had experienced or used FV.
8. The consultations were predominantly undertaken in July and early August 2020, prior to the extended Stage 3 (regional Victoria) and Stage 4 (metropolitan Melbourne) restrictions, with some variability of restrictions based on people's location. As such, the consultation findings reflect the early stages of the COVID-19 impact within Victoria.

AN ECOLOGICAL APPROACH TO LGBTIQ+ FAMILY VIOLENCE

Gender inequality is often understood as the key driving factor of violence against women. We contend that gender inequality, heteronormativity, cis normativity, racism, ableism, colonialism etc. sits within 'patriarchy' as the overarching framework and driver of family violence more broadly, within which all these power inequalities exist. Our society is built on patriarchal systems, practices and beliefs that generate and rely on unequal power relations. It is these structural inequalities and power imbalances that generate and reproduce different types of systemic discrimination including homophobia, biphobia, transphobia, racism, ableism and ageism. These structural power imbalances and ongoing attempts to assert control over others, explain why domestic and family violence does not *only* occur in heterosexual relationships but in LGBTIQ+ relationships, against older or aging populations, and why some cohorts experience violence at much higher rates, including Aboriginal and Torres Strait Islander women and women with a disability (Commonwealth of Australia, 2019), to name some examples. According to Respect Victoria:

> *the following types of systemic discrimination and prejudice can interact, overlap and create specific barriers to access information or support, and influence social attitudes that stigmatise and exclude people putting them at increased risk of violence: sexism; racism; classism, homophobia, biphobia, transphobia and intersex discrimination; ableism; ageism; stigma; dispossession and colonialism.*

These multiple forms of discrimination are not siloed. Where they cross and intersect, we understand this as 'intersectionality'. Intersectional frameworks focus on the systems, structures and social norms within our patriarchal social ecology, that create positional and relational power dynamics between people, or groups of people, based on their identity. The complex interplay of power at systemic and structural levels, supports violent norms within our society and influences behaviour at an individual and relationship level. Primary prevention of family violence requires that we utilise an intersectional framework in order to dismantle these intersecting forms of systemic discrimination and the cultural norms, attitudes and behaviours that condone all iterations of family violence. Using an intersectional approach to practice that is inclusive, not just of LGBTIQ+ people and their relationships, but of all individuals and families is essential in family violence prevention.

In order to understand how COVID-19 might influence family violence risk for LGBTIQ+ people, and to inform family violence prevention, this study has explored the impacts of COVID-19. This report has utilised a socio-ecological model as a framework to organise the data, including findings and recommendations. The following framework, adapted by the Centre for Family Research and Evaluation from the Our Watch framework for understanding gendered violence against women, provides examples of the structures, norms and practices that may increase the risks of LGBTIQ+ family violence at the different levels of social ecology. This model was developed in order to explain how individual behaviour within a social context is impacted by complex dynamics between relevant factors that occur at the individual, organisational, community, systemic and social levels- including social or cultural norms, which are supported

by formal structures, such as legislation, or informal structures, such as social hierarchies (Our Watch, 2015).

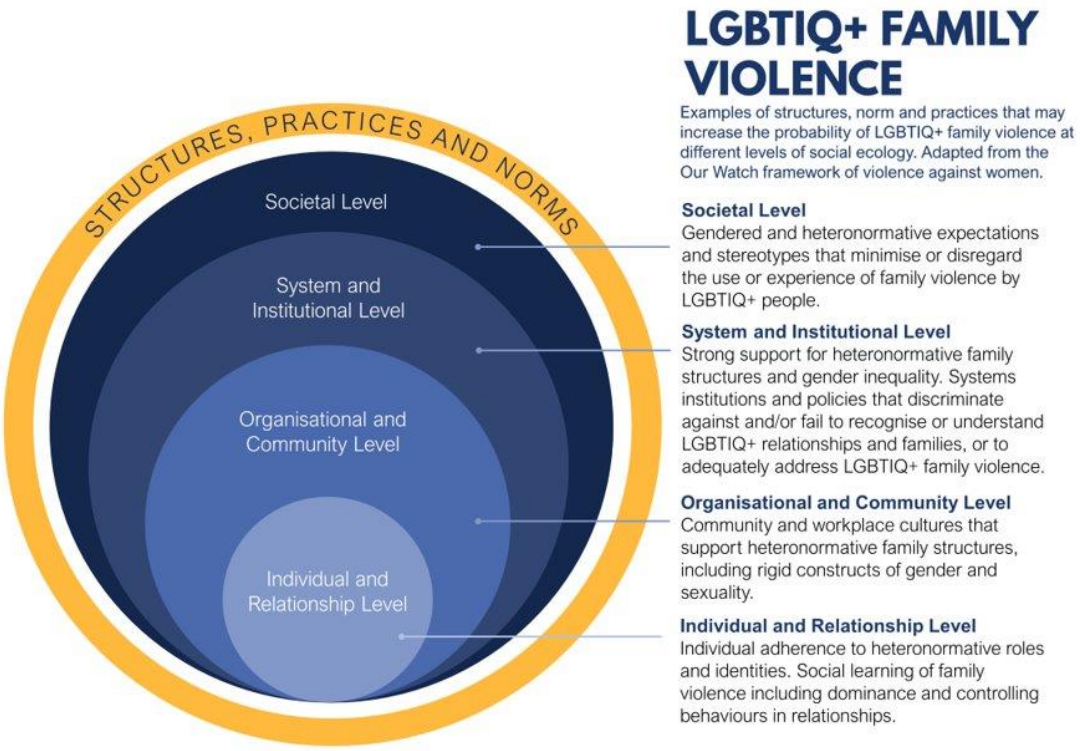

Figure 6. Socio-ecological model of family violence towards LGBTIQ+ people and within LGBTIQ+ relationships

It is also important to acknowledge the influence of patriarchal structures, norms and practices that impact other individual and relationship level risk and protective factors. The diagram below highlights that while structural inequalities and societal norms can be key drivers of violence, they are intertwined with, and influence individual and relationship level risk factors across a range of wellbeing domains. The inter-related nature of these factors should be considered when exploring family violence prevention frameworks, particularly within a disaster or pandemic context, as the accumulation of these risk factors can increase the risk of family violence. COVID-19 and the associated restrictions have created an environment where risk factors such as financial distress, mental health distress, social isolation and relationship issues- including changing power dynamics within relationships are increasing family violence risk across the board. It is therefore important to look at family violence prevention strategies and initiatives that work with and leverage off other systems to enhance protective factors across a range of health and wellbeing domains, particularly for those from the marginalised communities most impacted.

LINKING STRUCTURAL INEQUALITIES AND SOCIETAL NORMS TO INDIVIDUAL LEVEL RISK FACTORS

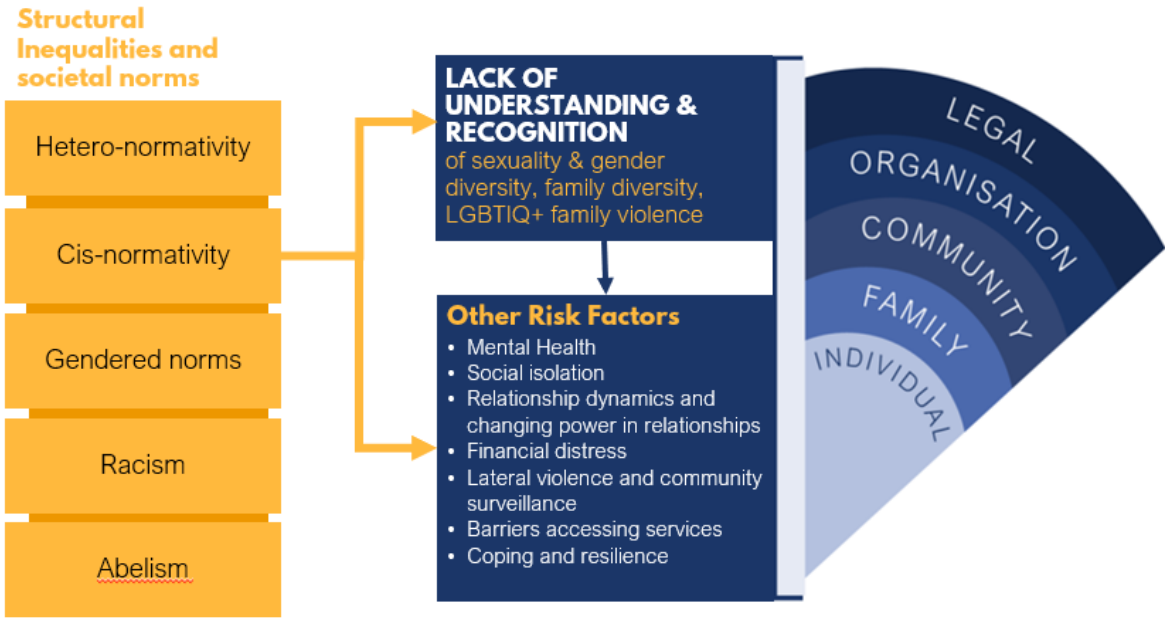

Figure 7. Linking Structural Inequalities and societal norms to individual level risk factors (Centre for Family Research and Evaluation, 2020)

This report will highlight the impacts of the pandemic and accompanying restrictions at the individual and relationship level; the organisational and community level; with a final section highlighting structural level factors, including societal level norms which underpin our systems and institutions. It will then explore each of these areas, drawing on our consultation data and findings from the desktop review. While the first section of the report focuses on the individual and relationship level, the analysis is strongly informed by the understanding that individual level factors are impacted by broader beliefs and understandings at the community, systems and societal levels. It is therefore important to note that this structure does not intend to privilege the individual factors over structural issues, which in primary prevention initiatives and actions, are deemed of critical importance. Throughout the various sections there is overlap and interplay of these different levels, as well as the overlap of multiple forms of discrimination and inequality, which are being exacerbated by the COVID-19 pandemic.

RESEARCH FINDINGS

The following analysis presents the themes which emerged out of consultations with LGBTIQ+ people and sector professionals as well as the findings from the rapid desktop review. Informed by the socio-ecological model for understanding violence described above, the themes are structured around the interacting domains of influence – individual and relationship factors; organisational and community factors; and structural and system level factors. Where relevant, risk and protective factors have been highlighted as they relate to each theme. As such, this analysis aims to draw out the impacts of COVID-19 and the accompanying restrictions on LGBTIQ+ people, including where these impacts have created or compounded risk for experiences of family violence, as well as where they have added unexpected strengths or resilience to relationships or peoples' wellbeing. The structural and system level factors, which influence all other factors, identify the particular learnings related to LGBTIQ+ family violence prevention.

INDIVIDUAL AND RELATIONSHIP LEVEL FACTORS

Community members and service providers spoke to a range of individual and relationship level impacts of COVID-19 on LGBTIQ+ health and wellbeing. Community members were not asked to speak about their experiences of family violence to ensure the interviews and focus groups were as safe for participants as possible. However, service providers were asked to speak to what they had observed around family violence specific impacts. These themes are reflected throughout the relationship impacts section.

Mental health impacts

A significant number of community members spoke about the impacts of the pandemic and the related restrictions on their mental health. Some participants spoke broadly about 'not coping' or their 'mental health deteriorating', whilst others explicitly named an increase in anxiety, depression or stress. A number of participants provided details on how their prior mental health issues have been exacerbated or compounded through the experiences of the pandemic, while for others, they were experiencing poor mental health for the first time.

There was notable diversity in the way people spoke about what has impacted on their mental health or wellbeing. Examples include a loss of, or reduction in work, anxiety about getting sick, isolation from loved ones, experiences of racism, having to be around an unsupportive family member, not being able to access supports in the same way, or how the experience of lockdown has brought up past experiences of relational trauma. One participant acknowledged the high prevalence of past experiences of family violence and related mental health concerns for LGBTIQ+ communities, which provide the context for further pandemic related mental health challenges.

The vulnerability faced by some who were experiencing compounding losses, fears, isolation and challenges in relationships were particularly stark. For example, one participant talked of how isolation from the community and trying to minimise the risks of COVID-19 transmission could adversely affect people's mental health:

"I have had a couple of conversations with other friends of mine about how difficult it is to actually stay connected, to feel like we have a space where we can just talk about how difficult it is to lose a lot of support and to have everything up in the air. Just even to be anxious when other people come into the house and making sure that they've got hand sanitizers and masks and all that stuff. Yeah, it's not great for mental health."

Insight into the experiences of living with and trying to care for others who were also facing exacerbated mental health concerns was also raised. For instance:

"Basically, everyone around me is struggling in some way or another and it's very hard to both be coping with my own struggles, the struggles of my partner, the struggles of my friends. It seems like basically no one's okay right now, and I feel like that's quite exhausting from a mental health perspective."

There were a number of other mental health experiences specifically related to participants' Transgender and Gender Diverse (TGD) identity mentioned in the consultations. Two participants spoke about the mental health impacts related to not being able to have their gender identity fully affirmed. For one participant, they spoke about trying to balance the impacts on their mental health with their decision to delay coming out to family to when they could have the conversations in person. For the other, their experiences of gender dysphoria and related mental health distress was as a result of not being able to travel internationally for the gender-affirming surgery that they had booked for November. Contrasting these experiences, another participant spoke to the 'opportunity' they have had to come out as trans and transition in their own time and space since the start of the pandemic 'because no one was seeing me anyway'.

Some participants also said that being the target of racism was stressful or traumatic and was affecting their overall mental health and wellbeing.

Service providers identified the negative impact of the restrictions on people's mental health and wellbeing. Some issues which seemed to be exacerbating mental ill health, including social isolation, increased stress related to facilitated learning of children, family relationship conflict, escalating or pre-existing mental health distress and increased financial distress. The issues raised across the consultations carried out in July and early August are likely to be even more pronounced now, after extended Stage 3 and Stage 4 lockdowns throughout Victoria.

In contrast, many community participants also felt that lockdown restrictions had increased opportunities for self-care, new activities and learning as a result of the stay-at-home and work-from-home restrictions. Participants spoke broadly about having more time for themselves and flexibility in their lifestyle, including through engagement with a diversity of new hobbies and learning opportunities. Learning to cook, exploring new creative outlets such as knitting, writing or playing a musical instrument, starting a business, returning to study and investing in volunteer opportunities. In addition, opportunities for exercise, engagement with local communities and nature, to enjoy pets and homes, write poetry, take naps and sleep-in, were mentioned in the context of self-care, slowing down, and concentrating on the present moment. Related to this forced and extended time at home, three neurodivergent participants commented on how the reduced sensory input worked better and more intuitively with their natural ways of being. Other

provided more explicit details about how this time provided the opportunity for self-reflection and evaluation of lifestyle, relationships and strategies to improve their mental health. For example:

> *"One of the things that has been a fantastic opportunity for me, removing all of the routines and all of the structure has given me the opportunity to bring in healthier routines,"*

And:

> *"I really had a lot of reflection time and a lot of time to look at what I wanted in my life and what I didn't want in my life. I found that I had this time to really take stock of, yeah, what I want life to look like emerging from Corona in the new world."*

The emerging literature around the mental health impacts of COVID-19 is showing 'widespread increase in psychological symptoms, including anxiety, depression, and irritability' (Fisher, Tran et al. Preprint 10 June 2020; Scott and Lloyd 12 June 2020). A survey which explored the early impacts of COVID-19 restrictions on the mental health of Australians, found people experiencing the worst symptoms were more likely to have lost their jobs, be caring for children or other dependent family members, be living alone or be living in an area with fewer resources. The preliminary findings were not disaggregated according to sexual orientation or gender identity, however, it is likely that LGBTIQ+ people will be experiencing increased anxiety and stress over job losses and economic insecurity given their overrepresentation in industries and sectors most adversely impacted by COVID-19 restrictions (Equality Australia 2020b). LGBTIQ+ people also face the added pressures on their mental health and wellbeing that come with the interactions of increasing economic hardship, transphobia, homophobia and other forms of identity-based discrimination.

Australian and international research found that under COVID-19 restrictions, the already higher than average rates of mental ill-health experienced by LGBTIQ+ people, including depression, anxiety, suicidal ideation, and self-harm, may be 'aggravated by situations of worry, stigma, family harassment, ill-health, and confinement' (Botha 2020; Equality Australia 2020b). When asked if there was anything they were struggling with or which worried them related to COVID-19, almost 10% of LGBTIQ+ respondents in Equality Australia's national survey listed mental health. Equality Australia (2020b) argues that COVID-19 restrictions limit LGBTIQ+ people's access to LGBTIQ+ affirmative contacts and spaces, increasing their social isolation and leaving them more vulnerable to the negative mental health impacts of economic hardship and heterosexist abuse. As one older lesbian woman, living in regional Victoria put it 'My main problem is depression and being isolated from my local active and caring lesbian community' (Equality Australia 2020b).

A number of reports note that the mental health impacts of COVID-19 restrictions are likely to be even more pronounced for those LGBTIQ+ with pre-existing mental health issues (Equality Australia 2020b; LGBT Foundation 2020; Green, Price-Feeney & Dorison 2 June 2020). It may also be more pronounced with those with intersecting marginal identities. The Trevor Project, an LGBTIQ+ youth housing project in New York City, for example, argues that the negative health impacts of measures aimed at combating the spread of COVID-19 may be 'especially pronounced' among LGBTIQ+ young people, trans and non-binary people and LGBTIQ+ people

of colour, all of whom are at increased risk of unemployment (Green, Price-Feeney & Dorison 2 June 2020).

The Flux Study found that physical distancing measures were having a considerable impact on the private lives of Australian gay and bisexual men (AFAO 2020). A little over one third of participants reported feeling depressed or anxious during April this year, while one quarter reported feeling stressed. Carman at al. (2020) argue that LGBTIQ+ people may experience even greater risk of drug and alcohol misuse under lockdown, both as a reaction to and as a driver of their reduced mental health and wellbeing. Whilst alcohol or drug (AOD) use was not discussed by community participants in this study, it is acknowledged they were not directly asked about their use and given the personal nature of this information, it is not anticipated that it would be voluntarily shared in a group setting. A few sector professionals spoke broadly to relapses of mental health issues across communities which have included problematic coping strategies such as AOD.

Social isolation

Some level of isolation or disconnection from loved ones was a universal experience across the consultations. Isolation from friends, family and the LGBTIQ+ community were detailed most frequently by participants, with comments to a lesser degree about isolation from colleagues, student peers, partners who live separately and other communities.

Comments about isolation were largely about missing or not being able to see family or friends, with some participants providing more detail around their individual circumstances. For instance, participants spoke about the added isolation of living alone, being an immigrant or new to an area, without family or established support networks:

> *"I'm an international student. I've been here for two years now and I don't have a family, so COVID has been extremely isolating for me in that way because I don't live with people, and I don't connect to anybody. So, for the past few months, it's been extremely isolating."*

Some people detailed the challenges of not being able to provide or receive the usual levels of support, or the strangeness of not being able to provide hugs when in someone's physical company.

People who are in the early stages of exploring their identity, or who had limited access to the LGBTIQ+ community before COVID-19, were identified as having particularly limited means of forming connections during this time. LGBTIQ+ people living in aged care facilities or other assisted living facilities were also identified as a key at risk group:

> *"If they are the only queer person in their environment they are even further disconnected from their communities or from people that they can talk openly with, from places they like to go and all the other ways their community is made up. They would be heavily reliant on staff who are willing to facilitate that for them on an online format. There are a lot of these options available for them online, but it is always mediated through staff, whose attitudes towards sexuality and gender identity will partly determine whether they access them or not*."

The impact of isolation from the LGBTIQ+ community was felt by a number of participants, many of whom spoke about the complete loss of opportunities to connect. Some named particular community spaces such as queer nightclubs, whilst others spoke about what this isolation meant in terms of not having their identity validated. The significance of this isolation for one younger participant who was not out at home, was highlighted:

> *"I also volunteer for an LGBT organization, and not being able to volunteer has made me feel quite isolated. So, being stuck at home, yeah, it's been challenging because I live with my family and I'm not out to all of my family members, and it feels like I'm kind of back in the closet."*

Another participant shared details about their disconnection from their usual LGBTIQ+ support network. They spoke about being polyamorous and having a wide network of support from the queer community they had built around themselves. People acknowledged that many within the queer community don't have a lot of support from family of origin, don't have a lot of money, and many are facing multiple forms of marginalisation. They detailed how the breadth of this support was not able to be drawn on when needed, both because of the social restrictions in place, as well as the capacity of their LGBTIQ+ friends, who were also struggling, to be supportive. In this way, they highlight the impact of social isolation on already marginalised, and under-resourced communities, many of whom are facing mental health challenges:

> *"A lot of my neurotypical friends, well straight and neurotypical have kind of disappeared, they're dealing with their own things. My queer friends are dealing with their own things in a much more intense way. Most of my queer friends are also neurodiverse or have a disability or have a range of things that they're dealing with. They're not up for communicating or supporting anyone else, they can't do that at the moment. That is stressing me out that I'm concerned for them, and it's also affecting me and that I can't get support from them."*

The added isolation faced by LGBTIQ+ people with immunocompromised health, many of whom also had a disability, was explored in the consultations. Several of these participants spoke about protecting themselves and/or their partner by isolating at home even before the stay-at-home orders were put in place, including making decisions not to work. Some commented on this decision as initially alleviating their anxiety, whilst others spoke about the challenge of being isolated over an extended period of time, highlighting the lack of supports and ongoing fear of contracting COVID-19 whenever they left the house. Providing an example of the compounding mental and physical health concerns for an immuno-compromised individual, this participant shared:

> *"I have quite a few health issues like significant physical health issues as well as significant mental health issues and I also access the NDIS […] and I was immunocompromised during the first Melbourne lockdown. It was quite challenging because I was pretty scared... That was before we knew, I guess how bad it was going to get in Australia and then what it was going to be like. So that was pretty challenging, because just even going outside, most people don't social distance."*

One Asian identified participant who shared about experiences of racism during the pandemic, spoke about how this impacted on them leaving the house:

"Another impact might be just discrimination. So I'm trying to not going out."

The opening up of online spaces for connection, were cited as enormously valuable in providing opportunities for people to remain connected with friends, family and community while adhering to COVID-19 restrictions. Participants identified that for those who face barriers to participation in face-to-face groups and events, the emergence of online groups during this time has provided them, for the first time, with opportunities to connect meaningfully with their community.

Of significance, a large proportion of participants detailed experiences of increased or maintained connection with friends, family and other communities through online networks, social media and other online applications. The diversity in the way people utilised online spaces and connections was noted, including queer, disability and autism communities, exercise groups, faith-based communities and creative spaces. A number of people spoke about experiencing increased accessibility of groups and networks online, particularly related to identity and communities of shared experiences. Many commented that their access improved as everything moved online, removing barriers for people in regional areas, as well as those with disabilities or living in other states. For instance:

"I also found that I became more connected with the LGBTIQ community, because a lot more stuff moved online. So, I've never felt more connected as what I have now with my people, also in the autism community and in the disability community. So, I feel really connected in, and I'm hoping that some of that can remain, because I don't feel so alone now living in a rural town away from a lot of people."

By contrast, there were others who highlighted that there are and have been barriers to connecting online for some communities. The challenges faced by older populations or by some people living with a disability, who may not have the same computer literacy or physical abilities to navigate online applications, were discussed:

"I find it quite difficult because a lot of my friends in the disability community, it's really hard to catch up with them on an online platform. Some of them aren't tech savvy or don't have access to stuff like this, like I do. Or they don't have the ability to talk easily or effectively over a platform such as this. Or the ability to move a mouse or something like that."

For others, financial limitations, such as being unable to afford computers, wi-fi internet or newer phones to improve access to online applications has had an impact on their capacity to connect online. One person spoke about how the necessity of moving house during lockdown resulted in a lack of internet for nine weeks, impacting on their tertiary studies and human connections.

Whilst many acknowledged the ability to maintain connections with close people and communities through online channels, they also admitted that this way of connecting was very different to what they were used to:

Examples about these differences include comments about social media being 'empty', or that some people aren't as open online. Two participants spoke about a lack of context in online communication, both suggesting that information gets easily misconstrued or misunderstood, which can impact on relationships. Another participant spoke about experience of social inequalities and discrimination being amplified online during the pandemic, and about the personal impacts for them:

> *"I'm part of the LGBTIQ community, I'm part of the disability community, I'm Aboriginal, so I'm Indigenous. I live in a rural and remote area. I grew up in a low socioeconomic area. Something I've noticed when we've been in COVID-19 and social media, so Facebook, Instagram, is such a dense space now for... it's like COVID-19 has exacerbated racism, misogyny, transphobia, all of that stuff. It's like it's just hit in this one big social media space, and I've found that I guess because people are in lockdown, they're engaging more and emotions are higher, and people are not responding in the best of ways, I felt that across many of those intersectional areas for me, I've become quite upset at seeing how humans are treating each other in that space. So, I've had to really mind my self-care when it comes to social media."*

Social isolation was also a key issue identified in the desktop review. According to Australian Federation of AIDS Organisations (2020), COVID-19 social and physical distancing measures are affecting LGBTIQ+ people's friendship networks. 'These networks' AFAO argues 'are key sources of emotional and practical support for LGBTIQ communities who often feel marginalised from the broader community' (Carman et al 2020; Green, Price-Feeney & Dorison 2020; Kaniuka, Pugh et al. 2019). The Trevor Project cites research showing how important LGBTIQ+ friends, and social and professional networks are to the mental health and wellbeing of LGBTIQ+ people whose domestic situations are not supportive or affirming (Green, Price-Feeney & Dorison 2020; see also Carman et al 2020). They argue that under COVID-19 lockdown, many LGBTIQ+ people's growing social isolation and disconnection from affirming contacts and networks increases their risk of mental health problems. Equality Australia (2020b) argues this can lead to a vicious cycle of increasing dislocation, with those LGBTIQ+ people who are feeling the most disconnected and vulnerable, amongst the least likely or able to access the LGBTIQ+ professional and personal supports they need.

While New Zealand opted for restrictions and social distancing measures based on inclusive concepts such as 'the people in your bubble', Australia has relied on narrower, traditional definitions of 'households' and 'family' relationships (Equality Australia 2020b). These have made COVID-19 restrictions harder to understand and implement for caregivers who are not related to or living with the people they care for (Equality Australia 2020b). They also discriminate against non-heteronormative families and caring relationships. These include the care and support provided by LGBTIQ+ friends and community visitors to many older LGBTIQ+ people who live alone or in residential aged care, in particular those without children (Equality Australia 2020a & 2020b). They include restrictions on donor parents and people who are part of families of choice, who do not co-habit with the people they love and care for. They are also likely to have negative impacts on the mental health and wellbeing of people in polyamorous relationships and those who rely on casual and regular partners for sex, intimacy, care and support (AFAO 2020).

Economic impacts

The loss of employment, or reduced working hours, were experiences shared by several participants across the community and sector consultations. According to preliminary analysis of responses to Equality Australia's survey on the impacts of COVID-19 on LGBTIQ+ Australians, unemployment rose from 7.5% pre COVID-19 to 12.7% during the first 2 months of the pandemic; almost 1 in 3 LGBTIQ+ respondents have lost some income since COVID-19 restrictions were introduced; and almost 1 in 5 LGBTIQ+ respondents report having lost more than half or all of their income (Equality Australia 2020b). The results to Equality Australia's national survey suggest that while LGBTIQ+ people may be overrepresented in industries heavily impacted by COVID-19, they are also overrepresented in other industries where there have not been large job losses such as education, healthcare and social assistance.

The community consultations highlighted changed capacity to work as a result of the restrictions, as well as immuno-compromised and mental health concerns as some of the reasons for recent job losses. Community participants spoke about the flow on impacts of their financial insecurity, including mental health issues, decisions to return to unsupportive family of origin in order to access secure housing and changes in relationship dynamics due to a loss of financial independence.

Within the sector consultations, service providers highlighted the specific employment discrimination faced by many LGBTIQ+ people, particularly trans and gender diverse people, leading many to work in insecure industries and positions. Many sector participants highlighted that this issue has been exacerbated during the COVID-19 related restrictions, with many people losing work, including in some cases, entire households:

> *"Well, I suppose there's the obvious one of where you have whole households who are working in vulnerable sectors, and so if you get that cluster of issues, so if you have queer households where there's not family support, they're relying on everybody in the household to bring an income, and if people are all in vulnerable industries or sectors or whatever, then you have …everything coming together."*

In contrast, there were a few participants who spoke about improvements in their financial security, due to increases in their Centrelink payments, having rent reduced, or having reduced expenses as a result of the restrictions on their social life.

> "I think the other important impact is that some people are better off, and I think some people's income has gone up, and it would be really interesting to do some looking at, say, particularly trans people and how there may actually be benefits to this switch if we're taking seriously prevention. We would say, the fact that we're not making people live under the poverty line and having all the compounding effects of being queer identified and not being able to get work because of discrimination, and not having a sustainable income through Centrelink, again, that's a prevention issue."

Relationships – domestic, familial, intimate and caring

'it's just been harder to have a healthy relationship with people'

The strain and stress that has been felt in relationships of participants, particularly those who share homes and houses, has been felt by many. The domestic relationships of participants varied from friends in share houses, those living with individual and multiple partners and those living with immediate family members such as parents, siblings, young and adult children and others that they cared for. There was a general sense amongst all participants that these domestic relationships were facing an extra level of strain since the pandemic began. This strain or conflict, in addition to other potential changes in relationship dynamics due to COVID-19 related impacts, are thus highlighted as risk factors, which may contribute to family violence onset within diverse family, intimate, caring and share house relationships.

Numerous reports, policy statements and fact sheets have highlighted the ways in which stay-at-home orders and restrictions on movement have compromised some of the strategies LGBTIQ+ people use to reduce the risk and impact of family violence (Bishop 2020; Equality Australia 2020b; ILGA Europe 19 June 2020; LGBT Foundation 2020; Green, Price-Feeney & Dorison 2020; Toesland 2020). Survival tools such as leaving 'the house to escape or de-escalate abuse' and being able to access supports provided by networks has been a major factor in family violence risk for LGBTIQ+ communities as a result of COVID-19 and accompanying restrictions (Toesland 2020). For example, A young bisexual woman in Equality Australia's national survey, reported that she 'live[d] with a toxic and abusive family'. Prior to COVID 19, one of her 'main ways of staying positive' was to leave the house and see her friends. 'They love and support me, and remind me that I'm not the terrible person that my biological family make me feel that I am. Without this lifeline, and being in lockdown with my family, I feel trapped and alone' (Equality Australia 2020b). This is particularly worrying in a context where LGBTIQ+ violence is often minimised. The desire to protect LGBTIQ+ relationships and communities from judgement and devaluation can lead to an abrogation of individual responsibility for intimate partner abuse (Gray, Walker et al. 2020). It can also pressure victims to put up with abuse from same sex partners or LGBTIQ+ co-habitants, and pressure members of the LGBTIQ+ community to turn a blind eye to family and intimate partner violence committed by LGBTIQ+ people.

LGBTIQ+ people who are subject to increased economic and financial hardship may be at further risk of family violence. This includes LGBTIQ+ people who find themselves increasingly dependent on family members or co-habitants who are openly hostile towards them, or LGBTIQ+ people in abusive or potentially abusive relationships. It also includes LGBTIQ+ people who are part of other minority populations and subject to multiple forms of identity-based discrimination, within and outside their homes. Those who lack the financial resources to leave an abusive home, perhaps because of a change to their employment situation, may feel their safest option is to stay where they are and navigate those risks as best they can.

According to Equality Australia (2020b), LGBTIQ+ young people, and trans and gender diverse people, were over-represented among those who feared or had experienced violence from someone they lived with during COVID-19 lockdown. In Equality Australia's survey on the impacts of COVID-19 on LGBTIQ+ Australians, trans and gender diverse people accounted for approximately one third of those reporting domestic violence in the last 12 months (Equality

Australia 2020b). They also accounted for approximately 39% of those currently living with someone who they fear will be violent, abusive or controlling towards them. Bishop (2020) also noted increased risk and reporting of family violence against trans and gender diverse people in a number of countries.

Young people living with family of origin

The Trevor Project notes that 'an unintended consequence' of physical distancing is that it reduces the opportunities for 'mandated reporters and other concerned individuals to observe signs of potential abuse and domestic violence' (Green, Price-Feeney & Dorison 2020). They note that LGBTIQ+ young people often rely on promptings and direct questions from workers with whom they have developed trusting relationships, to start a discussion about family violence and abuse.

In addition, the literature shows that LGBTIQ+ people at increased risk of experiencing family violence during COVID-19 lockdowns have limited access to institutional supports, including work and education. These institutional supports provide them with a sense of value and worth and informal opportunities to discuss their actual or potentially abusive domestic situations and to seek referrals and supports. According to Equality Australia (2020a, 2020b) this is particularly the case for LGBTIQ+ young people. 'Without the ability to escape to a school environment, or to welcoming friends or other family members, LGBTIQ+ young people…will be at increased risk during this time of physical distancing'. The United Nations (2020) reported that 'due to stay-at-home restrictions many LGBTI [young people] are confined in hostile environments with unsupportive family members or co-inhabitants'.

The most vulnerable cohort highlighted through the consultations was LGBTIQ+ young people who were living with family of origin that were unsupportive at best, and abusive or violent at worst. For some young people, the need to return to family homes as a result of financial insecurity was highlighted, whilst for others who remained at home, the challenges in accessing communities of support was identified by sector participants as contributing to their level of risk. Community participants spoke about the experience of returning to the closet and returning to relationships that undermined their independence and sense of self, and how these experiences impacted on their mental health.

Service providers spoke often to the need for many LGBTIQ+ people living with family of origin, to hide their sexuality or gender identity from their families, for fear of violent or otherwise harmful responses:

> "Some folks from different faith backgrounds who have become isolated in the family home during COVID-19, are really struggling in terms of acceptance of their LGBTIQ+ identity or having to hide it during these circumstances at the moment."

The also spoke to how increasingly difficult it was for young people under restrictions to leave the home to access supports:

> "Lots of young people living at home with parents are really struggling at the moment, and there's no relief from that. There's no school to go to or university or job to go to; regardless of whether or not that's something [they enjoy], it provides some form or relief to be able to get away from complicated situations at home."

And:

"Usually they would leave the home to access those supports and because they're not able to do that and home isn't a safe space to necessarily bring those supports in and those relationships."

Housing support services shared that they have received far fewer referrals and were carrying far fewer cases than they normally would be. They spoke about their concerns that this may reflect people's choices to live with the violence, in the interest of keeping themselves safe from other risks, particularly LGBTIQ+ young people, living with unaccepting family of origin.

"Yeah, this family violence isn't new to them. So why not just wait until the opportunity to really be free from these behaviours is possible and tangible?"

Intimate partners

Those living with intimate partners, including one participant who lived with multiple partners, provided a different level of insight. They discussed increased arguing and conflict in their relationships, increased intensity in time spent in each other's physical space and changes in relationship dynamics. Some people acknowledged that their mental health, job loss or working from home impacted on their relationships. For instance:

"So, with my partner, I think we're not used to being together all the time… He's quiet, likes his own space and I do too... it affects your dynamic, I think, in an intimate relationship like that."

"There's been stresses around boundaries and things like that, more arguing definitely. Although I'm very grateful that I'm still working, there are stresses around that. I find that there's at least two extra hours that I'm doing that I would have been doing face to face, and that brings its own stresses into the house, yeah".

Highlighting the impact of job loss on relationship dynamics, one participant shared:

"I guess, beforehand, we were both quite independent and had jobs. I feel like I'm a housewife now. A kept woman, which is very strange. I was always the one who would be like, "Okay, I like cooking. I'm going to go shopping and grab this and do this." I can't […] do that so much anymore. I have to really let go of control and really ask for help which has been quite lot to do for a person who's that independent."

This experience highlights the significant impact that job loss can play in changing relationship dynamics, including related to roles and responsibilities in homelife and differential power associated with paid work and home life. Adding to this commentary, service providers observed some differential impacts on partners:

"[I]f a household, or somebody's circumstances have changed that's impacting them in a way that's negative, like if they've lost their job, and the opposite is happening to [their partner], it is a really interesting dynamic. How do you reconcile that strain on one person, but maybe the relief on another person?"

One community participant spoke about the compounding stress for those in relationships with pre-existing challenges:

"if you were going through a bad patch, there's nowhere to go. It's just, I have to try to get along in some way."

Another spoke about the challenges for new relationships, where intimacy and vulnerability were developing:

"I guess that's the thing with just learning to ask for help and that sort of thing is, it just takes time to be able to be really vulnerable that way."

Family violence service providers spoke to the fact that as a result of COVID-19 restrictions many people moved in with a partner prematurely, because of fears that they wouldn't be able to see one another under social distancing measures, or because of changes to their employment or financial situation. These decisions were often made despite known conflict or controlling behaviour in their relationships, which escalated once they were living in the same home.

I think where there's existing conflict, we have seen that escalating to people feeling like they are trapped in households, or they're forced to move in together for financial reasons. They would never have made that decision otherwise, so relationships that are poised at the point of conflict, tip over to an experience of abuse for somebody.

Care relationships

The additional strain faced by those providing unpaid care relationships throughout the pandemic has also been highlighted. Providing care in intimate relationships was discussed by many within the community consultations, as were caring responsibilities for siblings, children and other family of choice and family of origin relationships. This included a number of people caring for others with mental health concerns or immuno-compromised health. Many discussed the added strain on these relationships due to heightened mental health concerns and social isolation. People reflected on changes in dynamics due to time spent together, changes in available formal supports, feelings of the loss of independence and increased awareness of others' mental health concerns, for example:

"I'm able to work from home, which in one way is really great because it means my immunosuppression is less at risk... but it also means that because my partner suffers from anxiety and depression, she's become a bit more dependent on me being at home all the time, which impacts on my mental health."

And:

"Being a wheelchair user, it's doubly complicated because I need support to do a lot of things. I've cut down a lot on support to try and cut down my risk, which then puts pressure on my parents and my mental health and everything else. Yeah, just dealing with it as best we can."

The alternative challenges of trying to provide emotional support, mental health care and advocacy for others from a distance was also described by some. For example, one parent outlined her increased anxiety around trying to care for her immuno-compromised daughter, without being able to be physically close.

According to a service provider with expertise in disability support services, for some people, having a formal paid carer visit the home may increase or maintain safety in the context of family violence, and as such the reduction in paid carers visiting homes, may increase risk. They shared:

"Having a carer come into your home and what they can provide was lost. So that meant that people had additional time exposed to their perpetrator, or were more reliant on them for personal care, medication, mobility aids, transport etc. so stopping in home care support could have both of those types of repercussions on people. Also, a person coming in the door can provide a degree of safety for people who are living with family or people who aren't supportive of gender identity. When that was removed, the risk of family violence increased as people didn't have the capacity to ring or talk to anybody else outside the home."

As in this example, it was also identified by community participants that some people seek out LGBTIQ+ friendly or identifying disability workers as a means of connecting with someone from their community. As such, this loss could be felt in multiple ways for those whose paid carers have not visited for some time.

Share house relationships

Those in share houses provided a number of broad comments about increased tension with their relationships with housemates. People discussed needing to manage different expectations around individuals' behaviour or line of work and the associated health risks. Some participants spoke about housemates who weren't respecting the risks to their immuno-compromised health, which led to one participant having to leave that home environment. Others spoke about the extra layers of precaution required of housemates who worked as nurses in hospitals.

"Yeah, definitely just more tension in the household... just housemates, just people that I met this year… [it's] been harder to get along with them... the environment is a bit more tense, so it's just been a bit harder at home, I guess."

Several service providers identified an emergence of conflict or controlling behaviours in share houses:

"I know a couple of situations, with one or two people in households having lots of control over what is or what isn't allowed to happen in their house […] which kind of impacts a lot of people's involvement. I've got people who attend stuff at certain times because the housemates were

home and they didn't want the housemates to hear what they were talking about. And at the same time, don't want to leave the house so it's hard to find that space to have those conversations."

Sector participants highlighted that while share house challenges during COVID-19 are not limited to LGBTIQ+ communities, vulnerabilities were more common among LGBTIQ+ people. Estrangement from family of origin, employment discrimination, and related issues often mean that members of queer share houses are more dependent upon one another for material resource stability.

"It's that compounding thing again, where the risk is that if a queer household falls apart, the risks are greater because there's less support. There's less social support, less family support. So that's where it's important to tease out the real differences between how COVID impacts queer people and others; we're looking at the compounding effects."

Polyamorous relationships

Related to intimate relationships, the challenges faced by LGBTIQ+ people in polyamorous relationships were discussed, particularly as they related to social distancing restrictions and health recommendations. Highlighting the increased level of negotiations and navigation required by polyamorous people, one participant commented:

"I feel like we've got a lot of tools for dealing with it, that there's been a lot of talk about like, "Well, what are my boundaries? What do I want to do? Am I comfortable?" There's been a lot of negotiating because we are non-monogamous. All of us, we're connected to this really vast network of people by actual physical touch and contact."

Uncertainty in not knowing at times whether it was legal to see their partners, as well as the impacts of lost opportunities for dating or sexual intimacy were acknowledged, as they were for other participants who weren't polyamorous. One polyamorous participant spoke about the strain on their relationships they experienced during the initial lockdown in Melbourne and the learning this resulted in for them. Reflecting on this time, they shared:

"I feel like that may have highlighted that maybe living with too many people is not my thing. So, I think it probably brought some issues to a head that were there to really be looked at because of what COVID-19 put us in situation wise. I think I'm probably still navigating some relationship regrouping of constructs as far as being poly goes."

Other family relationships

Whilst not as significant as the commentary around other domestic relationships, strain in other relationships, including family of origin and with ex-partners were also discussed by some participants. There were a small number of participants who spoke about challenges with family members who they felt were behaving in ways which did not demonstrate respect for the health risks. For example:

"We had some issues with our son because he is of the bit younger generation that believes he's invincible and he wasn't taking the precautions that we needed him to take. So, he's actually ended up moving out and with his grandfather. So, it's actually meant there's a lot less tension in our house, which is a good thing, but it's not nice that it's had to come about the way it has."

And:

"He couldn't accept not seeing his girlfriend or having to take shoes off, disinfect at the door or things that we try to explain, because he was still going out to work and doing whatever he wanted. "

One community participant spoke to their experience of having their child withheld from them by their ex-partner, the child's other parent. They perceived that COVID-19 had diminished any chance that they had of getting access to their child, and indefinitely delayed any progress through the courts to formalise a parenting arrangement guaranteeing them ongoing access:

"I know that because of lockdown the chances of being able to see him have diminished to just about zero. The timing of this is bad as there is nothing happening with the court case at the family court, and that's all totally died because everything in the courts that's not considered an emergency has been called off."

This participants' contribution highlights the potential for people who use violence to find ways of using the COVID-19 environment to their own benefit, utilising social distancing restrictions to exert further power and control.

Relationship skills and silver linings

Importantly, new skills and strategies for navigating the strains experienced in relationships were identified by a number of participants, particularly those living with intimate partners. Increased and new ways of communicating, including more open, structured communication about individual needs, was the most consistent strategy provided. The following participant's contribution provides an example of this, whilst also highlighting the value of past counselling experiences:

"I participated, in my twenties and thirties, in individual therapy and I went through anger management and learned techniques to work on myself if I feel I'm escalating with my temper. My wife and I have discussed this a lot because we have noticed that because of COVID and the isolation and being self-isolated at home, we will have disagreements more often. And so, we have developed some new rules […] that I don't think normally we would have had to even explore because she works generally a full-time job, I'm at home working, I have a business. So now that we're really spending a lot of time together, I would say COVID has impacted my relationship on that level. But it has opened up new communication, which I see as a positive."

Intentionally taking time out from each other and working to manage ones' own mental health, were other strategies raised. One polyamorous participant who spoke about managing relationships with multiple partners and children in their home, emphasised the increased need for structured time with set people in order to meet everyone's needs. Another participant who was in a relatively new relationship at the start of the pandemic shared that the circumstances surrounding lockdown and seeing each other experiencing increased stress, led to a high level of communication at an early stage in their relationship which they saw as building resilience. Another participant similarly commented:

> *"If we can survive this, I think we could probably survive a lot of things. It's been very challenging, but then I guess quite rewarding as well. That's a positive."*

Another participant identified a need to respond to their change in personal income and available time at home by evaluating and readjusting the previously 'balanced' roles and responsibilities in housework. They shared that they were ok with doing most of the housework given the change in circumstances, but also identified a strangeness in doing so.

Importantly, in the context of physical separation from many close relationships and people, a positive outcome identified for some participants was increased contact and time with a few discreet people. Some participants spoke about feeling closer with partners, siblings and other family members whom they shared homes with, creating tighter bonds with a smaller circle of friends, enhanced connection with neighbours and as described above, an increased use of online platforms to find creative ways to connect. For a few participants the increased free time has resulted in an increased capacity to reach out for support, provide support and explore ways of giving back to community.

Some participants expressed surprise about how well their intimate relationships were working. Comments related to the ease at which they spent intensive time together, increased understanding of their partners' health and wellbeing and that they have enjoyed the additional time at home. Whilst these comments mostly related to intimate relationships, bonding between housemates and newly established care relationships were also mentioned.

One participant who was a carer for their intimate partner, identified that because they were at home with them every day, they felt more across what their partner was experiencing and so found themselves less anxious about how they were doing throughout the day while working from home.

One participant shared that they had benefited from the experience of confronting challenges and experiencing relationship growth with a housemate. They reflected that without the pandemic and related restrictions the relationship tensions would have previously led to them leave the share-house. Given the challenges of moving to a new house within the COVID-19 context, they were forced to confront the issues with their housemate and have benefited from this open communication and, in turn, closer relationship.

ORGANISATIONAL AND COMMUNITY LEVEL FACTORS

Both service providers and community members spoke to the impacts of COVID-19 and the related restrictions on their experiences at the community level and the service or organisational level. Reflections largely related to people's level of access to, and the quality of services delivered via telehealth, the need for capacity building within the sector and family violence service provision, as well as community level experiences of surveillance and abusive behaviour. Where relevant, the risk and protective factors related to each of these themes have been highlighted.

Accessing services

According to the literature, LGBTIQ+ people underuse mainstream services because of actual or anticipated discrimination including a lack of LGBTIQ+ affirmative service providers (Astles 2020; Carman et al. 2020; Bishop 2020; United Nations 17 April 2020). A number of research reports and policy documents suggest that the barriers LGBTIQ+ people face in accessing mainstream services will increase due to COVID-19 restrictions (AFAO 2020; Bishop 2020; Carman et al. 2020; Equality Australia 2020a & 2020b). Equality Australia (2020b) argues that LGBTIQ+ people's 'concerns regarding COVID-19 have compounded existing fears of discrimination in healthcare settings'. This mirrors Australian Federation of Aids Organisations (2020) findings from a Newgate poll, where 66% of LGBTIQ respondents expressed 'some' or 'significant' concern about access to regular health services as a result of COVID-19. The International Lesbian Gay Bisexual Trans and Intersex Association (ILGA) in Europe (2020) have documented increased reporting of 'homophobia from medical personnel' during COVID-19 restrictions in many countries, which, they argue, has exacerbated the lack of LGBTI-friendly providers and further compromised LGBTIQ+ people's access to medical care and support. Carman et al (2020) suggest that under COVID-19 trans and gender diverse people these barriers may be even further pronounced, with TGD people 'reluctant to access medical support for COVID-19 due to a fear of discrimination or feeling unsafe in shared care spaces' (see also Equality Australia 2020b).

The lack of LGBTIQ+ affirmative mainstream family violence services, and LGBTIQ+ people's lack of confidence in those services, means that some LGBTIQ+ people experiencing or at risk of family violence may neither access nor receive the care and support they need. ANROWS offers a comprehensive list of the barriers LGBTIQ+ people face in accessing family violence services (Gray, Walker et al. 2020). These include inequitable and ambiguous legislation; judgemental and prejudiced social and cultural attitudes; inadequate theories of domestic violence dynamics; homophobic or transphobic language; implicit and explicit attitudes of clients, staff, and legal authorities; stigma; risk of outing; community ties; and re-victimisation. This also includes some LGBTIQ+ people's unwillingness to report incidents of family-related violence to police or criminal justice instrumentalities (Bjarnesen 2018; Leonard & Fileborn 2018; Leonard, Mitchell et al. 2008). Many LGBTIQ+ respondents in ANROWS study cited 'mistrust…of police and the criminal justice system as a result of historical experiences of discrimination…as a significant factor to be considered in DFV/IPV responses' (Gray, Walker et al. 2020).

LGBTIQ+ participant's experiences of accessing health and wellbeing services such as general practice, mental health services and NDIS were discussed through the consultations, with a number of barriers identified. While comments about these services did not explicitly relate to family violence support, it can be assumed that similar barriers to access were faced for those with specific family violence needs.

Service providers spoke to fear of discrimination amongst many LGBTIQ+ people, particularly those with intersecting marginalised identities, which has prevented people seeking help for mental health, wellbeing, and other material needs. Participants commented:

"[They] are often even more limited in the services that they can access that are targeted at queer and trans people, because of both previous experiences of anxiety about potential experiences of discrimination and stigma. Those are really, really well founded."

And:

"Reaching out for help and reaching out to different services… it's in the context of this really punitive public health response, that's really individualised what is actually a systemic problem. That creates a barrier to accessing health care and accessing services at all."

In addition, a number of TGD community participants spoke about adverse experiences of discrimination and lack of understanding of their gender within hospitals during the pandemic, which further highlight the need to ensure inclusive LGBTIQ+ services by addressing cis and heteronormativity within health services and systems.

The various impacts of service delivery barriers were noted by LGBTIQ+ community and sector providers, including not accessing professional support as regularly, or stopping access entirely. Service providers spoke about how some clients have ceased engaging with programs during the height of restrictions, expressing concerns about the impact of being without a service while experiencing high need for a sustained period of time. They shared:

"I think not having the options or the choices there [to attend face to face]… I'm wondering what the longer term impacts will be, and people worrying that the service will run out by the time that happens, and [saying to themselves], "Maybe I just won't continue. Maybe I'll just go back to living my life how I was before"."

The flow on effect of exacerbated mental or physical health concerns were also discussed, including one participant who described the lack of access to medical services as the biggest issue they had faced during the COVID-19 pandemic:

"I find it really hard to talk on the phone and being restricted in only phone consultations has made it really hard. So, it's meant that I've put off that sort of assistance that I've needed until [..] I can't work any longer. So that's probably the biggest problem that I've had."

Further reasons cited for decreased access of services included anxiety about contracting COVID-19 in waiting rooms or emergency departments, services not taking on new clients at the start of the pandemic, a shortage of disability workers, a lack of capacity to engage in counselling whilst focusing on basic needs such as food and housing, and changes in financial capacity. For instance, one participant linked their job loss with their change in capacity to afford their counselling:

"My psychologist, I probably touch base with, say, every fortnight when I can afford it […} obviously less work has meant that being able to access mental health support has been a lot harder."

These various impacts on service accessibility raise significant concern around peoples' ability to receive the professional support they need to support their wellbeing, or their willingness to engage in service support to address emerging issues such as conflict in relationships, changing relationship dynamics, financial strain, isolation from community and family violence.

Telehealth

The limitations of online and phone services have been different for different cohorts of community accessing a range of different services. Suspension of face-to-face services was particularly salient for a number of community participants who were accessing the National Disability Insurance Scheme (NDIS). Notably, a number of these participants spoke to the compounding impact of having a disability and immuno-compromised health. Whilst some participants spoke about having NDIS support increased to cope with the sudden changes in lifestyles, many explained that they initially chose to reduce support because of the increased risk of contracting COVID-19. Those who decided to 'make do' without or put particular therapeutic support on hold, spoke about the increased isolation of not receiving support, or the added pressure it put on their other caring relationships.

"We haven't been able to access much because we don't want anyone in the house getting sick... [They are] very high risk. Yeah, there's always help sitting there, but you can't access it."

Many felt that another limitation of telehealth, rather than face to face services, meant that there was a lack of privacy in the home environment or the added challenge of needing to ensure a safe, confidential space. This challenge, acknowledged by sector and community alike, was raised as having a particular impact for those accessing individual counselling from homes shared with others, or LGBTIQ+ people living in unsupportive home environments. One participant spoke to how this limitation impacted on their engagement in therapeutic services:

"I always felt like even though I was in my room with the door shut, I had kids home that were home schooling, and I had people working from home, I still felt like I didn't have a private space. It was like I was just on alert that someone might walk in right then. I wasn't as authentic and as engaged in therapy as what I normally am."

A service provider shared about the particular challenge faced by some TGD community members, utilising zoom or other video conferencing platforms for service delivery and community connection:

"The other interesting thing is that because so much of the peer support and connections is on screen, it goes beyond zoom fatigue and there are really obvious times where people just don't want to be seen or be visible. That can be around gender dysphoria, or any number of things- not wanting to see yourself all the time. But I think its heightened and it's easy to say: well just turn off the camera – but we also rely on seeing each other to make a connection."

The reduced opportunity for human connection when accessing counselling, general practice, groups or other NDIS supports via telehealth was also raised by some participants. Comments

included 'it's not the same as face to face', 'I find it a bit awkward talking on zoom in groups of people that I'm not really close to' and 'there's a reason why relationship in person still is the greatest driver for change'. In addition, a small number of participants spoke about the limitations of telehealth in supporting their specific needs:

"I felt that being on the autism spectrum, that phone option was really difficult for me to communicate and understand communication as well. I rely on being face-to-face to be able to communicate properly."

However, there were a significant number of participants who spoke about positive experiences of accessing general practitioners and various mental health and relationship services via phone and video conferencing platforms. Some participants felt they were able to maintain relationships with service providers through telehealth, as well as reach out to new service providers and helplines during the pandemic. Of those that found these experiences to be overall positive, some provided details around themes such as the easy access of telehealth services, whilst others provided appraisals about the service provision they had received. For example:

"I probably had maybe four or five phone sessions of counselling […] I always feel better after them and the first time I just felt amazingly better [...] I was disappointed it was every two weeks because usually with counselling I'd do it weekly, and I asked a few times if I could do it more often but obviously she didn't have the time on her schedule. But yeah, after the first time I put the phone down and felt incredibly better and the second time a lot better and the two or three other times, I definitely felt a lot better after the session."

There were a number of people, especially those with a disability or who were regionally located who spoke about how the move to telehealth increased their ability to access health and mental health services. For many with disabilities the accessibility challenges of face to face services have been overcome, 'making things a lot easier'.

"For me, there's actually the service provision via Zoom and teleconferencing and stuff, it's wonderful because of my sensory issues. If I had to go somewhere to do this, I actually would not have ever participated because it's loud out there."

Sector participants echoed these ideas, sharing that since COVID-19 many people are reaching out or engaging for the first time in services or communities, and forming new connections and relationships. Where access to family violence services may be impacted under COVID-19 restrictions, this increased engagement with services for other mental health or relationship issues may be supporting people to identify and get help with risk factors early. Service providers acknowledged that online service delivery has made access possible for the first time for many LGBTIQ+ people, who have faced geographic, health, and other barriers to access up until this point. One service raised the need for policy and funders to consider these expanded service delivery options:

"I think we've learned a hell of a lot about the incredible benefits of these kinds of delivery, and not delivering in that way, there's a number of constraints like geographical boundaries to our own funding agreements, and all that kind of stuff, which would be really good post this to lobby government to say, "Well if we're going to keep delivering in this way, we need to talk differently about boundaries to the agreements that we have.""

Building capacity within sector

Inadequate resourcing of specialist LGBTIQ+ services emerged in the literature. Equality Australia (2020a and 2020b) argue that a withdrawal and lack of financial support for community organisations, coupled with a lack of consideration of the impacts of the pandemic on programs and services led by and targeting minority populations, will have medium to long-term negative impacts on the LGBTIQ+ community sector. Many LGBTIQ+ community-led organisations receive little government support and rely on intermittent funding and volunteers (Bradshaw and Seal 2018). In the absence of government financial support during and after the pandemic, a significant number of these organisations may cease to operate, increasing LGBTIQ+ people's sense of isolation and making them more vulnerable to discrimination and its effects.

Within the consultations with both service providers and community participants, themes of service capacity, including the ability to meet need and to provide LGBTIQ+ inclusive and responsive services were discussed. Both service providers and community participants identified the need for greater capacity to meet the demand faced by the LGBTIQ+ service sector, including increased funding for LGBTIQ+ targeted relationship counselling and family violence services. Community participants shared that they wanted to be able to access providers with LGBTIQ+ lived experience, or at least where they felt their identity was deeply understood. This commentary suggests that cis and heteronormativity within service delivery may negatively impact on LGBTIQ+ peoples' help-seeking behaviour and potentially contribute to minimising of LGBTIQ+ family violence.

Responding to the question about what types of support services they would recommend, one participant shared:

"[W]here you don't have to explain your queerness… I don't find it helpful. I find it's like I don't want to have to educate the person I'm talking to."

For a number of community participants their ability to access LGBTIQ+ identified practitioners with shared lived experiences, is something that has been facilitated through telehealth.

"I normally see a psychologist who I travel for three hours return drive to see, because that's the closest one I can access. A bonus was I didn't have to drive to see them, so that saved on travel time and energy to do that, which I thought was absolutely great, because they've never offered the Zoom option before."

Service providers highlighted the fact that, in addition to maintained and increased capacity within the LGBTIQ+ service sector, knowledge and skills around servicing the LGBTIQ+ community in an inclusive way must exist within mainstream services.

"It's good to have that option [of attending a queer service], but you want to be able to go a mainstream service where they still get it."

Service providers identified that many family violence services are not only lacking in the skill to respond appropriately to LGBTIQ+ people, but some services refuse access altogether to women who are not cisgender.

"That's also I think the transphobia, which is pretty rife in [mainstream family violence] organisations, is really off putting for a lot of people. I think what I've noticed now is, there seems to be a bit of a shift towards, "Oh yes, we acknowledge that trans women exist, but this just isn't a service for them."

Additionally, the need to ensure appropriate supports are in place to support lived experience workers who are put under enormous pressure was raised in this context:

"[There is a] sense of exhaustion by being surrounded by sadness, stress, anxiety all the time. It's probably safe to say that most of the [Advisory Group] are mostly working in spaces that they are also a part of themselves – so there is the added peer impact too. It sticks with the person and weighs on them more, rather than the good feeling of helping someone. So, it's very hard to find activities within the peer support space that are elevating and energizing – scary looking at a long period of time. The uncertainty is disconcerting and scary."

Family violence service delivery

Service providers shared some of the ways they have been able to continue to provide meaningful family violence services to people, despite the limitations of COVID-19 restrictions. In addition to the transition to online and telehealth services, service development has included the introduction of new processes and strategies to ensure safety and privacy for people taking part in sessions or groups in their home, as well as the adoption of flexible engagement solutions.

A number of service providers who took part in the consultations identified what they felt could be valuable as part of family violence prevention initiatives based on their learnings from service delivery during this time. One gave an example of the approach their service has been using to reach families early, before risk becomes escalated. They spoke about making use of strengths-based language and promoting healthy relationships, both in their work with families and their service's primary prevention education work with young people:

"We're really trying to be a little bit more dynamic with the terms of family violence and the rhetoric for family violence and trying to really encourage people to just talk to us if there's any type of discomfort from relationships, from family members and just trying to really push that healthy relationships rhetoric."

LGBTIQ+ specialist family violence service providers also spoke to the potential value of drawing upon wisdom from healthy LGBTIQ+ relationships across LGBTIQ+ specific and mainstream family violence prevention efforts.

"We are getting anecdotal reports of, say, same-sex couples who have, saying, 'We've always shared the labour and it's not an issue.' There might be more labour, but it's shared equally. There is much more capacity to share labour already in the relationships, and so that's a prevention message for mainstream. I think that it would be really interesting to say there are strengths in our communities that are under-spoken about, and our family violence work shows that we have ways of doing prevention that would be interesting for mainstream to consider. Sharing labour is one of them."

Another participant discussed the ways in which family violence was recognised within the COVID-19 context, discussing the fact that abrupt changes in relationships and households, like working from home or a hasty move into a shared house for the first time, in some cases had allowed people to recognise troubling behaviours more easily.

A number of family violence, family service, mental health and youth service providers shared challenges and their emerging solutions to providing services to young people living in home environments where there is family violence risk. One service spoke about establishing a new online family violence group for young people, which they previously thought was too difficult to manage in terms of risk to and safety of participants. The need to respond during COVID-19 has meant that they have commenced this new service and are creating strategies and procedures to establish and maintain safety with young people through zoom, Facebook and other online platforms.

"What had planned to be in person, had to be adapted for online and it's still evolving, responding to client needs. It did start just as a Facebook group to allow people to access it in their own time, because of the potential risks of, "Hey, let's have a Zoom conference in the middle of your home." At this stage, we do actually have clients who do feel safe to connect via Zoom in the home."

Another LGBTIQ+ youth service expressed similar concerns and solutions. Strategies identified included using text or chat boxes only in some circumstances, establishing shared understanding about what words are safe to use in online group spaces, e.g. "LGBTIQ+" or 'queer'; creating code-words to refer to certain topics; and, ensuring processes to establish safety at the beginning of groups or counselling to let facilitators or practitioners know of safety or privacy concerns. In addition, practitioners who are working with LGBTIQ+ young people spoke to a process of enhancing their consent processes. They became aware that explicit consents around a young person's right to privacy and confidentiality, while engaging in counselling in the family home, were necessary for the safety of the young people, establishing safety protocols around conversations being overheard or deliberately listened to.

Also responding to the lack of privacy in home environments as a widely identified barrier to participation and effective engagement, another family violence provider spoke about needing flexibility in their service delivery model:

"It is really hard to engage with people when they're not able to leave. I think people have been pretty innovative in how to engage and when to engage. We've had people call during showers, when people are sleeping, going to the grocery store, and those kinds of things. I guess for us, we're trying to just be as available whenever for somebody to call."

Service providers also identified that while in many ways the presenting needs hadn't substantively changed for individuals, the need to respond with urgency has become more apparent:

"The difference in presentation is that we understand that these are really immediate needs. It's not that suddenly the presenting needs have changed, it's that in this second lockdown, there's an escalation in particular areas, and our service response has had to be faster."

One person who was both a service provider and community member spoke about the common belief within the LGBTIQ+ community that family violence is only physical violence. They spoke

about the way this limits access to appropriate responses and supports for people whose experiences of family violence fall outside this understanding. It also limits family violence prevention messaging within LGBTIQ+ communities.

Whilst community member participants were asked not to talk about experiences of family violence, within the community consultations, a small number of participants offered their insights and perspectives about family violence increasing during the pandemic. Viewpoints offered included the opportunity for a person using violence to have total control in a domestic environment, the lack of access to other supportive relationships, increased financial and emotional stress and changes in relationship dynamics as a result of extended time with partner/s, family members or house mates.

Lateral violence & community surveillance

An additional theme raised by a number of service providers related to client experiences of having to push the limits of, and in some cases, act outside restrictions, to ensure that they were staying mentally well. They shared that people were feeling guilt or shame about needing to spend time face to face with a friend in the park, and so would hide these things from friends and community for fear of backlash.

LGBTIQ+ sex workers who needed to continue to work for financial reasons would often not tell others within their communities that this was what they were doing, for fear of being judged. It was identified that for some this may be impacting on their strategies for keeping themselves safe while working. Other participants spoke to the increased surveillance by neighbours of LGBTIQ+ sex workers being reported for activities, which were allowable activities during COVID-19 restrictions, because of biases held against them. For example:

"[Some are] turning people in on the basis of knowing their sex worker status, when in fact they're not actually doing sex work at all. Maybe they're just having a personal partner come to their home or someone providing care, not relating to [their work] whatsoever."

One person in the sector consultations spoke about how lateral violence and policing within the queer community, particularly within online spaces, made it difficult for people who were questioning, or questioning of queer politics to find supportive networks:

> The sense of the policing that happens within queer community around what you can and can't say about your transition, for example. That issue comes up a lot in counselling, but I also think it's probably something that is in what everybody's talking about here, which is, how do you find the space, say, to be questioning? Which might include questioning of queer politics, or your own community or whatever, in these new unconfidential [sic] spaces.

STRUCTURAL AND SYSTEM LEVEL FACTORS

The amplification of systemic discrimination and inequalities as a result of the COVID-19 related restrictions were highlighted by community and sector participants. Homophobia, transphobia, racism, and ableism in particular were spoken about across the consultations, with insights into how these social inequalities impact on social structures such as financial security, employment, policing and access to health advice and inclusive health and wellbeing service. A number of

community participants shared the belief that COVID-19 has highlighted and exacerbated social inequalities broadly.

These findings were also highlighted in the emerging literature, with a number of authors highlighting that the impacts of COVID-19 will be more pronounced for minority LGBTIQ+ populations (Astles 2020; Bishop 2020; Carman et al. 2020; Equality Australia 2020a & 2020b; ILGA Europe 2020; LGBT Foundation 2020; Novio 2020). International and Australian research reports and policy statements list a range of what Equality Australia (2020b) calls LGBTIQ+ people 'with additional needs based on other attributes'. These include trans and gender diverse people, LGBTIQ+ young people, older LGBTIQ+ people, sex workers and LGBTIQ+ people who are part of other minority populations and are subject to multiple, intersecting forms of discrimination including LGBTIQ+ Aboriginal and Torres Strait Islander Australians, LGBTIQ+ migrants and refugees, and LGBTIQ+ people with disabilities.

Racism

Of notable significance, the experience of social discrimination or abuse most frequently mentioned by community participants was racism. Participants from diverse cultural backgrounds detailed experiences of abuse and discrimination in public spaces, places of work and study. Targeted racism toward people of Asian heritage during the early COVID-19 outbreak was highlighted by a number of participants in the community consultations. One participant mentioned that their experiences led to a decision not to go out as often, thus suggesting isolation could be compounded for those facing similar abuse and or discrimination:

> *"I'm Asian, so whenever I wear a face mask and go out, people are just staring at me with kind of strange look."*

Another participant of Asian heritage discussed the racism experienced by members of their family and community and the specificity of the targeted nature of racism toward Asian people throughout the COVID-19 pandemic.

> *"Being Asian in COVID-19, that's quite hard… I've heard stories from my friends, even my family members who've been targeted and stuff, and that's been, yeah, pretty bad"*

Several people referenced the fact that they had not experienced this kind of discrimination or abuse before, or for a long period of time. For example:

> *"I've noticed like an uptick in the students that I've been dealing with at my work expressing racist abuse to me. Yeah, so I feel like that's been really unusual because it's not normally something that's part of my life, at all."*

One participant on a temporary visa provided insight into the experience of compounding forms of discrimination, stigma and marginalisation:

> *"There's the people from Middle Eastern backgrounds with an LGBT community already facing a stigma, like being a terrorist, that being a Muslim, being all this stuff. This was before the pandemic, and now it's adding another chunk, and for being bisexual, it's a third chunk, and you're living in a country*

with a lot of restrictions (sic), who've got a lot of limitation for internationals (sic). They pretend that everything is available and supportive, but it's not."

One participant spoke about their experience as an international student, facing discrimination in the housing rental market, and unable to access any financial support:

"The main [impact] I would say was being on a temporary visa. Being a person of colour in that aspect of my identity definitely impacted me more than other parts. I mean, just being on a student visa impacted everything. I wasn't really eligible for any loans, wasn't eligible for any grants, compared to my peers who had support from the government monetarily, I didn't really have that."

Service providers highlighted the inequities in how COVID-19 restrictions and responses have been implemented. They spoke to the targeting of certain communities, like who was being stopped and questioned by police, or who was being issued a fine.

"There are very obvious [examples of] targeting, and identities like class, race, those statuses, I think are really impacted in obvious ways, but then there's whatever the underneath effects of that [are]. I think practical examples might be when people need to leave to do their shopping, they might be approached and questioned on that, because they're being profiled, because of their identity."

The hard lockdown of nine public housing estates in Flemington and North Melbourne was spoken about by many service providers in terms of the profound impacts for clients. This hard lockdown of around 3000 residents was enforced by the Victorian Government on July 4th, in an effort to contain the spread of COVID-19 within the estates. No resident was allowed to leave their house, and the lockdown was enforced with a high police presence around the towers for a period of five to fourteen days, depending on the numbers of COVID-19 detected in each tower. Sector participants raised the association between COVID-19 transmission risk and race, as becoming more salient in the context of these hard lockdowns. Service providers identified client experiences of feeling a higher level of surveillance by authorities and within the community on the basis of race, something that was felt by young people, in particular. For instance:

"It might be because they're a young person and authorities or adults are wondering why they're not at home doing the right thing, and I think there's a power differential there, and then if they're a person of colour, I think the world likes to really target people of colour, doing any activity."

Sector professionals also raised the issue of the production and dissemination of COVID-19 related health advice in languages other than English, making it difficult for people from non-English speaking backgrounds to understand or comply with changing public health advice:

"It's difficult for us I suppose as native English speakers, to actually figure out what those restrictions mean. Then, there's the added problem of a total lack of translation. We've seen a lot of communities having to do that for themselves […] we saw the Flemington flats being locked down and

everything, and the people in those communities actually had to translate the government directives for themselves with no assistance. That's also a huge problem, given the racial nature of a lot of the policing as well."

It was identified that some service organisations have taken it upon themselves to provide translation of Victorian government directives to their communities, in response to the lack of access to this information being offered by the government.

These experiences of racism and structural discrimination were also highlighted in the literature. The LGBT Foundation notes that many LGBT refugees and asylum seekers will have experienced not only the trauma of displacement and relocation but also, for some, added discrimination and abuse from home cultures that are unsupportive or hostile to LGBT people (The LGBT Foundation 2020). The Foundation's helpline experienced a 260% increase in calls regarding asylum and refuge in mid-March to early April compared with late February to mid-March 2020 (The LGBT Foundation 2020). Many migrants and refugees are reporting increased discrimination, prejudice and resentment since the onset of the pandemic (ILGA World 2020; Whittington 2020). Some national and regional governments are encouraging scapegoating of refugees as vectors of COVID-19 transmission to promote or enact hard-line migration policies (ILGA 2020).

In Australia, there have been increased reports of harassment and vilification of Australians and migrants and refugees of Asian heritage since the onset of the pandemic (Vrajlal 31 July 2020 updated 13 August 2020; Zhou 17 April 2020). In addition, LGBT migrants are likely to experience significant financial hardship, poor mental health, insecure housing and social exclusion, particularly if their request for asylum is uncertain. LGBTIQ+ migrants are more likely to work in the informal sector and lack access to a range of employment benefits (Astles 2020). Refugee and asylum seekers, including LGBTIQ+ people, will not have access to COVID-19 economic and employment relief measures in countries where they are only available to citizens or permanent residents (Equality Australia 2020a).There have been reports of added pressures on LGBTIQ+ refugees and asylum seekers quarantining in non-LGBTIQ+ affirmative spaces (Dixson 30 March 2020), with trans and gender identity diverse migrants particularly vulnerable to exploitation due to discrimination on the basis of their gender identity (Astles 2020).

A report by Trevitt (2020) on behalf of Change the Record, looks at 'the impact of COVID-19 policies, policing and prisons on First Nations communities'. The report does not name LGBTIQ+ Aboriginal and Torres Strait Islander people specifically. However, it is likely that in addition to the issues raised in the report, LGBTIQ+ Aboriginal and Torres Strait Islander people may face unique economic and social problems arising from the interactions of colonialism, racism in addition to homophobia, biphobia and transphobia under COVID-19. The report notes that Aboriginal and Torres Strait Islander people have poorer health outcomes than Australia's non-Indigenous population and much higher rates of a range of medical conditions that carry an increased risk of COVID-19 infection and complications following infection. The report also argues that Aboriginal and Torres Strait Islander people and communities are 'disproportionately affected by some of the more punitive and restrictive COVID-19 policy responses' (Trevitt 2020). They include criminal laws targeting people experiencing homelessness or spending time in public areas and increased surveillance and policing. The report argues that the effects of these measures are more pronounced for Aboriginal and Torres Strait Islander Australians who

are already severely economically disadvantaged and subject to increased surveillance and policing compared with non-Indigenous Australians. These effects include increased incarceration and exposure to COVID-19 in detention centres; the separation of parents from children due to cross-border closures and travel restrictions; the disproportionate economic impact of fines; and difficulties in victims of family violence accessing the legal and emergency support they need.

Ableism

Sector professionals and community members also highlighted discrimination experienced by the disability community, who have been advocating for work-from-home conditions for some time prior to the pandemic. Whilst creating work opportunities for some, the ableism of workplaces and industries not to have provided the support to do so prior to the pandemic, has been highlighted. In addition, the ongoing discrimination faced by some adult disability enterprises, and related risks was also noted by this sector participant:

> *"Adult disability enterprises, which is basically like legal slave labour where people are paid 3 or 4 dollars an hour doing things like pick and pack, or sorting beads etc. were never closed when people were told to stay home and work from home. A population of people who are already significantly vulnerable and not receiving any targeted health messaging, as no one was telling them specifically what they should be doing and all of them almost exclusively use public transport, were just expected to continue going in to work."*

Furthermore, discrimination within government income payments was highlighted. It was noted that the disability support pension and aged pension were not increased as many other Centrelink payments were and that these inconsistencies were particularly salient given the vulnerabilities faced by the aging and disability communities due to COVID-19.

A disability researcher identified concerns for LGBTIQ+ people with disabilities living in assisted living environments. Under COVID-19 restrictions, people's access to queer community may be entirely dependent upon the efforts and motivation of staff members. Where these staff members are unsupportive of their clients' LGBTIQ+ identities, clients may not be able to access community at all.

> *"I think that even once stage 3 restrictions have lifted, we will see these sites stay at a higher level of lockdown and limited access. That means that the people living there can't see their friends or their families, but also if they are the only queer person in their environment they are even further disconnected from their communities or from people that they can talk openly with, from places they like to go and all the other ways their community is made up. They would be heavily reliant on staff who are willing to facilitate that for them on an online format, there is a lot of these things available for them online, but it is always mediated through staff whose attitudes towards sexuality and gender identity will partly determine whether they access them or not."*

Within the literature, there is limited Australian research on the health and wellbeing of LGBTIQ+ people with disability and only a few research and policy documents that address the specific issues they face under COVID-19 (Equality Australia 2020a; Leonard & Mann 2018; Wilson,

Bright et al. 2016; Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disabilities 15 April 2020). A research and policy review commissioned by Pride Foundation Australia (previously GALFA) found that LGBTIQ + people with disability were subject to multiple forms of discrimination including heterosexism from within LGBTIQ+ communities and ableism from the mainstream (Leonard and Mann 2018). Compared with both the mainstream population and LGBTIQ+ people without a disability, LGBTIQ+ people with a disability are at greater risk of violence and harassment and mental health problems including anxiety and depression. They are less likely to be connected to LGBTIQ+ and disability communities and social networks; may be subject to increased financial control by families and carers; and have reduced access to tailored information and resources, including information on sexual expression, intimacy and relationships (Leonard and Mann 2018).

Equality Australia (2020a) expressed concern that LGBTIQ+ people with disability may experience additional disadvantages 'associated with the impacts of COVID-19 in their lives'. These include difficulties in accessing basic supports and essentials including equipment, transport, food and ongoing care. They note that LGBTIQ+ people with a disability may be at increased risk of job loss and insufficient financial support, and to the negative impacts of social isolation during lockdown including increased risk of violence and sexual abuse and reduced mental health and wellbeing. According to Equality Australia (2020a), informal LGBTIQ+ disabled peer support networks are reporting a rising demand for basic needs, such as food, support and information.

Homophobia, biphobia and transphobia

Service providers spoke to experiences of surveillance of and discrimination against LGBTIQ+ people and communities during COVID-19 restrictions. The vast majority of these experiences pertained to surveillance on the basis of race or trans or gender diverse identity.

A number of service providers spoke to the sense of relief some Trans and Gender Diverse people have experienced from not having to go out into public spaces where they would be subject to surveillance on the basis of their (non)conformity to normative gender expression.

> *"Walking through the world mid-transition, I think is really hard for a lot of clients that I'm speaking to, and they're finding, it's nice to be at home, where they don't have to be out in the world before they are more passing […] and have those pressures. But when they do, maybe it's even more intensified at the moment."*

Echoed by community members, another participant commented that they had experienced less mis-gendering as a result of not having to physically attend their workplace, where they dealt with transphobia from customers and a boss. Whilst the positive outcomes of these experiences are noted, it is important to highlight they also speak to transphobic discrimination and rigid and binary notions of gender and gender expression which exist across our society.

For LGBTIQ+ people living at home, service providers identified concerns around exposure to homophobic or transphobic parents, with no means of respite.

"Lots of young people living at home with parents are really struggling at the moment, and I think in particular when there's no relief from that, there's no school to go to or university or job to go to, regardless of whether or not that's something that [you enjoy], [there's no way] to get away from complicated situations at home. I think that's a pretty good example of this compounding effect. Not only have you lost your job or your social life from over in a school work, but now also you have to be slapped with your homophobic parent also."

Whilst not specifically COVID-19 related, service providers also discussed the ways in which violent attitudes against certain groups of LGBTIQ+ people are normalised across society. In particular, the connection between homophobic and transphobic social norms, and social control over young people, where highlighted. The compounding nature of these social hierarchies and norms in erasing family violence specifically towards LGBTIQ+ young people was identified:

"When a gender questioning young person is being grounded because they're gender questioning, and the parent doesn't want them to go out and meet other people who they will have something in common with, and where that becomes coercion and control, we still get asked, 'Is that family violence?' And that's because gender isn't really taken seriously as a point of discrimination. It's like, 'Oh, well of course parents will be worried. Of course, they won't want their child to transition.' Well maybe they won't want it, but do they have the right to control to that extent the life of, say, a 16-year-old, and break down their social bonds with other people? Do they have that right? That is family violence in any other contexts, but in this context, it's sort of, 'Oh, you know, not so bad.' Where transphobia and homophobia are normalised as part of our culture, and then you have to speak back to it really directly. 'No, it is actually.' There's a normalisation of those phobias, and if they're normalised, then you don't see them as family violence."

An example of how this discrimination is embedded in systems was also provided:

"You need cultural change, because I think especially for folks from the LGBTIQ+ community, it's so assumed that any kind of discrimination is normal, particularly within families of origin and particularly with young people, because young people are disempowered. That your parents know best, your parents have the rights, your parents can control this. Sometimes that's really embedded in systemic and institutionalised systems. Sometimes that's used, even legally protected, in a lot of the instances of family violence against intersex young people."

According to the literature, LGBTIQ+ young people who are currently living in, or were forced to return to hostile domestic environments under COVID-19 have fewer avenues of support and escape (Botha 4 June 2020; Equality Australia 2020b). They have reduced access to LGBTIQ+ friends and support groups, LGBTIQ+ community organisations, and professional assistance. This includes the closure of schools and colleges and the shift to on-line learning which deprives many LGBTIQ+ young people of friends, support groups, counselling and mental health services and avenues for reporting domestic abuse (Katz-Wise 2020; Sullivan, Doran, & Dalzell 2020). Under lockdown, LGBTIQ+ young people who are in close proximity with hostile family members

or co-habitants face the everyday, continuous threat of emotional and in some cases physical abuse, psychological abuse, increased surveillance and financial control. For LGBTIQ+ young people who are not out to family members or co-habitants there are the added fears of being caught. This can lead to increased hyper vigilance and further reductions in contact with LGBTIQ+ friends and social supports, including the use of mobile phones and social media.

According to Equality Australia (2020a) we will see greater interactions among LGBTIQ+ people and law enforcement officers as they continue to police social distancing. Despite dramatic changes in community policing in Australia over the past two decades (Leonard and Fileborn 2018; Societies of Evidence-Based Policing May 2020) the historical legacy of police harassment and violence against LGBTIQ+ people continue to be a powerful presence in older LGBTIQ+ people's lives. It also remains a lived reality for LGBTIQ+ people who are part of other minority groups that continue to have poor relationships with law enforcement (Equality Australia 2020a). These include queer youth, trans people, people with cognitive and intellectual disabilities, First Nations peoples, sex workers, and illicit drug users among others (Equality Australia 2020a). LGBTQ+ participants in a study conducted by ANROWS cited 'mistrust…of police and the criminal justice system as a result of historical experiences discrimination…as a significant factor to be considered in response to family and intimate partner violence' (Gray, Walker et al. 2020).

DISCUSSION

CONNECTING COVID-19 RISK FACTORS TO PRIMARY PREVENTION

A number of academic and family violence agencies have called for the development of more expansive models of family violence that include violence against women and children by their male partners *and* violence against LGBTIQ+ people in families and intimate relationships. ANROWS used 'a feminist post-structural framework' in its study of tailored LGBTQ family prevention programs in NSW. It argues that this framework allows for consideration of 'the effects of a predominantly gendered analysis of DFV/IPV on sexuality and gender diverse people and experiences of DFV/IPV beyond a binary, male/female heteronormative frame' (Gray, Walker et al. 2020). Rainbow Health Victoria's guide to the prevention of LGBTIQ family violence relies on a 'gender transformative approach that challenges rigid gender norms by simultaneously addressing cisnormativity and heteronormativity' (Carman et al. July 2020). This 'gender transformative approach' builds on work done by Our Watch and GLHV (now Rainbow Health) that identifies common drivers of violence against heterosexual, cisgender women and LGBTIQ+ people and communities (Horsley, Pierce, et al. 2019; Lay, Horsley, Leonard et al. 2018). We argue that attention to homophobia, transphobia and biphobia, whilst significant in addressing the marginalisation of LGBTIQ+ communities, must be addressed in conjunction with other forms of social inequality such as racism and ableism, using an intersectional framework.

The key findings from this research highlight the magnification of social inequalities which have been experienced by LGBTIQ+ people since the beginning of the pandemic, including significant experiences of racism, ableism and community surveillance based on people's LGBTIQ+ identity. Therefore drawing on the impacts of homophobia, transphobia and biphobia, without taking into consideration the broader patriarchal system within which these and other discriminations operate, minimises the impact of intersectionality and multiple forms of discrimination on people's individual coping strategies, relationship dynamics and opportunities to thrive within society's systems and structures.

The consultations for example explored the way in which racism had been overtly experienced by many, with increased surveillance and discrimination at a community level. One participant spoke about how their experiences of racism at a community level had led to their decision to not to go out as often, thus compounding their feelings of social isolation. This mirrored examples of Trans and Gender Diverse people experiencing transphobic discrimination and a fear of entering into public spaces where they would be subject to surveillance on the basis of their (non)conformity to normative gender expression. These examples, both highlight how structural norms and power imbalances impact people's individual, relational and community level interactions. They also interplay and intersect. Trans and gender diverse people of colour, for example, may experience both forms of discrimination concurrently. Separating these out or concentrating on one form of discrimination without assessing others, may not only be minimising, but may also be damaging. Furthermore, these experiences of community and systemic violence demonstrate the social context in which family violence towards LGBTIQ+ people and other marginalised communities exist, thus identifying a primary need to address all forms of social inequality, including homophobia and transphobia in efforts to prevent family

violence.

The consultations also identified limitations within the service system which further marginalise LGBTIQ+ people and in doing so contribute to the minimisation of LGBTIQ+ family violence. Consultation data and the literature highlighted discrimination and a lack of understanding of LGBTIQ+ people within mainstream health and wellbeing settings, as a significant barrier to help-seeking. In addition, a lack of inclusive mainstream family violence services for LGBTIQ+ people and under-resourced LGBTIQ+ family violence and health and wellbeing services, highlight the systemic failings of governments to adequately fund inclusive LGBTIQ+ family violence services, from primary prevention through to response.

There are some cohorts who have been identified as particularly at risk as a result of the structural issues which influence individual and relationship level factors. This analysis has shown, young LGBTIQ+ people have been disproportionately impacted by financial pressure and as a result are an extremely vulnerable cohort. Many were forced to live once again with family of origin who were unsupportive at best, and abusive or violent at worst. Community participants who took part in this project spoke about the need to 'return to the closet' and 'return to relationships that undermined their independence and sense of self'. These experiences have not only had extreme impacts on mental health but also on people's ability to access safe and supportive networks that promote wellbeing and social connection. Many of these LGBTIQ+ young people have been cut off from services and have been put at risk of family violence. This fits with the broader literature which shows that many LGBTIQ+ people leave hostile families of origin to establish or join families of choice, a kinship of like-minded people, where they feel valued and affirmed (Gorman-Murray, McKinnon & Dominey-Howes 2014; Parkinson, Leonard, Duncan & Jeffrey 2018). Returning to hostile domestic environments during disasters reduces LGBTIQ+ people's access to friends and affirmative social networks and increases their risk of physical and psychological abuse (Dominey-Howes, Gorman-Murray & McKinnon 2014; Gaillard, Gorman-Murray & Fordham 2017).

Referring back to our initial framework, this research highlights how structural inequalities and societal norms can be drivers of violence, leading to discrimination, a lack of understanding and recognition of LGBTIQ+ people across society, and impact on individual and relationship level risk factors. The inter-related nature of these factors should be considered when exploring family violence prevention frameworks for LGBTIQ+ people.

LINKING STRUCTURAL INEQUALITIES AND SOCIETAL NORMS TO INDIVIDUAL LEVEL RISK FACTORS

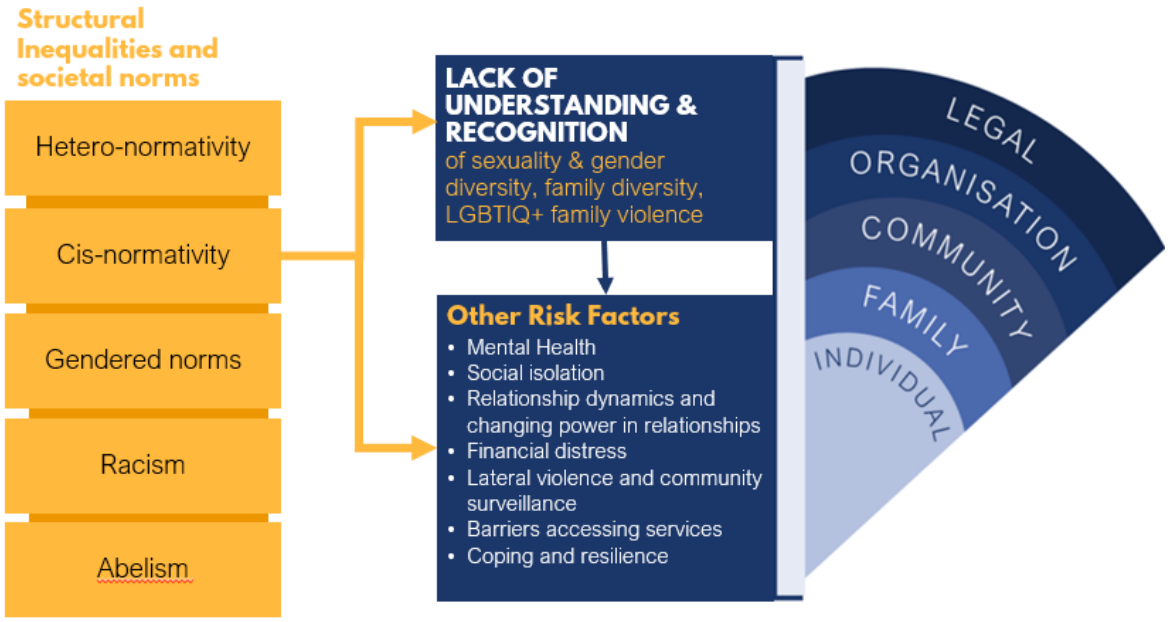

Figure 8. Linking Structural Inequalities and societal norms to individual level risk factors (Centre for Family Research and Evaluation, 2020)

There are, for instance, several examples of how societal norms influence individual risk factors and relationship dynamics. There are also examples in this analysis of how gendered norms interact with other structural inequalities and social norms. For example, people within the community consultations spoke about the changing power dynamics within relationships as a result of recent job losses. For some this created a power differential within their relationship which they had not experienced before, such as increased financial dependence on their partner. For others this changed the roles they took up within a relationship such as doing more of the housework while their partner worked. These examples, while seemingly have nothing to do with gender, fit within gendered norms and gendered understandings of traditional heterosexual relationships (and power dynamics) which consist of a breadwinner/provider and housekeeper/nurturer. That is not to say that these relationships will necessarily experience violence, but it does highlight that COVID-19 has created obvious shifts in power structures within relationships, which warrants further exploration.

Social isolation or a disconnection from loved ones or community was another almost universal theme which was explored across the community and sector consultations. People spoke to isolation from friends, family and LGBTIQ+ community, with some participants speaking about the added isolation of living alone or being a new migrant, without family nearby or established support networks. Many people spoke about how this isolation impacted their domestic relationships, given the lack of opportunity to see others. For some, this put additional strain on relationships resulting in increased, tension and conflict. There was, for example, one participant who spoke about anger management techniques they had learned through earlier therapy, which they were able to draw on when they found their temper escalating. Another

participant spoke about how their decision not to access formal disability supports has meant that their parents needed to provide additional care, which added strain to the relationship. These examples can also be found in the broader literature. A lack of social support may increase dependence on a person's partner for support and therefore their risk to experience family violence from their partner. It was also noted in research that having strong social supports can increase self-esteem and psychological adjustment, thereby reducing the risk of experiencing family violence (Carvalho, Lewis, Derlega, Winstead & Viggiano 2011)

While mental health issues do not cause violence, they have been identified as a correlating factor for both perpetration and victimisation experiences of FV for Lesbian, Gay and Bisexual people (Edwards, Sylaska & Neal 2015; Kimmes et al. 2017; Ireland et al. 2017). A significant number of community members spoke about the impacts of the pandemic and the related restrictions on their mental health. Some participants spoke broadly about 'not coping' or their 'mental health deteriorating', whilst others explicitly named an increase in anxiety, depression or stress. Several participants provided details on how their prior mental health issues have been compounded through the experiences of the pandemic, while for others, they were experiencing poor mental health for the first time. People talked about how while their own mental health was suffering, so was the mental health of all those around them, forcing many people into caring relationships with those that they lived with. The mental health and wellbeing concerns, in addition to the barriers to service delivery identified by community and sector alike, demonstrate the added risk for LGBTIQ+ and other marginalised communities.

The way in which these individual and relationship level risk factors which have been exacerbated during COVID-19 are overlayed with patriarchal norms such as gender inequality, heteronormativity, cisnormativity and other forms of systemic discrimination, increase family violence risk. As a result, it is necessary to develop intersectional family violence prevention initiatives, which help address the broad range of risk factors contributing to elevated rates of family violence during the COVID-19 pandemic.

KEY FINDINGS

- COVID-19 and the related restrictions have impacted on LGBTIQ+ peoples' everyday lives, including intimate, family, caring and domestic relationships. Individuals' experiences have been influenced by a complex interplay of personal, relational, community and structural factors which allow for multiple and compounding forms of discrimination.
- Social inequalities, highlighted and amplified through the COVID-19 pandemic and related restrictions, provide the context in which LGBTIQ+ family violence exists. Dismantling embedded hierarchies of power, such as homophobia, transphobia, racism, ageism, ableism and gender inequality, is key to all family violence prevention efforts, including LGBTIQ+ family violence.

Structural findings- LGBTIQ+ people at heightened risk

- LGBTIQ+ young people are facing multiple layers of disadvantage and risk during the COVID-19 pandemic. Many have been impacted economically, and for those needing to return to homes where family members are unsupportive of their gender or identity, there is increased risk of family violence.
- Within LGBTIQ+ communities, trans and gender diverse people face particular vulnerabilities, which have been highlighted through COVID-19 and the related restrictions. Increased community surveillance, restrictions on access to gender affirming medical services, isolation from communities and job losses amongst communities who already face extensive workplace discrimination, were some of the key issues raised for Trans and Gender Diverse (TGD) communities.
- LGBTIQ+ people who have faced job loss have been significantly impacted by COVID-19, with many experiencing related mental health challenges and new power dynamics, including dependence in family, intimate partner and other domestic relationships. In this context, the protective nature of increased Centrelink payments for some have been noted in improving their economic security.
- Temporary migrants, international students and sex workers unable to access government supports, were highlighted as particularly at risk of financial vulnerabilities.
- LGBTIQ+ people with immunocompromised health and/or a disability have faced heightened levels of isolation due to increased risks associated with leaving the home and reduced access to formal supports. In many cases this has increased strain or dependence on family, intimate partner and other domestic relationships. At a time when many LGBTIQ+ people have felt significantly disconnected from their networks of support, these additional risk factors have had a significant impact on people's individual health and wellbeing.

Services

- LGBTIQ+ services are responding to a wide variety of risk factors including increased financial distress, mental health distress, use of Alcohol and Other Drugs (AOD), social isolation, increased relationships conflict (including for at risk youth) and a range of other individual and family level risk factors, which have been exacerbated by COVID-19 and the associated restrictions. The accumulation of these risk factors can increase the risk of family violence. While services have been responding through the provision of telehealth and other supports, a coordinated policy response is required. This response should not only address the intersectional drivers of family violence but also the individual level risk factors which are increasing family violence risk across the board.
- There are multiple barriers for LGBTIQ+ people being able to access services, including in relation to accessing LGBTIQ+ services, which are under-resourced and have long waitlists; and, mainstream family violence services, which are often not inclusive of LGBTIQ+ identities and experiences. These barriers reduce access to much needed services for LGBTIQ+ people at risk of family violence.
- Service providers, including LGBTIQ+ specialist agencies are adapting and evolving their service delivery to respond to COVID-19 restrictions. Processes, policies and protocols to ensure privacy and safety of clients have been developed, in conjunction with responses to build skills and resources to engage and support target cohorts, such as LGBTIQ+ young people. Learnings within this space should be used to inform the development of primary prevention initiatives, in addition to supporting ongoing service delivery and future disaster planning, response and recovery.
- There are a number of identified strengths of telehealth provision, most significantly the increased accessibility for people from regional areas and people with a disability. Whilst acknowledging that telehealth services are not a suitable option for all people in all circumstances, these learnings raise the importance of ongoing telehealth options for service delivery into the future.

Community

- The magnification of social inequalities has been experienced by LGBTIQ+ people since the beginning of the pandemic, including significant experiences of racism and community surveillance based on people's LGBTIQ+ identity. These adverse community experiences highlight pervasive patriarchal norms such as heteronormativity, cisnormativity and racism, which provide the context within which family violence and other forms of violence and discrimination against minorities occur.
- Whilst a level of isolation has been an almost universal experience, opportunities for community connection via online platforms and social networks have been enormously valuable in providing opportunities for LGBTIQ+ peoples' connection with friends, family and community, whilst adhering to COVID-19 restrictions. The increased opportunities to connect with LGBTIQ+, disability and neuro-diverse groups

and communities were highlighted in this context.

Individual/Relationship

- Social isolation was almost a universal theme explored across the community and sector consultations. People spoke about isolation from friends, family and the LGBTIQ+ community, with some participants speaking about the added isolation of living alone or being a new migrant, without family nearby or established support networks. Others spoke about the impact of social isolation on their domestic relationships and the additional pressure, strain and conflict this was having, particularly when layered with other issues such as job loss, financial distress and increased mental health distress.
- The mental health issues, isolation and financial loss experienced by LGBTIQ+ communities as a result of the pandemic have exacerbated by notably higher rates of pre-existing mental health issues, experiences of stigma, limited social networks and workforce participation in industries significantly impacted by COVID-19. The increased risk for already vulnerable communities highlights the pervasive impact of patriarchal structures and norms which fail to recognise and value LGBTIQ+ people families and communities.
- COVID-19 and the related restrictions, have had various impacts on intimate relationships, including increased relationship tension for many and changes in relationship dynamics, particularly for those dealing with employment loss. Where someone in a family/relationship had lost their job, changed power structures and examples of gender roles relating to traditional notions of breadwinner and housekeeper relationships were highlighted. For others, particularly young people, job losses resulted in them moving back with family of origin, in many cases increasing their risk of family violence.

RECOMMENDATIONS

Community Level Recommendations

Recommendation 1– Respect Victoria's primary prevention messaging during and post COVID-19 should include the acknowledgement that family violence can occur in all relationships, including towards LGBTIQ+ people in families of origin and within LGBTIQ+ intimate relationships.

Recommendation 2 – Respect Victoria's community level primary prevention campaigns should be developed to challenge patriarchal norms such as heteronormativity, cisnormativity, gendered norms, racism, ableism and ageism. These campaigns should be elevated during disaster situations.

Recommendation 3 – Respect Victoria should commission research and resource development specifically for sex and gender diverse young people and their families, given the significant vulnerabilities many LGBTIQ+ young people face.

Recommendation 4 - Respect Victoria should commission resource development based on the findings of this research. Resources should include clear messaging for individuals and families around managing the additional stressors in relationships as a result of COVID-19 – including the exacerbation of existing issues such as surveillance and other forms of social discrimination, and new stressors such as job loss, financial insecurity, and isolation from families of choice. These resources should include clear and targeted messaging around help seeking for LGBTIQ+ communities, including where to go for wellbeing, relationship and family violence support.

Recommendation 5- Respect Victoria should explore integrating primary prevention initiatives with broader service responses, using a coordinated systems approach. This would enable prevention messaging and activities aimed at shifting norms, attitudes and behaviours to accompany service system responses that ensure people's basic needs are being met within a disaster context. Respect Victoria should use its position to advocate for the diverse needs of marginalised groups who have been impacted by COVID-19, finding ways to work with and across government to address risk factors which increase rates of family violence.

Service Delivery Recommendations

Recommendation 1 – There is a need for evidence-based, sustainably resourced, service delivery and family violence prevention funding pre, during and post disaster, including during pandemics such as COVID-19. Critical funding for LGBTIQ+ services, including specific LGBTIQ+ family violence service delivery should be resourced in conjunction with, not at the expense of, primary prevention work.

Recommendation 2 - There is a need to consider LGBTIQ+ people in disaster relief and recovery, including in the provision of safe accommodation for LGBTIQ+ young people, trans and gender diverse people and LGBTIQ+ migrants and refugees.

Recommendation 3 – Intersectional training and resources should be made available to professionals in a range of mainstream health, mental health and family violence services, to ensure they are responsive to the needs of all minority and marginal groups, including LGBTIQ+ people.

Recommendation 4– Telehealth options and other initiatives which have been effective under COVID-19 should be adequately resourced into the future, including investment in the development of resources, policies and protocols to ensure safe and confidential practices. Initiatives that have been effective under COVID-19 should be maintained, expanded or further developed.

Recommendation 5 – Future funding should be invested in the recovery phase of the COVID-19 pandemic to support individuals and communities who have been the most heavily impacted, including LGBTIQ+ young people.

Structural/Policy Recommendations

Recommendation 1 - Government adopt an intersectional approach to inform the development and implementation of family violence prevention policy, programs and resources.

Recommendation 2 - Government, in partnership with researchers and family violence agencies, continue to develop a more expansive primary prevention family violence framework that is inclusive of LGBTIQ+ family violence.

Recommendation 3 – Government should apply an intersectional lens to disaster response, recovery, mitigation and preparedness policies, programs and services. This should include consideration of the impacts of measures aimed at reducing the economic, social and health-related costs of disasters on marginalised groups, including LGBTIQ+ people.

Recommendation 4 - Disaster response, recovery, mitigation and preparedness should consider the needs of marginalised communities and should find ways to mitigate and address risk factors which increase the risk of family violence. Comprehensive recovery frameworks should look at mitigating financial distress to ensure that basic needs are able to be met, in addition to addressing the impacts of increased mental health distress, social isolation, increase drug and alcohol use, etc. These measures should accompany primary prevention initiatives which challenge broader patriarchal norms, attitudes and behaviours within society.

APPENDIX A: FOCUS GROUP DISCUSSION GUIDES

Community

1. How has/is COVID-19 and the accompanying restrictions impacted on your life?
2. What has been the impact of COVID-19 on your relationships?
    - What challenges have you dealt with at home or in your intimate or family relationships?
    - Have there been any challenges for people living with parents? Or in share houses? Or with partners?
3. Have there been challenges that have taken you by surprise?
4. Have you accessed any services during this time? If so, what have been your experiences of accessing services? If you haven't, would you have liked to?
5. If there have been any, what have been the positive impacts or silver linings of COVID- 19 pandemic or the restrictions for you?

Sector

1. What issues or trends have you noticed in the needs of LGBTIQ+ people accessing your services during COVID-19?
2. What has been the impact of COVID-19 and accompanying restrictions on family, domestic, caring and/or intimate relationships amongst your clients?
3. What have been challenges of providing family violence or related services?
4. Have you any learnings or insights to offer in terms of primary prevention of family violence?
5. If there have been any, what have been the positive impacts or silver linings of COVID- 19 pandemic or the restrictions for you?

REFERENCES

Abramson, A. (8 April 2020) How COVID-19 may increase domestic violence and child abuse.: National crises ramp up stress among couples and families. Psychologists identify the risks and point to resources that can help. *American Psychological Association.* Retrieved 17 June 2020 https://www.apa.org/topics/covid-19/domestic-violence-child-abuse

ACON (18 March 2020) Trans and Gender Diverse People and COVID-19. ACON: Sydney, NSW

AFAO (29 May 2020) Inquiry into the Australian Government's response to COVID-19. Newtown, Sydney NSW. Australian Federation of AIDS Organisations @afao.org.au

Alon, T., Doepke, M., Olmstead-Rumsey, J. & Tertilt, M. (April 2020) The Impact of COVID-19 on Gender Equality. NBER Working Paper No. 26947 April 2020 Cambridge, MA: USA

Andrew, A., Cattan, S., Costa Dias, M., Farquharson, C., Kraftman, L., Krutikova, S., Phimister, A. & Sevilla, A. (2020) How are mothers and fathers balancing work and family underlockdown? Retrieved from https://www.ifs.org.uk/publications/14860#_ftn1

Astles, J. (2020) What is the impact of COVID-19 on LGBTI migrants? IOM UN Migrations, Regional Office for Central America, North America and the Carribean @ https://rosanjose.iom.int/site/en/blog/what-impact-covid-19-lgbti-migrants

Bagwell, S. (2020) Women have lost jobs faster than men during coronavirus but are getting less assistance, according to new research. ABC News. Retrieved from https://www.abc.net.au/news/2020-06-10/women-have-lost-jobs-faster-than-men-during-coronavirus-but-are/12338598

Bishop, A. (2020) Vulnerability Amplified: The Impact of the COVID-19 Pandemic on LGBTIQ People. OutRight: Action International, New York, NY: U.S.A. @ www.OutRightInternational.org

Bjarnesen, B. (2018) To enhance the Police response to LGBTI domestic violence. The Winston Churchill Memorial Trust of Australia

Boren, C. (19 November 2019) Rugby star criticized for linking Australia's deadly bushfires to same-sex marriage, abortion. *The Washington Post*

Botha, K. (17 June 2020) LGBTI Caucus Statement in Response to the COVID-19 Pandemic. ILGA World @ https://ilga.org/lbti-caucus-covid19-statement

Bradshaw, K. & Seal, I. (2018) National LGBTIQ+ Community Impact Project: Down the slippery slope to full equality for all. Collective Impact and Three for All Foundation

Carman, M., Bourne, A. & Fairchild, J. (2020) COVID-19: impacts for LGBTIQ communities and implications for services: A Research Briefing Paper by Rainbow Health Victoria. Melbourne: Rainbow Health Victoria, Australian Research Centre in Sex, Health and Society, La Trobe University

Carman, M., Fairchild, J., Parsons, M., Farrugia, C., Power, J. & Bourne, A. (July 2020) Pride in Prevention: A guide to primary prevention of family violence experienced by LGBTIQ communities. Produced by Rainbow Health Victoria for the LGBTIQ Family Violence Prevention Project 2019-2021 Melbourne: Rainbow Health Victoria, La Trobe University

Carvalho, A. F., Lewis, R. J., Derlega, V. J., Winstead, B. A., & Viggiano, C. (2011). Internalized Sexual Minority Stressors and Same-Sex Intimate Partner Violence. *Journal of Family Violence*, *26*(7), 501–509. https://doi.org/10.1007/s10896-011-9384-2

Crabb, A. (24 May 2020) Coronavirus has left Australian women anxious, overworked, insecure — and worse off than men again. *ABC NEWS* Retrieved 12 June https://www.abc.net.au/news/2020-05-24/coronavirus-has-set-back-progress-for-women-workplace-equality/12268742

Craig, L. (24 July 2020) Coronavirus, domestic labour and care: Gender roles locked down. *Journal of Sociology*, 1-9 (preprint)

Crenshaw, Kimberle (1989) Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics, *University of Chicago Legal Forum*, 1989 (8). Available at: https://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8

Commonwealth of Australia (2019), Fourth Action Plan to Reduce Violence against Women and their Children 2010-2022.

Dominey-Howes, D., Gorman-Murray, A. & McKinnon, S. (2014) Queering disasters: on the need to account for LGBTI experiences in natural disaster contexts. *Gender, Place & Culture: A Journal of Feminist Geography*, 21(7): 905-918, DOI: 10.1080/0966369X.2013.802673

Edwards, K. M., & Sylaska, K. M. (2015). The Perpetration of Intimate Partner Violence among LGBTQ College Youth: The Role of Minority Stress. *Journal of Youth and Adolescence*, *42*(11), 1721–1731. https://doi.org/10.1007/s10964-012-9880-6

Enarson, E. (2006) Women and girls last: averting the second post-Katrina disaster. Retrieved from http://understandingkatrina.ssrc.org/Enarson/

Equality Australia (2020a) LGBTIQ+ Communities and COVID-19: A Report on the Impact of COVID-19 on Australian LGBTIQ+ Communities and Building a Strong Response. Sydney and Melbourne @ equalityaustralia.org.au

Equality Australia (2020b) Inequality magnified: Submission to the Australian Senate Inquiry into Australia's response to COVID-19. Sydney and Melbourne@ equalityaustralia.org.au

Family Violence Protection Act 2008, Sect 8.

Fisher J.R.W., Tran T.D., Hammarberg K., Sastry J., Nguyen H., Rowe H., Popplestone S., Stocker R., Stubber C. & Kirkman M. (June 2020) Mental health of people in Australia in the first month of COVID-19 restrictions: a national survey. Med J Aust https://www.mja.com.au/journal/2020/mental-health-people-australia-first-month-covid-19-restrictions-national-survey [Preprint, 10 June 2020].

Gaillard, J. C., Gorman-Murray, A. & Fordham, M. (2017) Sexual and gender minorities in disaster. *Gender, Place, & Culture*, 24(1): 18-26.

Gray, R., Walker, T., Hamer, J., Broady, T., Kean, J., Ling, J. & Bear, B. (2020) Developing LGBTQ programs for perpetrators and victims/survivors of domestic and family violence (Research Report). Australia's National Research Organisation for Women's Safety Limited (ANROWS): Sydney, NSW

Green, A. E., Price-Feeney, M. & Dorison, S.H. (3 April 2020) Implications of COVID-19 for LGBTQ youth mental health and suicide prevention. New York, New York: The Trevor Project @www.thetrevorproject.org

Horsley, P., Pierce, A., Olaris, K., Nix, G. & Taggart, R. (2019) (Re)shaping respect: LGBTIQ young people talk healthy, equal relationships. Women's Health East, Melbourne.

ILGA Europe (19 June 2020) COVID-19 impacts on LGBTI communities in Europe and Central Asia: A rapid assessment report Retrieved 2 July 2020 https://www.ilga-europe.org/sites/default/files/covid19-lgbti-assessment-2020.pdf

Kaniuka, A., Pugh, K. C., Jordan, M., Brooks, B., Dodd, J. & Mann, A. K. (2019) Stigma and suicide risk among the LGBTQ population: Are anxiety and depression to blame and can connectedness to the LGBTQ community help? *Journal of Gay & Lesbian Mental Health*, 23(2): 205-220

Katz-Wise, S.L. (30 April 2020) COVID-19 and the LGBTQ+ community: Rising to unique challenges. Harvard Health Publishing Harvard Medical School, Blog retrieved 17 June 2020 https://www.health.harvard.edu/blog/covid-19-and-the-lgbtq-community-rising-to-unique-challenges-2020043019721

Kimmes, J. G., Mallory, A. B., Spencer, C., Beck, A. R., Cafferky, B., & Stith, S. M. (2019). *A Meta-Analysis of Risk Markers for Intimate Partner Violence in Same-Sex Relationships*. *20*(3), 374–384. https://doi.org/10.1177/1524838017708784

Lay, Y., Horsley, P., Leonard, W., Parsons, M. & Carman, M. (2018) Primary prevention of family violence against people from LGBTI communities: An analysis of existing research Commissioned by the State Government of Victoria: Melbourne.

Leonard, W. & Fileborn, B. (2018) Policing for same sex attracted and sex and gender diverse (SSASGD) young Victorians. Monograph Series No 110 GLHV@ARCSHS, La Trobe University: Melbourne. ISBN-13:978-0-9953969-3-7

Leonard, W. & Mann, R. (2018) The everyday experience of lesbian, gay, bisexual, transgender and intersex (LGBTI) people living with disability. No.111 GLHV@ARCSHS, La Trobe University: Melbourne. ISBN: 978-0-9953969-0-6

LGBT Foundation (April 2020) The Essential Briefing on the Impact of COVID-19 on LGBT Communities in the UK @ www.lgbt.foundation

Neetu, J., Casey, S.E., Carino, G. & McGovern, T. (8 April 2020) Lessons Never Learned: Crisis and gender-based violence. *Developing World Bioethics* https://onlinelibrary.wiley.com/doi/full/10.1111/dewb.12261

Our Watch, Australia's National Research Organisation for Women's Safety (ANROWS) and VicHealth (2015) Change the story: A shared framework for

the primary prevention of violence against women and their children in Australia. Melbourne: Our Watch.

Parkinson, D. (2019) Investigating the Increase in Domestic Violence Post Disaster: An Australian Case Study. Journal of Interpersonal Violence, 34(11): 2333–2362.

Parkinson, D., Leonard, W., Duncan, A. & Jeffrey, J. (2018). Research project on identifying the experiences and needs of LGBTI communities before, during and after emergencies in Victoria. Commissioned by the Department of Premier and Cabinet. Melbourne: Gender and Disaster Pod and GLHV@ARCSHS, La Trobe University Retrieved from https://www.genderanddisaster.com.au/living-lgbti-during-disasters/

Parkinson, D. & Zara, C. (2013) The hidden disaster: violence in the aftermath of natural disaster. *The Australian Journal of Emergency Management*, 28(2).

Pfitzner, N., Fitz-Gibbon, K. & True, J. (2020). Responding to the 'shadow pandemic': practitioner views on the nature of and responses to violence against women in Victoria, Australia during the COVID-19 restrictions. Monash Gender and Family Violence Prevention Centre, Monash University, Victoria, Australia. ISBN: 978-0-9953934-9-3

Ribeiro, C. (20 June 2020) 'It's awful for our intellectual life': universities, Covid-19 and the loss of expertise. The Guardian. Retrieved from

https://www.theguardian.com/australia-news/2020/jun/20/its-awful-for-our-intellectual-life-universities-covid-19-and-the-loss-of-expertise

Rosenfeld, D. L. & Tomiyama, A. J. (22 April 2020) Can a pandemic make people more socially conservative? Longitudinal Evidence from COVID-19. University of California, Los Angeles https://doi.org/10.31234/osf.io/zg7s4

Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disabilities (15 April 2020) Issues Papers Retrieved 7 August 2020 https://disability.royalcommission.gov.au/policy-and-research/issues-papers

Sullivan, K., Doran, M., & Dalzell, S. (28 March 2020) $1.1 billion Medicare, mental health, domestic violence package on its way in response to coronavirus crisis. ABC News. Retrieved from https://www.abc.net.au/news/2020-03-28/coronavirus-medicare-mental-health-domestic-violence-package/12100028

Toesland, F. (18 April 2020) Coronavirus restrictions highlight LGBTQ domestic abuse crisis NBC News Retrieved 17 June https://www.nbcnews.com/feature/nbc-out/coronavirus-restrictions-highlight-lgbtq-domestic-abuse-crisis-n1186376

Trevitt, S. (2020) Critical Condition: The impact of Covid-19 policies, policing and prisons on First Nation's Communities. Change the Record

Vrajlal, A. (31 July 2020 updated 13 August 2020) Australia's COVID-19 racism again shows 'Migrants are always to blame' in a crisis. *HUFFPOST NEWS*

Zhou, N. (17 April 2020) Survey of COVID-19 racism against Asian Australians records 178 incidents in two weeks. *The Guardian*